

Mr and Mrs J C Walsh

Ambleside

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 

Overall summary

This inspection took place on 2 September 2015 and was unannounced. Ambleside provides accommodation for up to 18 people who require residential and personal care. 13 people were living in the home at the time of our inspection. Most of the people living in the home have been diagnosed with a type of dementia. Ambleside is set over three floors. The home has two lounges, a dining room and a secure back garden. This service was last inspected in May 2014 when it met all the legal requirements associated with the Health and Social Care Act 2008.

A registered manager was in place as required by their conditions of registration. A registered manager is a

person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's care and support needs had been individually assessed and managed. Their records described people's likes and dislikes and how they would like to be supported with their practical and personal needs. Staff were very knowledgeable about people's needs, their backgrounds and their preferences. However their care records did not always consistently record their

Summary of findings

emotional or recreational needs. People were encouraged to make their own day to day decisions about their care and support. Where they had been identified as not having the capacity make a decision independently, this was not always recorded adequately. Systems were in place to ensure people received their prescribed medicines in a timely manner.

People and relatives were positive about the staff who cared for them. They told us the staff were kind and caring. People and staff had a friendly relationship. Relatives told us the home was homely and staff were compassionate. Their concerns and complaints were encouraged, explored and responded to in good time. Concerns and complaints were used as an opportunity for learning or improvement.

A range of activities were provided for people however not everybody had the opportunity to carry out individual activities which were important to them. People enjoyed

the meals being provided. Staff monitored people who were at risk of losing weight. Where people's needs had changed, staff made referrals to the appropriate health care services for additional advice and support.

Staff were knowledgeable about ensuring people were protected from risks and harm. They were able to tell us their actions if they felt people were being abused and harmed in anyway. Staff's previous employment and criminal histories had been checked to ensure they were safe to look after people.

There were sufficient numbers of staff to ensure people's individual needs were being met. Staff had been trained and supported to care for people in an effective and responsive way. The registered manager ran the home well and understood people's needs. They provided staff with support and had systems to monitor the quality of service being provided.

Summary of findings

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 safe.

People and their relatives were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

People's risks and safety were assessed and managed to protect people from harm.

People were protected by safe and appropriate systems in handling and administering their medicines.

Effective recruitment procedures were in place to ensure people were being supported by suitable numbers of staff.

Good



Is the service effective?

The service was generally effective.

People were supported to make decisions and choices; however details of some people's assessments of their mental capacity were sometimes generalised.

When people's needs changed they were referred to the appropriate health and social care professional for further specialist assessments. People's dietary needs and preferences were met.

Staff were supported and trained to ensure their skills and knowledge were current and met people's needs.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to. Relatives made positive comments about the approach and attitude of the staff.

People were encouraged to be independent in their activities of daily living.

Good



Is the service responsive?

The service was generally responsive.

People's care needs were assessed, recorded and reviewed.

An activities programme was in place to meet most people's physical and social needs.

Staff responded promptly to people's individual concerns. Complaints were managed in line with the provider's policy.

Good



Is the service well-led?

This service was well-led.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

Good



Summary of findings

The registered manager kept up to date with local and national changes relating to health and social care. There were good links with the local community and the GP surgery.

The registered manager led by example. Staff demonstrated good care practices and felt supported by the senior management team.

Ambleside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 September 2015 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four relatives, three members of staff, the operations manager and the registered manager. We looked at the care records of four people. We also spoke with one health and social care professionals. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports as well as the management and monitoring of the home.

Is the service safe?

Our findings

People who lived at Ambleside were safe because processes and systems were in place to protect them from avoidable harm. Relatives told us they felt their loved ones were safe and well cared for. Minutes of meetings showed that the issue of people's safety was always discussed at residents and staff meetings to allow people, their relatives and staff to have the opportunity to raise any concerns.

Staff understood their responsibility in protecting people from harm and injury. They had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff told us their actions if they witnessed or suspected someone was being harmed. One staff member said, "I wouldn't hesitate to report anything that I thought was detrimental to the residents." The registered manager and other senior staff also knew how to report or discuss safeguarding concerns with the local County Council. The provider's company policy and procedures on safeguarding people was present and accessible to staff.

People were protected by suitable staff because appropriate checks had been carried out on staff before they started work. Staff recruitment records showed systems were in place to check staff's previous employment as well as identity and medical history. However the registered manager had not confirmed the reasons why the previous employments of one member of staff had been terminated. This was raised with the registered manager who said they had discussed this at their interview and the conduct of this person had been explored via their references. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's personal risks of harm and injury were assessed and mainly being managed well. Nationally recognised assessment tools to identify if people's health was at risk. For example, staff used an assessment tool to identify malnutrition and weighed people regularly. Where risks had been identified, staff were knowledgeable about how to mitigate and manage these risks. They were able to tell us how people were monitored to reduce the risks of further deterioration in their health or well-being. However

these details in people's care records were not always consistently recorded and needed to be more specific. For example, more detailed guidance was required for the management of one person who had lost weight.

People were cared for by appropriate numbers of staff. Relatives confirmed they felt there were adequate numbers of staff to meet their loved ones needs. Where there had been planned staff shortages, other staff had covered extra shifts to ensure there were enough staff on duty to meet people's needs. The home occasionally used agency staff when required. The registered manager said, "We always try and cover with our own staff as they know our residents." The registered manager also helped to support people on a regular basis. They said, "I understand their needs better if I get more involved in their care." Senior management provided out of hours support to staff in the event of emergencies at the weekends and in the evenings. Most people were unable to tell us if staff were quick to respond to their needs however we saw staff answering call bells and responding to people's needs in a timely manner. One person who had chosen to stay in their bedroom told us the staff were mainly prompt in responding to their call bell.

Arrangements were in place to make sure people received their medicines appropriately and safely. A system was in place to order and receive all medicines required by people in the home by designated staff. People's medicines were stored securely. Staff responsible for administering medicines had received training. Their skills and knowledge was regularly reviewed and observed by the registered manager.

People were given their medicines on time and appropriately. Staff told us their actions if people refused to take their medicines. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Care plans provided staff with guidance on medicines that had been prescribed to be used "when required". For example, for people who required pain relief. People's medicines were reviewed twice a year with their GP. Daily audits of the medicines levels and records were carried out. The pharmacist also visited the home and carried out an independent audit of how people's medicines were being managed.

Is the service effective?

Our findings

People's needs were appropriately recognised and met. Staff had carried out effective relevant training to gain relevant knowledge and skills to carry out their role. Most staff had received training deemed as mandatory by the provider such as safeguarding and moving and handling. New staff carried out an in-house competency based induction and staff development programme. This included shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures. New staff practices were observed and monitored to ensure their conduct and care practices met people's needs.

Staff told us they felt supported by the staff team and the registered manager. They received regular formal individual support meetings and an annual appraisal where they had opportunities to raise concerns and identify any training needs. Where poor practice had been identified, the registered manager had met with staff and addressed the relevant issue. Regular staff meetings allowed relevant information to be shared and reinforced. For example, staff had been reminded about the importance of people's dignity and oral care during their personal hygiene.

The registered manager told us that a programme was in place to provide staff with additional training in end of life, dignity in care and documentation. Staff had been supported to undertake a national vocational qualification in health and social care. The registered manager was aware of the new care certificate guidance and was implementing it within their induction training regime. We were told they would also be using the foundation of the care certificate with all staff to reinforce and update their skills and knowledge. The care certificate gives providers clear learning outcomes, competences and standards of care that will be expected from staff. The registered manager had undertaken additional locally recognised qualifications in dementia leadership and safeguarding people. Plans were in place to provide additional dementia training.

Most people who lived in Ambleside were living with dementia and were unable to make significant decisions about their care. Staff and the senior management team

had a good understanding of Mental Capacity Act (2005) which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain specific decisions for themselves.

Where people required support with their personal care and day to day decisions staff encouraged them to make choices and be as independent as possible. Care plans included an assessment which identified that some people lacked the mental capacity to make day to day decisions; however some of the assessments were general in nature and did not relate to specific decisions about their care.

Other significant people such as families or their GP had been involved in helping people to make decisions about important parts of their care. However the registered manager did not always hold the relevant information and documents of those who had been elected to be a power of attorney on behalf of people. This meant there was no clear framework of the process to be followed when significant decisions were needed to be made relating to people's health and financial welfare.

The Deprivation of Liberty Safeguards (DoLS) protects people in care homes from inappropriate or unnecessary restrictions on their freedom. The registered manager understood her role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Where people needed to be deprived of their liberty, the registered manager had applied for authorisation to do this.

People were supported to maintain a healthy and well balanced diet. Risks relating to people's nutrition had been identified and addressed. People's weights were monitored and GPs were made aware of any nutritional concerns. People's food and fluid intake were recorded and monitored if they had been identified as being at risk of malnutrition or dehydration. The chef was made aware of and catered for people who were losing or gaining weight or required a special diet.

Staff knew people well and knew people's preferences and choices in their meals and where they wished to eat their meals. Care staff supported people with their breakfast preferences. A hot two course meal was served at lunchtime and sandwiches and sweet and savoury snacks were served in the evening. Alternative meals were made available for people if they did not like the meal being served to them. The chef said, "We have tried different

Is the service effective?

meals but the residents generally prefer more traditional meals such as meat and two veg.” Information about the meals available for the day were written on a notice board in the dining room, however this information was not accessible to all people in the home due to their limited cognitive abilities or ability to access the dining room.

People were supported to maintain their health and well-being. Staff supported people in their routine health appointments such as dentists and the chiropodist. The home had good contacts with the local surgery and the GPs visited regularly to review the needs of people. Where

people’s needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. A visiting health care professional was positive about the care people received and told us the home always made appropriate and timely referrals to them. Staff were aware of the importance of documenting incidents or any interventions by visiting health professionals such as GPs. Relatives told us meetings had been held at the home with health care professionals to discuss and review their loved one’s needs.

Is the service caring?

Our findings

Most people who lived in Ambleside lived with a dementia and were unable to tell us their overall and historical views about the home, but they were able to tell us they felt the home was caring and the staff were kind and friendly. One person said, “They are very nice to me. I am pleased to be here.” Their relatives were also positive about the care people received and told us the home provided a homely friendly atmosphere. We received comments such as “They are amazing.” and “They are saints.” They told us they were welcomed into the home at any time and could join their family member for lunch or other events in the home. One relative said, “We are very pleased how mum has settled in. We can visit night or day. The standard of care is good. We can’t fault them.”

We observed staff interactions with people throughout the inspection. Both care and non-care staff knew people well. People looked calm and relaxed around staff. They shared a joke with each other or chatted about their day. Staff talked to people about their life histories, interests and their families. Staff were respectful and appropriate in their approach. They spoke to people in a manner that was clear but not overpowering. One staff member said, “Positive communications is crucial when dealing with people who have a diagnosis of dementia.”

Staff knew people well and knew their likes and dislikes; they were able to support people in making their decisions. People were encouraged to remain independent in their everyday skills.

Staff were able to determine when people started to become anxious and intervene and help to distract them with discussions about their past. Staff were able to tell us about people’s needs and how their behaviours may change which may indicate they were not happy. They were aware of people who were affected by sun downing and had strategies in place to support them. Sun downing affects some people with dementia which may result in them becoming more confused or agitated in the late afternoon and in the evening or as the sun goes down.

People were able to freely move around the home and use the secure garden. Some people choose to spend their day in their bedroom or sit in the quiet lounge. People were encouraged to bring in their own ornaments and personal belongings to personalise their bedrooms.

People’s dignity and choices were respected and adhered to people. One person had requested only to be cared for by female staff members. This was documented and adhered to. Another person told us they always knocked on their door before they entered and enquired about the type of the support they needed. This person said, “They are very polite. They always tell me what’s going on and ask how they can help me.” Posters and information boards around the home informed staff and relatives about the importance of dignity and care that focus on individual people and dementia awareness. Staff told us what ‘person centred’ care meant to them. One staff member said, “I treat people like I would like to be treated, respectfully and with kindness.” Staff meeting minutes evidenced that the registered manager had reinforced the importance of respecting people’s dignity when caring for people.

Is the service responsive?

Our findings

People spent their day resting in the lounges or in their bedrooms. Planned activities such as quizzes and reminiscence sessions were carried out at a set time in the morning and afternoon by a nominated member of staff. Some people were able to walk around the home independently and occupy themselves with their own interests. External entertainers such as sing-along and quiz performers visited the home regularly. Children from the local school also visited the home and talked and entertained people. On the day of our inspection, an external exercise therapist trialled a new group exercise programme with some people in the lounge. The registered manager was reviewing whether this would be implemented into the activities programme. We saw evidence and photographs of people being taken out into the community such as to the local shops and garden centres. People's spiritual and cultural beliefs were supported.

Whilst activities were carried out in the home, we found that individual activities could be more focused on people's individual interests and backgrounds. Relatives confirmed that the activities were mainly based in groups. Another relative told us they felt activities had 'dropped off' recently. However, staff told us they had started to introduce some individual activities such as the introduction of hand held computer devices to communicate with families by video links or looking at historical information such as war documentaries and photographs.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. People's care records provided staff with information about their preferences and how they liked to be cared for. For example, one person's care records stated they liked to have their lamp left on at night. People's goals

and needs in managing the care and support they received from staff were documented. Guidance on how staff could support people was in place such as helping people get dressed or make appointments with their GP. Significant information about people and their interests and backgrounds had been collected and documented. Staff were able to tell us about people's life histories and how they would support them if they became upset or agitated. However, this information was not always reflected across people's care plans. For example, staff distracted one person by discussing his former employment when he became upset, however this person's care records did not document how their personal backgrounds and interests may be used to provide emotional support for them.

Handover information between staff at the start of each shift ensured that important information about people was known, acted upon where necessary and recorded to ensure people's progress was monitored. People's needs were reviewed regularly or as required by staff that recognised when people's needs had changed.

Relatives and people who were able to express their views told us they could always raise their concerns with staff and the registered manager. They told us staff were responsive to any concerns raised. The home welcomed people's views and experiences of living at Ambleside. People, their relatives and visitors could complete feedback forms, use the suggestion box or attend regular relative meetings to express their views and opinions. Posters around the home told people and their visitors how they could raise a complaint. Where people had made formal complaints these had been dealt with in line with the provider's complaints policy. Records showed that any shortfalls in the service provided was immediately investigated and rectified. For example, a key worker system had been implemented as a result of a complaint. This meant each person now had a designated staff member who took overall responsibility for their care.

Is the service well-led?

Our findings

People and their relatives were positive about the home and how it was run. They knew the registered manager and told us she was always seen around the home. We were told that the registered manager and staff were always approachable. One relative said, “The manager and staff are fantastic. They are on the ball and always keep us informed of any changes.” The registered manager was very knowledgeable about people and had a ‘hands on approach’. For example, the minimum of twice a week, they joined the care staff team and assisted them with caring for people.

The provider’s policies reflected the practices in the home. Additional local authorities’ policies were also available to provide staff with extra guidance and information. However it was raised with the registered manager that the policies referred to the previous health and social care regulations which had changed on the 1st April 2015. The registered manager told us the policies were due to be reviewed and would be amended to reflect the most current legislation.

Accidents and incidents had been reported and recorded. Whilst the registered manager had reviewed these reports and had implemented changes where patterns of accidents had occurred this was not always recorded. For example, staffing levels had been reviewed and increased in the early evening when some people living with a dementia become more agitated but this had not been recorded.

The registered manager and senior management team had an ‘open door policy’ which was demonstrated during our inspection as staff were comfortable in seeking advice from senior management team and the registered manager. Staff told us they felt supported and were happy to raise their concerns. One staff member said, “The managers here

are great, very supportive. I can go to the registered manager or the other managers about anything. I feel valued and know I contribute towards the quality of care been provided here.”

The registered manager and senior management team kept their knowledge up to date by attending local networking conferences and meetings. They worked with other agencies such as the local and authorities and health care services. Where appropriate they sought advice and implemented their recommendations.

Frequent quality monitoring checks were carried out by the registered manager. Audits were in place to ensure people received regular health care checks such as visits from the dentist and chiropodist. A schedule of daily, weekly and monthly internal checks were carried out on environmental and safety systems by the registered manager such as checking the fire alarms, kitchen and cleaning schedules. External companies were employed to carry out maintenance and servicing checks on equipment such as the passenger lift and hoist. The pharmacist linked to the home carried out yearly audits on the management of people’s medicines. The registered manager told us a health and safety company had recently carried out an inspection of the home and they were waiting for their results. Any shortfalls identified in the audits carried out were recorded and actioned by the registered manager and staff. A new system to identify the level of infection control had been implemented and was being trialled to identify any areas of risk.

Notice boards provided people, their visitors and staff with information about the home and related information such as advice and support information. Relatives meeting and events such as external entertainers were advertised here as well as information about the complaints procedure.