

BC&G Care Homes Limited

Ambassador House

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ambassador house is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

The registered manager and the provider's auditing systems used to test the quality of the service were not always effective at identifying shortfalls and areas which needed to be improved upon. Although, the standard of care and the accommodation had improved following the last two inspections.

People looked happy and appeared to enjoy their time at Ambassador House. People's relatives told us there had been real improvements since the new manager started. They believed that their relatives were happy, safe and well cared for.

There were various safety checks which were taking place to promote people's safety at the home. Staff were aware of what potential harm and abuse could look like. A recent concern had been addressed quickly and appropriate action had been taken by the registered manager. There was enough staff to meet people's needs.

Staff felt supported by the registered manager. They also spoke positively of the training they received. Staff told us the registered manager responded quickly and encouragingly to their requests of more training opportunities. Although, some new staff needed more support to learn how to do their jobs well.

People told us, and people appeared to enjoy the food and drinks provided. Snacks and drinks were encouraged throughout the day. People's cultural diets were catered for and people were offered their favourite foods. Staff supported people in a respectful and safe way when they needed assistance to eat.

Health professionals were contacted when people were unwell and needed specialist input. Plans were in place to promote good oral care. People who were most at risk of experiencing a breakdown to their skin, did not have any pressure damage to their skin. Relatives believed their loved ones were kept healthy due to the actions of the staff and the registered manager.

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 treated people in a kind and caring way. People's privacy was protected by staff. The registered manager had ensured people had care assessments and plans which promoted people's safety. People's

interests were encouraged at the home. Various events and entertainment was taking place on a routine basis. There was an upbeat social atmosphere to the home.

The registered manager was present and about the home. Staff and relatives spoke positively of the registered manager and the difference they had made to the home.

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 overall (published 5 December 2018) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement 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.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ambassador House

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

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

Ambassador House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed the information the provider must send us. We also spoke with the local authority about their recent assessment of the service. We used all this information to plan our inspection.

During the inspection-

Most people were unable to talk with us, so we completed many observations. We spoke with four people who lived at the home and two people's relatives. We spoke with five members of staff and the registered manager.

We reviewed the records of six people. We also looked at a sample of people's medicines records, accidents incidents and also complaints and compliments. We reviewed three staff recruitment and competency checks. We also viewed various safety checks relating to fire safety and equipment.

After the inspection

We reviewed the notes for meetings for people and staff and staff training records. We sought confirmation of items purchased for the home and reviewed an updated action plan. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with another two people's relatives.

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 improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff had full employment histories as part of their recruitment checks to ensure people were safe with staff. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Disclosure and barring services (DBS) checks were in place and references were sought before the new member of staff started working at the home. Although, the registered manager did not always try and obtain a reference from the most recent employer. They told us they would now do so.
- There were sufficient staff when we inspected. People's relatives and staff told us these were the normal staffing levels for the home. One relative told us, "I had concerns about a lack of staff some time ago, but not anymore, there's always good staffing when I visit."

Assessing risk, safety monitoring and management

At our last inspection the provider had not robustly managed the risks relating to the health safety and welfare of people by not updating people's care plans. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified the risks which people faced. These guided staff about how to keep people safe.
- One person often went out each day to visit family. There was a plan in place to check this person had returned when they said they would. Staff were aware of this.
- Various fire safety and equipment checks had been completed. There was an emergency plan in place to respond to events which effected the service. We saw records showing staff had been trained in what to do if something happened which effected the running of the home.
- Relatives all told us they felt confident their loved ones were safe in the care of the service. One relative said, "Oh yes I'm really happy with [relative] there [Ambassador house]."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems to protect people from harm. There had been a recent safeguarding event. The registered manager took action to respond to this. Although, the member of staff did wait until the next day to report it to the registered manager, the registered manager also took action in response to this shortfall.
- Staff told us if they had concerns about a person being harmed they would report it to the registered manager or senior straight away. They also knew of the outside agencies they could also report their concerns to.

Preventing and controlling infection

- The home was clean when we inspected. We did see some potential infection control risks. Such as marks and dents on the walls and rust on the base of shower chairs. Also, parts of the venire on side tables and chest of drawers had come off.
- We were later sent order forms of furniture which was to be delivered to replace some of this furniture. The registered manager told us about plans for further repainting.

Using medicines safely

- We completed a count of a sample of people's medicines. These tailed with what the records said should be there.
- Staff who administered people their medicines received competency checks about this.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good.

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

- People had risk assessments and care plans in place which explored people's needs and showed staff how to support people. Best practice guidance had been obtained to support people.

Staff support: induction, training, skills and experience

- Staff spoke positively about their training, they gave examples of what training they found interesting and useful to their work. More experienced staff were being supported to undertake advanced training in care to develop their skills.
- Staff said they felt supported by the registered manager.
- Staff competency checks were in place. However, except for medicine checks, these assessments did not demonstrate how the assessor had reached their conclusion staff were competent. We spoke with the registered manager who said they would review this.

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

- One person spoke well of the food, "The food is good, all we do here is eat [laugh] breakfast elevenses, lunch and tea." A person's relative told us, "The Caribbean food is lovely, I could do with some of that myself."
- People who were at risk of choking were being supported to eat specialist diets. Food professionals had been referred to and plans were in place to support these people in a safe way whilst they ate.
- Systems were in place to respond when people were identified as being an unhealthy weight. The chef was knowledgeable about how to support these people to increase their weight. We saw staff supporting people to eat their food in a safe way, when they needed this assistance.
- People were being asked what they wanted to eat and drink. There were choices at meal times. We were told and saw how people were offered to eat their favourite foods.
- There was a plentiful arrangement of snacks offered at mid-morning and a snack and drink station which people helped themselves to. Staff also offered people drinks throughout the day.

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

- People saw GP's and health professionals when this was needed. We saw plans to promote good oral care. No one had any pressure damage to their skin, which included a person who spent all their time in bed. A relative said, "They [staff] look after [relative's] skin well."
- During the inspection a professional from the optician visited giving people new glasses, ordered after a check-up.

- A relative told us, "My [relative] has never seen a GP so many times since they moved here, they [staff and registered manager] do their best, which is difficult because of [relative] has dementia."

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

- Changes had been made to the home to make it more accessible for people. There were murals on walls which we saw people looking at and touching.
- The garden needed work to make it more accessible and enjoyable for people to be in or look out onto. This was not part of the home's development plan. The registered manager reviewed this plan and later sent it to us.

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.

- People had capacity assessments. Some of these were good at showing how the person had been assessed if they could make certain decisions. Others lacked this information. The registered manager said they were in the process of revisiting these assessments now.
- When a person lacked capacity to make a particular decision, we could see relatives and professionals had been consulted with.

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 now remained the same. This meant people were supported and treated with dignity and respect.

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

- Relatives told us they saw staff routinely treating people in a kind way. One relative said, "I used to be worried about [name of relative] I had to visit everyday to check they were ok. Since the new manager has come, things have changed. I don't need to visit each day now."
- During this inspection we saw staff supporting people in a kind and thoughtful way. We saw staff asking people at lunch time if they were ok and place a hand gently on their shoulders.
- Staff were mindful and responded if a person needed some support. A person struggled to open a packet of crisps, we saw a member of staff came over and said, "Let me help you with that."
- Staff spoke with people in a gentle tone. We saw the activity co-ordinator involving people with various activities. A keep fit class took place where staff tried to involve people in this.

Respecting and promoting people's privacy, dignity and independence

- When people needed to use the bathroom, staff supported people in a discreet way to do this. Staff supported people to eat in a respectful way.
- People often walked about the home and some went out to the local area. People helped themselves to additional snacks and fruit. One relative said, "I often visit and see [name of relative] having a banana and walking about the place."

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

- We saw care plans which identified what was important to people. One person was unable to communicate their wishes, but efforts were made to consider what this person would say if they could be involved in the planning of their care.
- Reviews took place which the registered manager told us they had tried to involve the person in this process.

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 now remained the same. 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

- People had detailed assessments which explored their physical and mental well beings. There were personalised details about people's preferences, likes, their former interests and their backgrounds.
- People's relatives told us their relatives' interests and what was important to them had been identified by the registered manager. The staff and the registered manager promoted these at the home.

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

- There was music playing throughout the day. We heard calming classical music at lunch time and music from the 1950's and 1960's in the lounge. We saw people tapping their hands and feet to this. At times some people would voluntarily get up and dance. Staff were seen encouraging this. We entered the lounge and saw staff, the registered manager, and people dancing together.
- There was an activity co-ordinator and staff who supported with activities. Various activities were taking place which also encouraged people to move about as much as they wanted to or could do.
- People went out into the local area on regular basis. A volunteer had been arranged for one person to take them out. Events had been planned. Staff told us about various events which took place over the summer and recently. This included a BBQ, wine and cheese tasting, choir, friendship club, seasonal events and black history month was celebrated. Particular Christian faith groups visited individuals and services were held.
- There was an upbeat atmosphere at the home. With people also reading and completing puzzles quietly. A relative told us, "[Name of relative] rarely used to leave their room, now they are always in the lounge, I've just left [relative] dancing." We had also observed this change.

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.

- People had communication plans in place to support staff to communicate in a way the person is likely to respond to. We saw staff communicate clearly with people during the inspection.

End of life care and support

- People had end of life plans in place. These contained information about which relative needed to be contacted and where the person wanted to live, when they entered the end part of their life. Some wishes

and wants had not been explored. The registered manager said they were reviewing these, but often these plans were limited because people could not communicate their wishes.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. We saw some relatives had raised complaints. The registered manager had responded to these complaints, apologised and taken action to address these issues.

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 remained the same. This meant the service management and leadership was inconsistent. Improvements were still needed in how the leadership identified shortfalls. To ensure care is always of high-quality.

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

- There had been improvements made following the last two inspections. However, we still identified shortfalls in the systems and the management quality checks of the service.
- New staff struggled and lacked direction from senior staff. We saw some examples of when staff practice for new staff needed to be improved upon. One member of staff wiped a person's mouth without asking their permission this person was not happy about this. A member of staff clapped behind a person who was walking with a walking frame. Staff assisted a person to be moved in a hoist in the lounge, they did not take action when this person's skirt got caught up on two occasions.
- New staff did not receive competency checks during their three month induction, to check how they were doing.
- Some safety checks were not complete in relation to fire doors and windows. One window did not have a window restrictor. One fire exit door was not closing fully, and the alarm had been switched off.
- Improvements had been made to the environment. There was a plan in place, but areas of the environment, furniture and equipment which needed improvement were not part of this plan. The inspection needed to prompt action in some of these areas.
- Staff did not routinely chat and talk with people. Some new staff were hesitant to engage with people. Signage was used in three people's bedrooms directing staff about care tasks. This was not person centred. Actions were taken on the day to correct some of these issues, but these issues had not been identified as part of the quality checks of the service with a plan in place to address them.

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

- People and their relatives when possible were being involved in the form of menu plans and relative and people's meetings. However, there were some missed opportunities when certain items had been purchased for the home, people were not involved in this. Plans for the garden lacked people's involvement.

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

- There was an improved culture at the home, improvements had been made to promote good outcomes

for people. Although, some staff team needed more support to actively contribute to this culture.

- The provider had taken actions to improve the service. Other registered managers from the provider group assessed each other's services and a consultant visited the home every four months.

Continuous learning and improving care; Working in partnership with others

- The registered manager had invited other organisations into the home to benefit people and promote their interests. Although, no organisations had been brought into the home to consider possible improvements.