

BC and G Care Homes Ltd

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?

Good 

Overall summary

This unannounced inspection was carried out on 29 June 2015 and 01 July 2015.

Ambassador House is a registered care home which provides accommodation for up to 25 people who require nursing and personal care; some of whom may be living with dementia. The home offers accommodation over two floors. There were 25 people living at the home when we inspected it.

At the time of our inspection, there was a manager in place who was in the process of registering with the Care Quality Commission as the registered manager. 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 and associated Regulations about how the service is run.

People were assisted by staff in a way that supported their safety and they were treated with respect. People had care plans in place which took account of their needs and individual choices.

Summary of findings

People's medication was administered by staff who had received training to ensure that the medication was administered safely and in a timely manner.

Staff cared for people in a warm and caring manner.

Staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff were supported to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home.

People were supported to have a healthy and nutritious diet and to access healthcare professionals when required.

People were able to raise any suggestions or concerns they might have with the manager and were listened to as communication with the manager was good.

Arrangements were in place to ensure the quality of the service provided to people was regularly monitored.

People were involved in meaningful activities in the home.

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 felt safe. Staff had received training on the safeguarding of people and were able to raise any concerns they may have about people's safety.

The provider had effective systems in place to ensure that any concerns about people's safety were well managed.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Staff recruitment procedures and safety checks were in place.

Good



Is the service effective?

The service was effective

People who used the service and their relatives were involved in the planning of the care and support that they received.

People were supported to maintain a balanced and nutritional diet.

Staff received an induction when first employed, and on-going training and supervision.

Staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was assessed and planned to respond to their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

People were encouraged to maintain their hobbies and interests and were also able to access the local community.

Good



Summary of findings

Is the service well-led?

The service was well led

There was a manager in post and staff felt supported by them.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Staff enjoyed working at the home and supporting the people who lived there.

The provider had systems in place to monitor and improve the quality of the service provided.

Good



Ambassador House

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 29 June 2015 and 01 July 2015 and was unannounced. The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us, and information received from the local authority. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who used the service, the manager of the home, three care staff, and two relatives. We reviewed the care records of three people who used the service and reviewed the records for three staff, and records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records. We also carried out observations on the care that was being provided to people.

Is the service safe?

Our findings

Relatives of people who lived at the home told us that their relative was safe in the home. They said “[staff] don’t just let anyone in, they question who is coming in.” People we spoke with told us that they were kept safe. One person said. “I definitely feel safe in the house.”

We observed staff assisting people in a safe manner. Where people needed walking aids staff either observed them from a safe distance or assisted people to use the equipment safely. Where people walked with staff assistance, we saw that staff were patient and did not rush them. We heard staff saying to people “Your fine, I’ve got you.”

Staff demonstrated their understanding and responsibilities and were able to identify types of abuse. Records showed that staff had received training on safeguarding. Staff we spoke with told us that they knew how to recognise and report any concerns they might have about people’s safety. Staff said that they were aware of the provider’s safeguarding policy. They were also able to name external agencies they could report concerns to. The manager understood their responsibilities and our records show that they reported appropriately.

Individual risk assessments had been undertaken in relation to people’s health care and support needs and this included safe movement around the home, risks of falls, and accidents and injuries. These risk assessments were put in place to keep people as safe as possible within the home. The service also recorded and reported on any significant incidents or accidents that occurred. We saw examples of where an incident had occurred and the steps the provider had taken to learn from the incident and further train staff to reduce the risk of further incidents occurring. Staff we spoke with told us that encouraged people to stay safe in the home they said “We get them to use the frames when they walk and when in the bathroom encourage them to use bars.”

The home had personal fire and evacuation plans in place, so that in the event of an emergency all people could be taken to safety quickly and effectively. Records showed that emergency evacuation drills involving people who lived in the home had taken place. This demonstrated that the provider had processes in place to assist people to be evacuated safely in the event of a fire or emergency.

We observed how staff provided care throughout our inspection. We saw that people were supported quickly by staff and their support needs were met safely. Staff told us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff were available to support people at all times and assisted people in a patient, unrushed and safe manner. Staff held daily meetings to pass on current information or concerns about people who used the service.

The manager told us that staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to.

Medicines were stored safely within the home. Records instructed staff on how prescribed medicines should be given and protocols were in place for medicines that were to be given on an ‘as and when needed’ (PRN) basis. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff signed these records to indicate that they had administered the medicines and the manager carried out a regular check on the charts to ensure they were being completed correctly. We observed medicines being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them in taking it.

Is the service effective?

Our findings

People we spoke with said that staff “know what to do.” A member of staff also told us that they worked well together as a team. “We all get along; we communicate with each other and know each other’s strengths and weaknesses.” Staff were knowledgeable about people’s individual support and care needs, and had received the necessary training to equip them for their role.

Staff told us they were supported by the provider to gain further qualifications such as National Vocational Qualifications (NVQ) in health and social care, to expand on their skills and knowledge of how to care for people effectively. Records reviewed showed that staff had received appropriate training in mandatory topics such as moving and handling, safeguarding, health and safety and first aid. The manager also had a system in place to ensure that staff were aware when refresher courses were required. Staff told us that they received regular supervision and felt supported in their roles. This meant that they were supported to enable them to provide care to a good standard.

The manager was able to explain to us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people who used the service. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance.

Staff told us that they would always ask people for their consent before providing care because they recognised that verbal consent should always be obtained where possible. One staff member whilst talking about their understanding of consent said that if a person refused care they would “provide encouragement” but if the person still did not agree then they would “step back and come back later.” Staff understood that people had a choice in the care that they received and staff needed to respect their decisions. We were told by the manager that people’s capacity to consent would be evaluated and assessed regularly. We observed one member of staff offering drinks

to people, we saw that the person refused a drink but the staff member went up to them and said “let me get a special drink for you” with a smile, the person also giggles at the staff member. The staff member then came over with a drink for the person who we then observed to drink immediately.

People had enough to eat and drink and we saw throughout the day that people would regularly ask staff for drinks and snacks. People took their meals in their rooms or formal dining room. Drinks were available on bedside tables and in communal areas and were within easy reach. People said that the food was good and if they did not like the menu options available then an alternative was offered. One person said, “The food is very good, I don’t send any back.” We observed people while they were having lunch and we heard people comment “it’s very nice” when they tried the food and others when presented with their food choice said “that looks nice.” We saw that the meal time was a pleasurable experience and people were able to eat their meals independently where possible with minimal interruptions.

Staff monitored and helped people to manage and maintain a healthy weight. We saw that the service was part of a nutritional programme and staff had all received training to ensure that people received the correct nutrition and support. The service was regularly monitored by the dietician to ensure they were providing people with suitable, nutritional food and supplements. The service used a nutritional screening tool and worked closely with the local dietician’s service to assist and support people in maintaining a healthy and balanced dietary routine.

We saw evidence that people were assisted to attend medical appointments outside the home and where a person needed to access medical advice/treatment and was not able to leave the home, staff would then arrange for a doctor to visit the person in the home. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. People we spoke with said that they felt that the staff involved external health care professionals when needed.

Is the service caring?

Our findings

When we spoke with people about the home and the staff they were happy to provide us with feedback. They said “[staff] are very good, lovely to me.” Another person said staff were “Really lovely. Caring towards me.” We spoke with two relatives of people who lived at the home and they all made positive comments about the staff and the provider. One relative told us, “Staff are very caring”. They told us that their relative always looked well and happy in the home. They said “They even look after us relatives.”

We noted that the home had a friendly atmosphere. People were made comfortable in their surroundings and staff kept people entertained where possible. We saw that staff encouraged people to make day to day decisions. One person told us, “it’s my choice when I get up.” While another person said “I like to do things myself, all the staff know this and they let me.” One person said “There is nothing I can say; staff are very nice to me.” Staff moved around the house and constantly acknowledged people and stopped to say hello and have a chat. One person told us “They are always busy but if you want them, they come straightaway.”

We observed the activities staff talking with people in the main lounge, We saw that they knew peoples likes and dislikes and were able to engage with them positively. For example, we observed one person sitting gin the main lounge who appeared to be asleep, we saw that the staff walked past and said hello to them, at which point the person immediately began to have a conversation with the

staff member. We saw that staff took interest in the conversation and also whilst talking to them ensured that they had a drink available and were taking sips because it was a very hot day.

People and relatives confirmed that they were involved in making decisions about their care. When asked if they were involved in decisions about their care or if they had had sight of their care plan, people told us that they knew they had a care plan and their family had been involved in the planning of their care.

Staff showed care towards people and supported them in an unrushed manner. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed and people confirmed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed.

Staff demonstrated that they knew and understood people’s likes, dislikes and daily routines.

People’s dignity and privacy was respected. We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people’s individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing them with the care and support they required. Staff said that when providing personal care they would respect the person’s dignity and communicate with them about the care they were providing.

Is the service responsive?

Our findings

People had their needs assessed and the care records gave staff information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. One person said, “I only have to ask and they will do it for me.”

Care records reviewed showed that people’s general health and wellbeing was considered when their plan of care was put together. People we spoke with told us that they were involved in their care planning. We saw from documents provided that the home carried out a needs assessment for each person to ensure that the support being provided was adequate and that they were responding to people’s changing needs. Staff we spoke with gave us examples of their knowledge and understanding of people’s different requirements and we saw that staff were responsive to people’s needs throughout the day.

People’s care and support plans, as well as their regular reviews of care, were signed by the person or their representative. Relatives we spoke with said that they had been involved in these reviews and told us that these meetings gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

Our observations showed that staff asked people their individual choices and were responsive to these. Staff told us that when a person was unable to verbally communicate with them they would use visual aids to assist the person in making a decision. We saw staff demonstrate this throughout the day, for example at meals times we observed that staff were having difficulty

communicating alternative meal options to a person. We saw that to aid the person in making decisions, staff wrote down the alternative meal options which allowed the person to point at what they wanted to eat.

When we spoke with staff they told us. “We have a lot of confidence in our team, it’s a nice team.” They said that they “go according to what they like to do.” For example, we were told by staff that one person liked to go for walks, so staff regularly went for walks with them when they requested it. When we later spoke with relatives and reviewed the persons care plan we also found that the care plan also reflected this.

There was a range of group and individual activities which people were encouraged to participate in. These included gardening, board games and dominos. We observed on the day of our inspection that some people were involved with watching a musical, while other people were listening to the radio, or sitting in the main lounge talking to staff. One person we spoke with said, “There are activities to join in with, but I like to do my own thing.”

We saw that a complaints policy was available to people in the home and presented in a format that made it easy to understand and follow. We saw from documentation provided that when complaints were received the manager responded to the complaints quickly and discussed them with the staff in the reflection meetings. From our discussions with people we were also able to confirm that they were aware of the policy and who they should approach in the event of a complaint. Family members said they felt happy that they could speak with the management if they had any concern or if they wanted to comment on the care and treatment of their loved one.

Is the service well-led?

Our findings

There was a manager in post and we saw that they had started the processes to register with the Care quality commission as a registered manager. Our observations and discussions with people who lived in the home and relatives showed that they were felt relaxed and comfortable around the manager and staff. The people living in the home and their family members said that they would be happy to go to the manager if they had any worries or concerns, and that they knew they would be listened to. One relative said, “The manager is quick at looking at issues.” Staff said, “There have been a lot of changes, but good changes” since the new manager had been appointed.

The manager and staff were always available to people who lived at the home. People said, “The manager is nice” When we spoke with the manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. We saw that the manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and discussing complaints with staff. When we asked staff about the manager they said “She is an amazing manager, she looks out for the residents.”

Relatives said that communication was good between them and the manager. They told us that they felt involved in their relatives care and were kept informed of any changes by the manager. One relative told us, “We are always informed about what’s happening.” They said that they discussed people’s routines with them and their families to ensure a smooth and relaxed atmosphere in the home.

The manager told us that they had worked with families, staff and people using the service to introduce more flexibility and choice within the home. They said that

people’s individual routines were regularly discussed and updated to promote a comfortable and relaxed atmosphere. We observed throughout the day that the home was calm.

We found that the manager’s ‘open door’ approach meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose and that the manager was quick at resolving these. Relatives told us that the manager’s open door policy made it easy for them to make any suggestions they may have about the service as soon as any concerns or issues came to light.

We saw that recent questionnaires had been sent out to people to gain feedback on the service being provided to them and most responses were positive. One person had commented, ‘I am happy with the way mum is being cared for.’

During our visit we spoke about notifications with the manager, who demonstrated how they reported these events in an open and timely manner. The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of service provided within the home. We saw that the provider carried out monthly audits on the home, which included reviews of care documents, medical records, activities provided by the home and also any complaints received and action taken.

We saw that staff meetings were held regularly, and the minutes of these meetings showed that staff were able to discuss what was going well and whether there were any improvements needed.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One staff member said, “I love working here, we are for the residents.”