

D.M. Care Limited

# Ambassador Care Home

## Inspection report

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Date of inspection visit:  
02 March 2021  
19 April 2021  
23 April 2021

Date of publication:  
14 June 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ambassador Care Home is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. Some people were living with dementia. The service can support up to 31 people. The premises have been adapted from two townhouses near Blackpool Airport and provide people with their own bedrooms, communal lounges and dining room.

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

We found risks were not managed consistently. We found some areas of risk had either not been thoroughly assessed or addressed. Medicines were managed safely. People were protected against the risk of abuse by staff who knew how to recognise and report concerns. The service was staffed sufficiently by workers who had been recruited safely. We found some shortfalls in infection control, which the registered manager addressed during the inspection.

We found breaches of regulation in respect of good governance and record keeping. The provider used a range of systems to assess, monitor and improve the quality of the service, including feedback from people, relatives and staff. However, we found shortfalls in standards which had either not been identified or had not been addressed. The registered manager promptly acted on the issues we highlighted. The management team were clear about their roles and responsibilities and worked with external professionals to ensure people's needs continued to be met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 08 July 2019).

### Why we inspected

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.

We received concerns in relation to unexplained bruising and a delay in seeking medical attention. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ambassador Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to quality assurance and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Ambassador Care Home

## 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 Care Act 2014.

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 two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first and second days. The third day of the inspection was announced as we had to make sure the registered manager would be available to support us to view some records.

#### 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. The provider was not asked to complete a provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two visiting relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care and domestic staff. We also spoke with a visiting health professional. We looked around the home to make sure it was a safe and hygienic place for people to live. We observed interactions between staff and people who lived at the home.

We reviewed a range of records. This included four people's care records and multiple medication records.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found and requested documentation to be sent to us. We reviewed a variety of records related to the management of the service. We looked at staff training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Records to demonstrate risk was managed effectively were not always complete and accurate. We saw staff completed risk assessments around people's individual risks and plans were put in place to manage the risk. However, the provider was unable to demonstrate plans were followed consistently. For example, we looked at care records for two people who were at risk of pressure sores. These stated they required staff assistance with pressure relief every two hours. We saw large gaps in recording of pressure relief, especially overnight. The registered manager told us staff would have delivered the care people needed but had not recorded it. The provider was working to address the issue with records. We found no evidence people had been harmed.
- Risks around fire safety had not been acted upon. The provider had commissioned an external company to carry out a fire risk assessment in July 2020. We reviewed the findings of the risk assessment and saw a number of actions were required to improve fire safety at the home. When we looked around the premises, we found some of these improvements still had not been made, eight months later. We raised this with the registered manager, who took action to make improvements immediately following the inspection.
- Environmental risks were not always managed safely. We found risks associated with parts of the environment had either not been identified or had not been addressed. For example, electrical wiring which had not been secured, loose radiator covers and emergency exit doors which were not alarmed. We raised this with the registered manager who took action to make improvements immediately following the inspection.
- Not all lifting equipment had been checked in accordance with legal requirements. The registered manager provided us with records to show the passenger lift, hoist and bath hoist had been inspected and serviced. However, they were unable to provide any records to show lifting slings had been subject to regular inspection, as required by law. The provider had commissioned an external company to carry out LOLER checks, but they had not ensured the agreement with the company included testing of slings used as lifting equipment.

### Systems and processes to safeguard people from the risk of abuse

- The provider's systems helped protect people from the risk of abuse or improper treatment. Staff had received training to recognise abuse and knew how to keep people safe, including reporting concerns to external agencies. However, we found one instance where concerns had not been reported in a timely manner.

### Staffing and recruitment

- The service was staffed sufficiently to meet people's needs safely. Staff told us and the registered manager

confirmed, some staff had left which meant there were vacancies on the staff team and shifts which needed to be covered. Staff told us there was not an issue with this as the team pulled together to make sure shifts were covered.

- The provider continued to follow safe recruitment practices. This included criminal records checks and checks to make sure staff were of good character before they were employed.

#### Using medicines safely

- Medicines were managed safely. Staff followed national guidance around medicines administration. The provider had safe processes for order, storage, administration and disposal of medicines. Staff received training and had their competence assessed before they were allowed to administer medicines.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some areas of the home where high-level dusting had not been carried out. We also found cracked tiles in a toilet, bare wooden radiator covers, and paper posters used around the home which could not be thoroughly cleaned and disinfected. The registered manager addressed these concerns immediately following the inspection. The provider had used gloss paint on the tops of the radiator covers, following feedback from our last inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found shortfalls in standards which had either not been identified or had not been addressed. For example, we found actions in response to the fire risk assessment had not been completed, eight months following the assessment. Additionally, lifting slings were not subject to regular checks and records related to how staff managed risks related to pressure area care were incomplete or inaccurate.

The above matters demonstrated the provider had not ensured they were operating effectively their systems to assess, monitor and improve the service. Records kept in respect of service users and the care provided to them was not always accurate and up to date. These were breaches of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. This was with the exception of checks of lifting slings, which the registered manager addressed immediately. We found the service was well-organised, with clear lines of responsibility and accountability.
- The provider used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people, their relatives and staff to identify areas for improvement.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic and had a clear understanding of their roles.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and consulted other professionals to achieve good outcomes for people.
- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. A visiting healthcare professional gave us positive feedback about how the service worked with them to achieve good outcomes for people.

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 policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings, and satisfaction questionnaires to gain feedback about the service. However, feedback from relatives had been difficult to obtain during the pandemic. The registered manager was looking at how they could reintroduce feedback systems following the easing of COVID-19 restrictions.
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. The provider also used a staff satisfaction survey to encourage feedback from staff about how the service was performing.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the effective operation of systems designed to assess, monitor and improve the quality of the service. The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user and the care provided to them. 17(1)(2)(a)(b)(c)</p>