

Mr and Mrs J C Walsh

# Ambleside

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ambleside is a residential care home providing accommodation for persons who require nursing or personal care to up to 18 people. The service provides support to older people; some of whom live with dementia. At the time of our inspection there were xx people using the service. People are accommodated in one adapted building across two floors.

This was a focused inspection that considered infection, prevention and control arrangements, people's care, treatment and support and the leadership, management and governance arrangements.

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

Shortfalls in infection, prevention and control practice, including those found in people's care records, had not been identified by the provider. Arrangements in place had not ensured safe practice guidance had been followed and that where needed, improvements were made. People had been at risk of receiving unsafe care and treatment due to a lack of senior leadership and effective quality monitoring processes.

At the time of the inspection we found care staff had ensured people's care, treatment and support needs were met. Staff were appropriately referring people to relevant healthcare professionals. One relative said, "Yes, the doctor comes around routinely to check." Another relative said, "(Name of relative) was malnourished when they came here. They encourage (name of relative) to eat." The relative said their relative had benefited from this. A visiting healthcare professional told us relevant health reviews took place and that care staff were aware of people's needs.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 November 2019).

### Why we inspected

We received concerns in relation to people's care, treatment and support and in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

During the inspection action was taken by a representative of the provider to better protect people from COVID 19 infection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ambleside on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to how risks to people are reduced and mitigated and, in the management and monitoring of the service's processes and practices.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our effective findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not well-led.

Details are in our well-Led findings below.

# Ambleside

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors and an Expert by Experience carried out this inspection. 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

Ambleside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ambleside is a care home without nursing care. 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.

Inspection activity started on 3 March 2022 and ended on 8 March 2022. We visited the location's service on 3 and 4 March 2022.

### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the relatives of five people who used the service to gain their view of the care and services provided. We spoke with four care staff, a cook, the operations manager, the registered manager and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people who used the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection, Assessing risk, safety monitoring and management

- People were not always protected from the spread of infection. Staff were not consistently following government guidance in relation to the wearing of personal, protective equipment and social distancing during a period of sustained transmission of COVID 19.
- Risks related to staff not wearing masks and not maintaining social distancing from people when not wearing a mask had not been assessed. Individual risk assessments had not been completed in respect of people's rights, needs and vulnerabilities in relation to visits by relatives and friends.
- Visitors (family members) were tested for COVID 19 once they had entered the care home instead of prior to entering, in line with government guidance to prevent the spread of infection.
- Risk assessments had not always been completed when people's needs had altered to ensure safe ways of working remained in place.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Areas used by people were cleaned to reduce the spread of infection.
- A recent inspection of the kitchen, by the Foods Standards Agency (FSA), had identified areas for improvement. These included actions required for maintaining cleanliness. These were being addressed at the time of the inspection and were due to be reviewed by the FSA.
- Visiting was taking place in line with government guidance, meaning when the service was not experiencing an outbreak of COVID 19, there were no visiting restrictions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse as staff knew how to recognise risks associated with abuse and report any concerns, they had about this.
- Senior staff appropriately shared relevant information with agencies and system partners to help safeguard people.

Staffing and recruitment

- Appropriate recruitment processes were followed to ensure safer recruitment decisions were made.
- Managers had ensured adequate staffing numbers to ensure people's needs were met.

Using medicines safely

- People received support to take their prescribed medicines.
- People's prescribed medicines were appropriately reviewed by their GP to ensure only necessary and relevant medicines were in use.

Learning lessons when things go wrong

- Staff took action to help people avoid further falls.



# 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 our last inspection we rated this key question as good. At this inspection the rating for this key question has remained 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

- People's needs were assessed prior to admission and their preferences and choices also explored. Staff liaised with health and social care professionals, including people's representatives, to complete this process.
- Staff used recognised assessment tools to help identify, for example, potential risks to people's skin and nutritional wellbeing.
- People's health needs were met in line with health professionals' guidance and support, following recognised pathways of care. This was seen, for example, for pressure ulcer prevention/management, swallowing and choking risks and diabetes.

Staff support: induction, training, skills and experience

- Staff completed induction training when they first started work to ensure they could provide people's care to a safe standard.
- The provider ensured staff remained updated with training relevant to their role. Health professionals confirmed they had delivered recent training in nutrition and hydration and skin care.
- Care staff had their competencies and knowledge checked in relation to subjects such as dementia care, safeguarding and medicines administration.

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

- People's weight was monitored, and a healthcare professional confirmed that any concerns about this, or with people's nutritional intake, were discussed with them so these could be addressed.
- People were provided with the food and fluid they required to meet their needs. Food and drinks were fortified to provide additional calories for people who were at risk of malnutrition. People at risk of choking or who had swallowing difficulties, were provided with altered textured food and drink.
- People who were unable to eat independently due to cognitive or physical decline were provided with the help they needed at mealtimes and in-between. People were also supported to make food and drink choices.

Staff working with other agencies to provide consistent, effective, timely care

- People were referred to appropriate healthcare professionals for assessment and when their needs altered. Care records recorded referral and intervention by community nurses, occupational therapists and the NHS diabetic team.

- Staff worked with the ambulance service, when required, to ensure people received appropriate assessment and support during an emergency or for example, a fall.

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

- The environment was considered when reviewing people's needs, for example, following a fall, deterioration in mobility or the need for additional care equipment. Where needed people had been supported to move bedrooms so their needs could be better accommodated.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access hospital appointments, regular chiropody and dental services as required.

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 MCA 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.

- Where people had lacked mental capacity to consent to live at Ambleside, an application under DoLS had been submitted to the local authority (the supervisory body) by staff.
- We reviewed any authorised DoLS. Where these were due to expire, arrangements were made with adult social care professionals to review and assess if a new DoLS was required.
- People's care was planned with their consent or in consultation with their representative and in their best interests.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not ensured good governance of the service. The systems and processes in place to monitor the service, had not been effective in identifying shortfalls in procedure and practice.
- Although some learning had been taken from previous quality monitoring shortfalls and some additional quality checks had been delegated to senior care staff, a system for 'checking the checker' had not been introduced. These additional quality checks were not then checked by senior managers for completion, accuracy or to see if any improvement actions were required.
- Shortfalls in people's care records, such as their care plans, had not been identified because effective auditing of these had not taken place. This put people at potential risk of receiving unsafe or inappropriate care and treatment due to a lack of accurate information and guidance for care staff and visiting professionals.
- A lack of effective senior leadership from the registered manager had resulted in best practice guidance not always being reviewed and implemented. Infection, prevention and control guidance had subsequently not been consistently adhered to by staff. This put people and staff at risk of infection.
- Although the registered manager and a representative of the provider were in communication with the service most days, and information about people was shared with them, there was not a system in place to collectively record and audit developing risk. One person had developed skin related risks, which care staff had correctly referred to the community nursing team. However, when speaking about this with the provider's representative during the inspection, they were unclear about this development.
- Shortfalls in other areas of practice and process had also not been identified and acted on. Government guidance on essential care givers had not been implemented. Individual risk assessments, required in relation to visiting in a care home during a period of sustained transmission of COVID 19, had not been completed. Records relating to people's ability to consent to care had not been correctly reviewed and updated. This put people at risk of not having their rights protected and supported.
- In the absence of the registered manager and including limited oversight of the service by the provider's representative, feedback from relatives and visiting professionals had not been formally sought to help with the monitoring of the services provided. Relatives gave us mixed feedback on whether their concerns or complaints were listened to and acted on. One relative said, "I'm sure they would be (their complaint or concerns listened to), but I've never complained" and another said they had raised a complaint and

managers said they would get back to them but they had not done so. On asking about the management of complaints or concerns during the inspection there were no records held in relation to these so we were unable to assess if these were managed appropriately.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection we were shown electronic evidence that the provider's representative had acknowledged and responded to concerns raised by a relative and that these were forwarded to the provider to manage under their complaints policy and procedures.
- Managers forwarded appropriate statutory notifications to us following events which affected people who used the service.

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

- Senior managers did promote person centred care and a culture where people were treated equally and where their protected characteristics were understood and respected. There were processes in place to check staff behaviours and competencies against these values.

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

- Senior managers understood their responsibility in relation to duty of candour and to report and discuss with people's representatives, events that involved their relatives. Relatives told us they were able to keep updated with events concerning their relative. A relative said, "I have a general number for the home and can speak to whoever is around." Another relative confirmed that when they wanted an update on events concerning their relative the staff were 'every helpful'.

Working in partnership with others

- Staff in the care home worked with local commissioners of care and relevant health and social care professionals to expediate people's admission to the Ambleside when this was required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with the non-compliance of government guidance relating to infection, prevention and control, during a sustained period of transmission of COVID 19 infection, including risks which were not assessed following changes in people's needs and abilities.</p> <p>Regulation 12(1) (2) (b)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated with a lack of effective quality monitoring of the service and inconsistent senior leadership.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>

### **The enforcement action we took:**

We imposed a warning notice on the provider to be compliant with the regulation by 20 May 2022.