

Century Healthcare Limited

Ambleside Bank Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated

Summary of findings

Overall summary

About the service

Ambleside Bank is a purpose-built care home situated close to Wigan town centre and is registered to provide accommodation for up to 40 people who require personal care and support. At the time of inspection 29 people were living at the home.

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

The home was adhering to government guidelines in relation to infection prevention and control (IPC) processes. We suggested additional measures which could be implemented in line with best practice. This included the screening process for all types of visitor, cleaning documentation and completion of IPC training. The home had a plentiful supply of PPE and completed regular audits of the environment and hand hygiene practice. The home was currently receiving support from the local authority's health protection team, who had visited and provided an action plan to further promote good practice.

People told us they received enough to eat and drink. People did not always like the meal option provided but confirmed they could request an alternative. Detailed records of what people had eaten and drank had been kept, with their weight monitored in line with guidance. Where unplanned weight loss had occurred, referrals had been made to the necessary professionals.

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

Rating at last inspection

The last rating for this service was good (published June 2018).

Why we inspected

We undertook this targeted inspection to check on specific concerns reported to us about nutrition, weight management and infection control. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make improvements. Please see the safe and effective sections 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ambleside Bank on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?	Inspected but not rated
At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	
Is the service effective?	Inspected but not rated
At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	



Ambleside Bank Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns reported to us about dietary management, weight loss and infection control practices.

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 one inspector.

Service and service type

Ambleside Bank 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

We gave a short period notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 10 February 2021 and finished on 20 February 2021, at which point we had received all the additional information and clarification we had requested from the provider. We visited Ambleside Bank on 11 February 2021.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the

service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four people living at the home to obtain their views on the mealtime experience. We also spoke with four staff members, which included one of the cooks and the registered manager.

We reviewed a range of records relating to infection control, dietary management and nutrition. This included five people's care files, food & fluid charts, weight monitoring charts and audit information.

After the inspection

We reviewed copies of documentation requested as part of the inspection, including weight records, infection control policies and procedures and documentation relating to the home's management of the COVID-19 pandemic. We spoke with the registered manager again to discuss our findings following a review of all evidence provided.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Preventing and controlling infection

- Government guidelines around the screening of visitors to the home had been followed. Visitors were asked a number of screening questions and required to don PPE. However, additional best practice measures such as temperature checks were not completed, as these were not part of the provider's current policy and procedures.
- Infection prevention & control (IPC) and PPE training had been provided by the local authority, although to date only half the staff had accessed this. We noted plans were in place for a further session to be completed.
- We were told all staff completed internal IPC training, which was refreshed every three years. The training matrix indicated some of the staff who had not completed local authority training had last completed IPC training prior to the commencement of the pandemic. This meant their knowledge of current best practice would be limited.
- Cleaning regimes had been increased, including the purchasing of an Ozone machine to ensure rooms were fully sanitised. However, the cleaning of frequent touch points had not been documented, so we were unable to confirm this had been done. Checklists were being drawn up for this, as a recent visit by Wigan's health protection team had also identified these were needed.
- Auditing of the environment and hand hygiene practice had increased. The provider had purchased an ultraviolet light system to help promote effective handwashing, with this being used as part of handwash training and spot checks. The system identified areas of the hand which had not been washed sufficiently. This device was also used on surfaces to ensure they had been sanitised appropriately.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- People told us they received enough to eat and drink. Comments included, "We don't go hungry" and "We get enough (food) and plenty drinks." However, a couple of people added they did not always like the meal option available and recently options had been more limited.
- The registered manager confirmed changes had been made to the menu during the recent COVID-19 outbreak for food safety reasons. People had been isolating and eating meals in their rooms and the home needed to consider the safe transportation of meals around the home.
- Where people preferred softer food options, alternatives to the main meal option were not prepared as standard. This meant people who did not wish to eat the main meal, were provided with limited options which could be prepared quickly.
- People had not been involved in discussions around menu changes, or in generating ideas for future menus, once normal service resumed. Staff and people spoken with confirmed this.

We recommend the provider seeks the views of people to support the menu planning process, to ensure meals provided cater for their likes and preferences.

• The Malnutrition Universal Screening Tool (MUST) which is a five-step tool used to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese was in use, albeit not completed monthly for every person. However, people's weights had been consistently monitored and referrals made to professionals such as the GP and dietician as required. Dietician recommendations such as the provision of food supplements and/or fortification of food had been put in place.