Achieve Together Limited

Ambleside Lodge - Redhill

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Ambleside Lodge is a residential care home providing personal care to up to 8 people with learning disabilities and autism. The home comprises the main house and a self-contained flat on the top floor. At the time of the inspection 6 people lived in the home.

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

Right Support: People did not always have the opportunity to do things they enjoyed. Records showed that people were unable to go out and pursue their leisure interests on a regular basis. Where people had set goals, these were not always known to staff and people were not always supported to achieve them. People's communication plans were not followed, and their sensory needs were not always acknowledged by staff. This meant people were not always able to fully express themselves.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The principles of the Mental Capacity Act 2005 were not always followed to ensure people's rights were upheld.

Risks to people's safety were not always mitigated and plans to support people safely were not always known or followed by staff. This included areas such as supporting people to eat safely, minimising people's anxieties and ensuring robust infection prevention and control measures were in place. People received their medicines in line with their prescriptions although some improvements in medicines processes were needed. Staff were not effectively deployed to meet people's needs and preferences.

Right Care: People were not always treated with dignity and respect. We observed some staff were not attentive to people and used disrespectful language when referring to people. Staff had not always responded to concerns to ensure people felt safe in their home. Staff told us they had concerns regarding how people were feeling or how they were responding to others although they had not raised this with the management team in line with safeguarding processes.

People did not always have the opportunity to contribute to their care. Monthly reviews were not completed regularly, and relatives did not feel fully involved in their loved one's care. Health records were not completed to ensure they were tracked although there was evidence people were supported to attend

health appointments.

We observed some staff taking a positive and respectful approach with people. They supported people with kindness and took an interest in what they were doing and their well-being. People had a choice of what they wanted to eat and drink, and individual preferences were known to staff.

Right Culture: The culture at Ambleside Lodge did not support people living fulfilled and empowered lives. Staff were unable to fully demonstrate their understanding of 'Right support, right care, right culture' guidance and how this should influence the support people received. The views of people and staff were not routinely sought in a meaningful way to ensure they could contribute to the running of the service.

Quality assurance systems were not effective in ensuring continuous improvement within the service. Whilst audits had identified some shortfalls in the management systems, these had not brought improvements to people's quality of life. People's experience of the care they received was not central to the management monitoring systems. Contemporaneous records of people's support were not always securely stored.

Staff and relatives told us that since the new manager had joined the service, they felt things were starting to improve and that people, relatives and staff were being listened to more.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update
The last rating for this service was requires improvement (published 25 March 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider review people's plans for activities and allocation of staff to support these. At this inspection we found continued concerns and that people were not consistently provided with the opportunities to do things they enjoyed.

Why we inspected
The inspection was prompted in part due to concerns received in relation to people's safe care and the provider oversight of the service. A decision was made for us to inspect and examine those risks. We found improvements needed to be made in these areas and identified multiple breaches of regulations.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified breaches in relation to safeguarding systems, safe care and treatment and staff deployment and skills. We have also found people's care was not person-centred, people were not always treated in a caring way, people were not supported to do things they enjoyed and there was a lack of

management oversight at this inspection. We issued warning notices in relation to people's safe care and treatment, person-centred care and good governance.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not responsive. Details are in our responsive findings below.	**Inadequate**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Ambleside Lodge - Redhill

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
Ambleside Lodge - Redhill is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ambleside Lodge - Redhill is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for almost a month and had begun the process of applying to register with the Care Quality Commission.

Notice of inspection
This inspection was unannounced. Whilst the service were aware we would return for a second day of

inspection they were not informed of the date or time.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We observed people and their interactions with staff and each other throughout the inspection visits. We spoke with 1 person and 2 relatives about their experience of Ambleside Lodge. We also spoke with 9 members of staff including 7 care staff, the manager and regional manager. We viewed a range of records held within the service, this included 4 care plans and medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management and oversight of the service, including staff training records, risk assessments, policies and procedures were reviewed. After the inspection we continued to receive information relating to the running of the service.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were at risk as staff did not always recognise and act on safeguarding concerns. In March 2023, a complaint was made both to CQC and the service regarding an incident between 2 people living at Ambleside Lodge. The senior manager this was reported to acted promptly to review the incident and report this to the local authority safeguarding team. However, staff had not recognised this as a safeguarding concern and had failed to ensure this was reported via internal or external systems.

● During our inspection, a number of staff raised concerns regarding people's safety. They told us they had observed changes in some people's moods and responses which they felt may indicate people felt unsafe. These concerns had not been shared with the management team to ensure any potential cause could be investigated.

● One person's daily records contained information in relation to an unexplained bruise. There was no record of this being reported to the local authority safeguarding team.

The failure to ensure staff recognised and acted upon potential safeguarding concerns was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In other instances, we found the manager and regional manager had been proactive in reporting unexplained bruising to the safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks to people's safety and wellbeing were not always reviewed and monitored. Following an incident between 2 people, staff reported 1 person remained in their room unless the second person was out or upstairs. They reported when the person did sit in the lounge, they appeared to enjoy the company of others but would leave immediately should the second person enter. We noted this was the case during our inspection. No checks had been implemented to ensure the person felt safe following the incident and their well-being had not been monitored.

● Guidance from healthcare professionals to keep people safe was not always followed. The speech and language therapy team (SaLT) had assessed 1 person required their food to be cut into pieces no larger than 1.5 cm to reduce the risk of choking. They also recommended staff stay with the person to encourage them to slow down. During our inspection we observed the person was given a sandwich which was not cut up and staff left the person alone when eating. This presented a risk of the person choking and no staff members being present to intervene if needed.

● People's anxiety and distress were not monitored or followed up on. During our inspection we observed 1 person showing signs of anxiety and distress. We asked staff how they would record this. They told us this was not something they would record as this was a frequent occurrence due to the person wanting to go out

and not always having a driver available. There was no monitoring of the person's anxiety or distress taking place to establish patterns, times, triggers, or approaches which may impact on this. Staff spoke of the person's anxiety as though it were an expectation rather than something to support them to overcome.
● People's positive behaviour support plans (PBS) were not followed by staff. As reflected above, staff informed us 1 person frequently experienced periods of anxiety. The person's PBS plan had been developed in May 2021 and gave guidance regarding how to minimise incidents and anxiety. This included developing resources such as a visual structured timetable, a sensory/activity box, a social story for the car, and maintaining a mood diary. During our inspection we found none of these recommendations had been implemented and there was no structure around the person's day. Staff confirmed these recommendations had not been previously tried.
● A second person's PBS plan also made recommendations for staff to develop resources with the person to proactively support them. Staff were unable to show us these plans and told us they had not been developed. This demonstrated a lack of proactive support to minimise the risks of anxiety, distress and incidents occurring.
● Robust incident monitoring systems were not embedded into practice. The manager and regional manager told us that all accidents and incidents were recorded electronically which ensured they could be reviewed and monitored by senior managers. However, the incident file contained 3 handwritten incident forms dated from March to April 2023. These described incidents where a person had tried to harm themselves and a staff member and had caused property damage whilst distressed. There was no evidence of management review and no follow-up on these concerns despite this appearing to be an increase in incidents for the person. None of the above concerns had been recorded on the electronic system. They had not been actioned or reviewed to determine if there were any contributing factors to the person's distress. This meant there was a risk action would not be taken to minimise the possibility of incidents happening again.
● Guidance to ensure people's safety in the event of an emergency were not always followed. One person's records recommended a box of snacks, drinks and their iPad be taken with them in the car. The plan said staff would need to have incentives available to encourage the person to leave the car in an emergency. This was not in place and staff told us they had never heard of this.

The failure to ensure people received safe care and treatment was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives told us they felt there had been recent improvements in the way safety was managed. One relative told us, "I think they have started to listen and are on the right path. We don't expect them to be perfect."

Using medicines safely
● Robust medicines practices were not always followed. Medication administration records (MAR) for 1 person showed they were administered PRN (as and when required) medicines on 2 occasions in May 2023. There was no detail within the person's MAR chart stating why these medicines had been administered or the outcome. In addition, we found we found a medicine for one person recorded additional stock was available compared to the number of tablets recorded.
● Best practice guidance was not always followed when completing MARs. Where staff had handwritten administration instructions on MARs these had not always been double signed by a second staff member as recommended. Although people's photographs were on their MARs, these were not dated to ensure they remained current.

The failure to ensure robust medicines management systems were in place was a breach of Regulation 12 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In other areas we found people's medicines were managed safely. Information regarding how people preferred to take their medicines was recorded and followed by staff. Medicines were securely stored.

Preventing and controlling infection

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home were not cleaned to a high standard. This had resulted in a build-up of dirt in the downstairs cloakroom and on other surfaces. We spoke with the manager and regional manager regarding these concerns. During the second day of our inspection they informed us they were arranging a deep clean of the service.

● We were not assured that the provider was supporting people living at the service to minimise the spread of infection. One person's mattress smelt strongly of urine and the waterproof coating was de-graded. Staff and the manager told us heavy smearing on some pictures and windows was due to saliva. This smearing was present on both days of our inspection which indicated they had not been cleaned during the week between our visits.

● Due to the reasons highlighted above, we were not assured that the provider was preventing visitors from catching and spreading infections or that the provider was responding effectively to risks and signs of infection.

The failure to implement robust infection prevention and control systems was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● People were able to receive visitors to their home in line with government guidance.

Staffing and recruitment

● Staff told us they did not feel there were sufficient staff to meet people's needs. One staff member told us, "There are not enough staff to take people out. Staff need a lot more support with the guys. People get bored. It's boredom with (person's name). If they aren't going out, then they get anxious." Staff and relatives also told us the lack of drivers was a concern as this restricted people's opportunities to go out.

● Staff were not effectively deployed in order for people to do things they enjoyed. Rotas showed 4 staff were on duty during the day. As 2 people received one to one support, this left 2 staff to support the remaining 4 people. This was further reduced when people wished to go out as 1 staff was often required to drive. We observed this meant staff were often busy with tasks such as supporting people with personal care, cooking, cleaning and laundry rather than engaging with people.

● The manager and regional director acknowledged the difficulties with staffing numbers. They told us the staffing levels provided were the hours they received funding for. They assured us they were in the process of planning reviews to discuss each person's funding arrangements and review the hours available to support people.

The failure to ensure there were sufficient skilled staff to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff files contained all the necessary evidence including full employment histories, Disclosure and Barring Service (DBS) checks and relevant qualifications, in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had not acted in line with the Mental Capacity Act 2005 when restricting people's liberties. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Restrictions continued to be in place which people had not consented to. The kitchen door at Ambleside Lodge was locked. Staff told us this was to keep people safe. There was no evidence that people had been consulted about this restriction and no capacity assessments had been completed for some people subject to this restriction. There were no recorded best interest decisions to determine if less restrictive options had been considered for people.
- Capacity assessments had been completed in areas including consent to care, medicines, finances and 24-hour support. However, best interest decisions were not always recorded to ensure restrictions were reviewed, agreed with people who knew the person best and were the least restrictive options available.
- DoLS applications were not always re-applied for in a timely manner. Conditions in relation to submission dates for the reapplication of DoLS authorisations had not been met. The applications for 2 people had not

been submitted despite them being out of date.
● Not all staff were aware of their responsibilities under the MCA. Training records showed that not all staff had up to date training in this area. Staff were not all able to describe the principles of the MCA and how this impacted on the way they supported people.

The failure to ensure the principles of the Mental Capacity Act 2005 were followed was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During our inspection the manager took action to begin addressing these concerns. They contacted the local authority to discuss current DoLS applications and provided assurances that associated MCA and best interest decisions would be reviewed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Best practice guidance was not always followed or understood. Staff were not able to demonstrate their understanding of Right Support, Right Care, Right Culture. Staff were not able to tell us the principles of the guidance and how it impacted on the service provided to people. During our inspection we found the principles of Right Support, Right Care, Right Culture were not followed. This meant people were not empowered to live as ordinary a life as possible in line with this guidance.

The failure to ensure the principles pf Right Support, Right Care, Right culture were embedded into practice was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Processes were in place to assess people's needs before they moved to Ambleside Lodge. No one had moved in to the service since our last inspection. However, we observed assessments had been completed in relation to people moving to the vacant room. The manager also gave assurances that people would have the opportunity to get to know anyone new before they moved in.

Staff support: induction, training, skills and experience
● Relatives told us they felt staff skills varied. One relative told us, "They're okay generally. It depends who's on to an extent. They've managed to keep a few of them which is good and hopefully the new ones coming in will know what they're doing."
● People were not always supported by well-trained, skilled staff. Staff had not always completed the provider's training as required to support them in their role. Records showed compliance with completing service specific training was 61%, competency training 56% and positive behaviour support training at 27%.
● Staff training was not effective in ensuring staff had the skills required to support people effectively. As highlighted in other areas of this report, staff were unable to demonstrate their training was effective in areas including safeguarding, MCA, Right Support, Right Care, Right Culture and medicines management.
● Staff had not received regular support and supervision to guide them in their practice. The provider told us their policy was to ensure staff received supervision every 6 to 8 weeks. Records showed staff had not received supervision between November 2022 and May 2023.

The failure to ensure people were supported by skilled, well-trained and supported staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Since being in post the manager had completed a supervision with each staff member. They told us their aim was to ensure staff received supervision on a monthly basis going forward. Staff told us they had found these supervision sessions useful. They confirmed they had discussed training as part of this process and had been encouraged to complete any outstanding courses.

Adapting service, design, decoration to meet people's needs

● Adaptations made to people's home were not always respectful. Black foam matting had been used to 'pad' walls in the hallway, 'sensory room' and above one person's bed. These were the interlocking tiles normally used for garage floors. Staff told us this had been implemented due to risks to 1 person's safety. However, this looked unsightly and there was no evidence to show that more specialist products had been explored or that people had been consulted regarding these changes to their home. This demonstrated a lack of consideration for those living at Ambleside Lodge - Redhill.

● The service did not feel homely and lacked personalisation. The lounge and dining areas were sparsely furnished with few items to create a comfortable feel. Picture frames which had been broken were still present on the walls of the stairs.

● Whilst some people's rooms were personalised, others did not contain anything reflective of the person. Furniture such as drawers and handles were broken in 2 people's rooms. Staff told us this had been the case for some time.

The failure to show respect for people's home was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People's health care needs were not always monitored. Oral health care assessments were not routinely completed although blank copies of the assessment tool were held on people's files. People's weight had not been monitored since January or February 2023 despite one person's health plans requiring this and a second person stating they wished to lose weight. We saw the manager had written prompts for this to happen going forward.

● People's daily records and the house diary contained evidence of people attending health appointments and reviews. However, health action plans were not updated to ensure staff had quick access to people's up to date current health information.

The failure to ensure people's oral healthcare was monitored and detailed records of health appointments were maintained was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were supported to attend annual health and medicines reviews. This helped to ensure people's health was monitored and any concerns could be discussed with the GP. Relatives were confident they would be informed of any health appointments or concerns when required.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to have a balanced diet. The meals prepared were freshly made and in line with people's preferences. Where people declined their food or only ate a small amount they were encouraged to eat at a later time.

● People were offered choices at mealtimes. We heard staff ask people what filling they would like for their sandwiches and asking people if they would like an alternative if they had not eaten much. People appeared to enjoy their food.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Relatives told us they felt staff were on the whole caring, although could be more attentive to people. One relative told us, "They seem to speak nicely to them, and they are around more in the lounge. We went in last week and every staff member was on their phone which I didn't feel was great but they put them away when we arrived."
- Staff were not always attentive and respectful to people. We observed numerous occasions where staff were sat in the same room with people without engaging in any communication or showing an interest in what they were doing. On several occasions we observed staff speak with people before walking away without waiting for a response. This did not demonstrate a respectful approach to supporting people in their home.
- Staff did not always treat people as their equal. The tone of some staff members was abrupt on occasion and people were directed rather than being supported in a positive manner. One staff member spoke about the person they were supporting in a disrespectful manner before instructing them to sit on the floor. Some staff members told us that on occasions they felt uneasy by the way some staff communicated with people, but felt it was 'just their way'. They had not challenged or discussed this with the staff members involved or the management team.
- Some of the language used within records was outdated and not always respectful. This included referring to people visiting their family as being on 'social leave', and records describing one person as, 'floating around like a little fairy'.
- Staff did not always treat people with dignity. We observed staff standing over people and sitting on the edge of the table at mealtimes rather than sitting down with people. Staff did not interact or offer support to people during this time.

The failure to ensure people were treated with dignity and respect at all times was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At other times we observed staff to support people with kindness. Staff asked how people were and took time to ask if they needed anything. Staff were seen to offer encouragement to one person doing exercises and artwork and spoke to people in a respectful way. When staff did take time to engage with people, they became more animated and smiled more.
- People's privacy was respected. People were supported with their personal care in privacy. Staff were able to describe how they respected people's dignity in this aspect of their care.

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

● People's needs and choices were not continually reviewed and reassessed. Monthly keyworker reports designed to support people to reflect on achievements, goals and concerns had not been consistently completed since January 2023. There was no evidence people had been consulted with regarding their support prior to the manager beginning to prompt this in May 2023.

● Relatives told us they were not always updated regarding the support their loved ones received. They were unsure about how they spent their time and how regularly they were able to go out and do things they enjoyed.

The failure to fully involve people and their relatives in making decisions regarding their care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The manager told us they had requested staff concentrate on updating monthly keyworker meetings to start to establish what people enjoyed and what they wished to do going forward. We observed these had been completed in varying detail by the end of our inspection.

● People were able to move freely around their home. With the exception of the locked kitchen, we observed people were able to spend time where they wished. We observed some people chose to spend time in the quieter upstairs lounge whilst others moved between the lounge, dining area and their bedrooms.

Inadequate

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider review people's plans for activities and allocation of staff to support these. Improvements had not been made in this area.

- People did not have the opportunity to go out and do things they enjoyed on a regular basis. One person's support plan contained a list of things they enjoyed doing, including going to day service sessions. There was no record within the person's daily notes of them accessing day services in April or May 2023 and staff informed us it had been many months since they had attended.
- Support plans contained information regarding what people enjoyed doing, although records did not reflect people were consistently supported in these areas. One person's care plans stated they enjoyed dancing, bounce therapy, swimming, drama, and going to the pub. Another person's plans reflected their favourite restaurant, their enjoyment of farms and horse and cart riding. Records showed the people concerned had not taken part in any of these activities during April or May 2023. A third person told us they supported Chelsea football club although staff had not made efforts to ensure they were able to view their games. This did not demonstrate a personalised approach to supporting people to do things they enjoyed.
- People were not always supported to reach their goals. The notice board in the entrance hall of Ambleside Lodge reflected people's goals. For one person this stated they wished to go to church on a Sunday. In addition, staff told us the person enjoyed going to choir practice each week. There was no evidence of the person being supported to church during April or May 23 or of them refusing the opportunity to go. Three staff members told us they were unaware of the person's wish to attend church despite this being publicly displayed as their goal. This meant the person had not been given the opportunity or support to achieve something they had indicated was important to them. One staff member told us, "(Person) hasn't been to choir practice for months. Staff just can't be bothered, and no one checks up on them."
- People were not always supported to follow routines which were important to their well-being. Support records for 1 person stated it was important for them to go out at least once each day and staff confirmed this was the case. Records showed the person went out on only 9 occasions during April 2023. Staff reported this was due to lack of drivers. They told us the person would regularly become anxious when they were unable to go out.

The failure to develop opportunities for people to do things they enjoyed was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and

preferences
● People's support plans were not always followed to ensure their needs were met. For example, one person's support plan recommended they use a plate guard to help them eat independently. We observed the person did not have a plate guard which made it harder for them to eat. The person was seen to use their hand to push their spoon against which resulted in them having food in their hair and trying to eat their food from the table. Staff told us they had previously mentioned the person would benefit from a plate guard but this had not been purchased.
● People were not always supported with their sensory needs. One person's records stated they should have items accessible to them such as a sensory box to go to so they could occupy themselves. In addition, there was a detailed sensory support plan in place providing examples of sensory stimulation the person enjoyed. We saw no evidence of this being implemented with the person or items suggested being available to the person. Staff confirmed this plan was not followed. We observed the person spent times during the day sleeping or having nothing to do.
● People were not consistently supported to develop independent living skills around their home. People's care plans reflected the support they required with household tasks. We found these plans had not been developed to increase people's independence. For example, one person's plan stated they enjoyed food shopping and guidance was in place regarding how this could be further developed to ensure the person took an active role in this. However, records showed the person did not take part in food shopping and the pictorial aids suggested had not been developed. During our inspection people were not actively involved in caring for their home.

The failure to ensure people received person-centred care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Staff did not demonstrate awareness, skill and understanding of people's communication needs. There was a lack of understanding of the potential benefits and importance of communication systems widely used when supporting autistic people and people with a learning disability. We asked 1 staff member about the use of communication aids. They told us, "(Person) doesn't need them. I know what they want. It's always the same thing so I know."
● People's communication plans were not consistently followed by staff. Support records recommended the use of various communication systems including Makaton and a number of different visual aids to support each individual's communication and understanding. One person's records clearly referenced the use of a keyring with pictorial prompts. This aimed to enable the person to communicate their needs more effectively and for staff to show the person what was happening. The plan also recommended the use of an activity board to support communication. We did not see these resources used during our inspection and staff informed us these had not been developed. We observed times when the person showed signs of anxiety as they clearly did not feel staff were listening to them.
● In addition to pictorial aids, other people's plans also recommended the use of Makaton. We did not observe this communication method being used during our inspection. When speaking with staff regarding the use of Makaton they told us they had either not had training in this or did not use it regularly enough to remember.

The failure to ensure people's communication needs were met and recommendations followed was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

● One relative told us they felt the management team had listened to their concerns regarding their loved one's care and were starting to take action. They told us, "Things seem safer now. They need to keep building on it to make it good and keep it there."

● The provider had a complaints policy in place. This set out the ways in which concerns could be raised, how they would be investigated, and timescales for receiving a response. This was available to people in an easy-to-read format.

● Complaints were logged on the provider's electronic system. This meant concerns could be monitored and reviewed for any trends. Only 1 complaint had been received since our last inspection.

Inadequate

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The culture of the service did not always value people's individuality and work towards positive outcomes for them. Staff did not always engage with people or work together to create a warm and welcoming atmosphere. There was a feeling of staff completing tasks and providing care rather than being encouraging and proactive.
- The management systems in place did not promote a culture where people were supported in a personalised way to have a good quality of life. The lack of management presence, observation and supervision meant that concerns regarding the lack of interaction with people and the way staff spoke with people on occasions had not been identified or addressed.
- Quality concerns were not always acted upon to increase people's opportunities and ensure continuous improvement. At our last inspection in December 2021, we identified a breach of regulations in relation to compliance with the Mental Capacity Act 2005. We also made a recommendation that people's plans for activities and the allocation of staff to support these should be reviewed. At this inspection we found these concerns had not been addressed. People's legal rights were not protected, and their opportunities remained limited. This demonstrated a failure to ensure continuous improvement and robust management oversight.
- Audits completed did not effectively monitor people's quality of life. The regional manager informed us an audit of Ambleside Lodge had been completed in May 2023. The audit report heavily relied on documentation being in place with limited reference to people's emotional well-being, their experience of living at the service and how they were supported by staff. This meant management systems had failed to identify concerns in relation to people not being supported to achieve their goals and staff not consistently following people's support plans, positive behaviour support plans or communication plans. Following our inspection, the provider confirmed they had requested a quality of life audit be scheduled and were awaiting this being completed.
- Robust management systems were not embedded to monitor staff training and supervision. This meant staff had not received regular or effective supervision to support and guide them in their roles. As highlighted within the effective area of this report, staff training and supervision had not been completed in line with the provider's policy. The service action plan summary showed low compliance with training in September 2022 when service specific training compliance was at 66.7%. The latest audit in May 2023 showed a rate of 61% meaning training compliance had further deteriorated since this time. This did not demonstrate a cohesive management system for ensuring staff had the skills required for their roles.

● Contemporaneous records of people's support were not always securely stored. We asked to have copies of the most up to date support records and DoLS submissions. The manager and regional manager informed us these were not available on the shared system. On the second day of our inspection the manager told us after further investigation it appeared the documents had been deleted from the system and were no longer available.
● A review of daily records showed there were gaps in recording with no evidence these had been fully reviewed for quality or completeness. This demonstrated a lack of management oversight in relation to the secure storage of information and meant records of people's needs and care were not always available to staff.

The failure to embed a positive culture which respected people's rights and to ensure robust management oversight was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Although staff spoke positively about the new manager, concerns were raised regarding the support they received from the provider. We asked staff if they felt supported. One staff member told us, "(Manager) has been great, any higher up than that I will say no."
● Systems to support staff and gain their views were not embedded into practice. The manager and regional manager told us the expectation was for staff meetings to be held monthly. However, prior to our inspection the last minutes on file were dated September 2022. The new manager told us they had prioritised holding a staff meeting and this had been completed in May 2023. This meant there was a gap of over 6 months between meetings.
● People did not have regular opportunities to feedback on the running of the service. No residents' meeting had taken place between October 2022 and May 2023. The quality audit tool stated meetings should occur monthly and be documented. People had recently been supported to complete surveys regarding the quality of the service they received. Whilst most responses were positive, staff confirmed they had completed the forms with people or on their behalf if they did not understand. There was no evidence of how people had been supported to understand and respond to the questions asked.

The failure to ensure people, relatives and staff were fully involved in the running of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had a duty of candour policy in place. They told us there had been no incidents which had reached this threshold. Relatives told us they were informed of accidents and incidents involving their loved ones.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure people were treated with dignity and respect at all times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure the principles of the Mental Capacity Act 2005 were followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure staff recognised and acted upon potential safeguarding concerns.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure people were supported by skilled, well-trained and supported staff. The provider had failed to ensure sufficient staff were deployed to meet people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure the principle pf Right Support, Right Care, Right culture were embedded into practice. The provider had failed to ensure respect for people's home was shown. The provider had failed to ensure people's oral healthcare was monitored and detailed records of health appointments were maintained. The provider had failed to fully involve people and their relatives in making decisions regarding their care. The provider had failed to develop opportunities for people to do things they enjoyed, ensure people's communication needs were met and recommendations followed and to ensure people received person-centred care.

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people received safe care and treatment and that robust medicines and infection prevention and control systems were in place.

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to embed a positive culture which respected people's rights and ensured robust management oversight. The provider had failed to ensure people, relatives and staff were fully involved in the running of the service.

The enforcement action we took:

We issued a Warning Notice