

D.M. Care Limited

Ambassador Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ambassador Care Home is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The care home can support up to 31 people.

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

We looked at what activities were delivered at Ambassador Care Home. We noted events were planned and entertainers scheduled to visit. However, feedback on daily activities was mixed. We have made a recommendation about this.

Care plans held information on people's sensory impairments were appropriate. End of life training had been completed to support people should they wish to remain at the home in their final days. There was a complaints procedure, people we spoke with told us they had not made a formal complaint.

Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk while respecting the person and supporting their dignity. Staff files showed the registered manager used same safe recruitment procedures to keep people safe. Medicines were stored and administered in line with good practice guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff told us training was ongoing and they received refresher training to update their knowledge. The service worked in partnership with outside agencies, health and social care professionals to ensure people received timely healthcare support.

People and visitors felt confident in staff, they told us there was a caring culture within the service and staffing levels were appropriate. We observed people were comfortable in the company of staff. We observed staff offering choice and delivering compassionate care that supported people's independence and dignity.

The management team delivered care and worked alongside staff. This allowed good oversight to ensure people received effective support and the service was well-led. The registered manager used a variety of methods monitor the quality of the service. These included feedback forms to seek their views about the service provided.

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 07 July 2018) and there were two

breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

Inspection team

The inspection visit was carried out by two inspectors and an Expert by Experience on the first day. One Inspector returned the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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 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 day.

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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the 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 this information to plan our inspection.

During the inspection

We spoke with nine people who lived at Ambassador Care Home, one relative and one visitor about their experience of the care provided. We spoke with the registered manager, senior carer, two care staff, the cook and one member of the domestic team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked around the home to ensure it was a safe and clean environment. During our inspection we spent time observing interactions between people and staff supporting them.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection 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. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The registered manager was aware of good practice and the importance of ensuring medicines were safely managed. The service had systems to protect people from unsafe storage and administration of medicines. Staff administering medicines were trained and had their competencies checked.
- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We found the medicines we checked corresponded with the records kept.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One visitor told us, "[Person] is very safe, very safe. I am going away for a fortnight. I have no worries and no qualms."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. One staff member told us, "It wouldn't bother me reporting someone. It's the right thing to do."

Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm. For example, people had been assessed against the risk of falling and using equipment to keep them safe.
- Staff knew how to support people in an emergency. For example, people had personal emergency evacuation plans which ensured in case of a fire staff had appropriate guidance on how to support people out of the building.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. Recruitment processes were robust and ensured staff employed were suitable to work in this type of service. Records we looked at showed Disclosure and Barring Service checks were completed and references obtained from previous employers before staff worked alone supporting people.
- People, relatives and friends of people told us they were satisfied with the staffing levels at the home. We observed the service had appropriate staffing levels and deployment strategies to keep people safe. The registered manager assessed people's care needs and staffing levels reflected the level of help required to keep people safe.

Preventing and controlling infection

- People were protected against the risk of infection. Staff told us they had received infection control training. They confirmed there was enough personal protective equipment, such as disposable gloves, hand gels and aprons to maintain good standards of infection control. We observed staff wearing personal protective equipment in line with good practice guidance.
- People and relatives told us they were happy with the cleaning arrangements within the home.
- The home had been awarded a four-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Learning lessons when things go wrong

- The registered manager had systems to learn lessons when something went wrong. Staff documented accidents and incidents when they happened. The registered manager said they reviewed them to identify trends and themes and took corrective action as necessary.
- The registered manager introduced additional governance within the home in response to previous inspections from CQC and the local authority.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people before they moved into Ambassador Care Home. This was to check their needs were understood and could be met effectively.
- The management team applied learning effectively in line with best practice. Staff regularly reviewed and updated people's care plans when changes occurred.
- The management team had strong links with local authority health and social care professionals. The management team used computer tablets to have face to face consultations with health professionals.

Staff support: induction, training, skills and experience

- People, relatives and health and social care professionals told us they considered the staff team to be appropriately trained and skilled.
- All staff we spoke with told us they were happy with the training provided. They told us they were provided with training opportunities to meet the needs of the people they supported.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- The service supported people effectively with nutrition and hydration. Staff offered people a variety of drinks throughout the day. These included tea, coffee, cordials and milkshakes. People told us they were weighed regularly. Records we looked at confirmed this.
- We observed the lunchtime experience. There was no written choice of main meal. The registered manager and cook both told us people could have what they wanted. The cook commented, "If we haven't got it, I will go to the shop and buy it." We observed two people received alternative meals when they refused the lamb hotpot being offered.
- People who lived at the home gave mixed feedback on the quality of food provided at the home. One person said, "It's alright, but it doesn't make you go wow." A second person stated, "There's no choice but it's good." A third person said, "Some food I can't eat so the cook gives me a choice." The registered manager told us the menu was planned by a cook at another home owned by the registered provider. They stated they would speak with the registered provider about planning a separate Ambassador Care Home menu.

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

- People who lived at the home told us they had access to a GP or community health professional when they required one. A member of management told us, "The care home support team are amazing, always there with extra help."
- A community health care professional told us they were consulted with in a timely manner when people had specific health needs. One staff member commented, "Even if people have a cold, [member of management] is on the phone to their GP."

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

- The service was based in an older style property, access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floor. We saw documentation that indicated the lift had been serviced and maintained appropriately.
- The home had access to a secure yard area, which was decorated with plants. We were told people could access this space whenever they wished.
- We saw some dementia friendly signage was used in areas to act as visual cues to people. The corridors were free from hazards to promote people's independence.
- The home had feature walls decorated with murals of old-fashioned local scenes. There was a red telephone box within the home as part of the décor. This allowed people to share life experiences, memories and stories from their past.

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

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good understanding of the principles of the MCA and the need to ensure people were lawfully deprived of their liberty. They were aware of forthcoming changes to legislation. When restrictions had been placed upon people, we saw the correct processes had been followed. From records viewed, we saw people's consent to care and treatment was routinely sought.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. One person commented, "They [staff] treat me very well, I couldn't ask for better." A second person said, "They're great [staff], I've no problems. They are kind, friendly and very helpful."
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations.

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

- The management team and staff supported people to choose how their care was provided to them. We saw consent forms in care plans had been signed to authorise the support identified.
- People and their relatives were encouraged to offer feedback on the service they received. Feedback included, 'What a great place, it is friendly and welcoming.' And, 'I don't think anything could be improved.'
- The registered manager was aware of local advocacy services and how to access them. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. One person had a friend visit who was in the process of becoming their legal advocate. They told us, "The attitude of the staff is immense, they are wonderful." They said communication between themselves and the management team was good, and they often received positive phone texts from the registered manager regarding their friend.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We noted people's personal private information was stored securely. There was no personal information left visible on desks or secured to the wall for visitors to read.
- Staff treated people with dignity and offered compassionate support. One person became confused and believed they were visiting the home and were returning to their family home. Staff positively engaged with the person, they were patient, used therapeutic touch, offered tea and biscuits and diverted the conversation. We read one person's care plan that guided staff on how to reassure the person. They were to validate the person's feelings when they became agitated.
- People shared communal areas in their home but also had private bedrooms. Their rooms were

decorated in such a way to remind people which was their room. We observed staff knocked on people's doors and identified themselves before entering.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

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

- Daily activities were not scheduled or advertised for people to participate in. The service had an activity co-ordinator that worked part time at the home. We saw there were dementia friendly cat and dog models for people to interact with. One person was very fond of one of these and carried it with them. The hairdresser visited weekly and we saw upcoming events advertised. These included, chair yoga, animal therapy that included a visiting pony and reminiscence related to Lancashire memories. Feedback on activities included, "I watch television, it's just switched on and I watch anything. There aren't any activities." We were also told, "I like to be outside. You get a bit bored sometimes."

We recommend the registered provider reviews daily activities using best practice guidance.

- Staff told us they had time to sit with people, engage in conversation and complete activities with people. The registered manager stated staff often have time to sing and dance with people, and one to one time occurred throughout the day.
- People received person-centred care that was based on their individual needs. Staff knew people well and knew their likes, dislikes and preferences. They provided support in the way people wanted. For example, one person when going to bed liked to say, "Good night and God bless." They also liked to hear the staff say it back to them.
- The registered manager completed an assessment of people's needs before they could move into Ambassador Care Home. This ensured the service was right for the person and the service could meet the person's needs.
- The registered manager ensured staff had access to the most up-to-date information. Care plans were detailed and contained relevant information on people's support needs.
- Staff were observed being responsive to people's needs. People had call bells to request additional support. People told us they received all the care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager included any hearing or visual impairments within care plans. We read in one care

plan a person was visually impaired and wore dark glasses to support their vision. A second care plan highlighted someone was hearing impaired and required support to manage this.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available throughout the service. The registered manager had an 'open door' policy and people were actively encouraged to provide feedback or raise concerns. Members of the management team delivered personal care and were highly visible within the home.
- People told us they knew how to complain. People told us they had complained in the past and we saw changes had been made in how the service was delivered to minimise complaints being made in the future.

End of life care and support

- The registered manager was following best practice guidance in relation to planning end of life care. There were links with the local hospice and their end of life trainers.
- At the time of the inspection, there was no-one receiving end of life support. The registered manager told us they would ensure all relevant support was available to ensure people received the necessary support to remain in their own homes.
- The registered manager had recorded people's end of life decisions. They also told us, "We involve families in end of life care. We are not afraid of death, we talk about it. The care intensifies as more people become involved."

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the register provider failed to have a system to assess and monitor processes and ensure safe care and treatment was taking place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback we received was complimentary about the registered manager and management team. People told us the registered manager was, "Nice and friendly" and "She's lovely". We observed the registered manager was visible throughout the home. Their office was at the centre of the home and people visited or took up residence there participating in the running of the service.
- Staff, visitors and health professionals said the registered manager and management team were approachable, available and caring. One staff member told us, "It is 100% better than last time you came. It has improved a lot, I can approach anyone, they know what they are doing." A second staff member said, "[Registered manager], helps in every way. If I ring, it is never a problem she is always there."

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

- People spoke positively about how the service was managed. They informed us the registered manager and management team had a good understanding of people's needs and backgrounds. One staff member told us, "[Registered manager] knows her job, and she has a backbone too. She puts her heart and soul into the place."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC to report incidents that had occurred and required attention.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- Professionals told us leadership within the home was strong which had resulted in positive outcomes for people and staff. The registered manager regularly sought the advice and guidance of health care professionals and local authority quality professionals.
- Staff spoken with were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care.
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were good relationships with other services involved in the people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included risk management with GPs and managing people's ongoing health concerns with district nurses to ensure vital equipment was in place to keep people safe.
- There were meetings for people who lived at Ambassador Care Home, their families and friends. Management meetings and staff meetings took place. We noted information discussed at management meetings was shared with staff. Feedback sheets were distributed, and the comments returned were positive.
- There were links with local churches. Volunteers visited regularly to provide spiritual support to people who wanted it.

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were reviewed, and actions recorded where improvements could be made. The management team completed a range of quality audits to ensure they provided an efficient service and constantly monitored Ambassador Care Home performance. These included, medication, wellbeing and the environmental audits. This meant improvements could be made to continue to evolve and provide a good service for people.
- The registered manager told us they had recognised they were a care home. They no longer accepted people who required reablement or people being discharged from hospital that required some form of nursing care. They stated it had improved the level of care people living at the Ambassador Care Home received.