

RS Care Limited

Ambleside Nursing Home

Inspection report

6 Southside
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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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Ambleside Nursing Home provides accommodation with nursing and personal care for up to 20 people. When we visited, 10 people lived there.

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

During the inspection people spoke positively of the staff that supported them and told us they felt well cared for. Staff understood the needs and preferences of the people they supported well. All the feedback we received from people, a relative we spoke with and a healthcare professional was positive.

Whilst people told us they felt safe, we found improvements were needed to ensure medicines management was fully safe. Records we reviewed relating to the undertaking of fire testing did not evidence testing had been completed as forecast and the emergency evacuation planning record we reviewed at the time of the inspection was not accurate.

Governance systems included audits and regular checks of the environment. These were not consistently effective in identifying the concerns with medicines we identified or the failure to complete the periodic fire alarm testing. We also identified the provider had failed to notify the Care Quality Commission (CQC) of two safeguarding incidents as legally required. Whilst it was not evident this had any impact on people, it did not evidence a fully effective governance system was in operation and placed people at risk.

We found evidence that a safeguarding incident in the days immediately prior to our inspection had not been escalated internally or to external sources. Staff were recruited safely, and the provider used a dependency tool to calculate staffing levels. During the inspection we received mixed feedback about staffing levels and some staff commented that current staffing levels did not promote access to the local community for people.

Health and safety checks, together with checks of the environment were completed. The provider had ensured all lifting equipment was serviced as required and equipment such as weighing scales were calibrated for accuracy. The service was clean, and staff used personal protective equipment when required.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. However, we found improvement could be made in relation to the application and recording of the Mental Capacity Act 2005 and we have made a recommendation about this.

People were supported by staff who had the skills and knowledge to meet their needs. Some supervision and appraisal were currently overdue, and the provider was addressing this. Staff understood their role and

were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people.

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. There was evidence that where needed the service supported people in accordance with the AIS. People felt their concerns and complaints would be listened to. Accidents, incidents and complaints were reviewed to learn and improve the service where needed.

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

Rating at last inspection:

The last rating for this service was Good (published March 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Ambleside Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by two inspectors, a member of our medicines team and an Expert by Experience. 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 Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The provider was currently recruiting for this position. The previous registered manager had deregistered in April 2019.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with seven people who lived at the service, one person's relative, and seven members of staff. This included the provider, nursing staff and care staff. We also spoke with one visiting healthcare professional. We reviewed a range of records. This included some people's care records and multiple medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four healthcare professionals who have had contact with the service to gain their views, however we did not receive any responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed or not receive care in line with their assessed needs.

Using medicines safely

- People received their medicines in a safe and caring way.
- There were systems in place for the storage, ordering, administering, and disposal of medicines, including those requiring extra security. Storage temperatures were monitored to make sure they were stored correctly and would be safe and effective.
- If medicines were given covertly, then safe systems were in place to make sure people's mental capacity had been assessed, and decisions made in their best interests were documented. Pharmacy advice had been taken to make sure medicines were given safely.
- Nurses received medicines training and they told us there were competency checks to make sure they gave medicines safely. Further training had been arranged and an action plan was in place for competency checks to be updated after this training.
- There were protocols in place for 'when required' medicines. However, these were not always up to date and were not available for some medicines. Guidance for staff on how to manage diabetes where blood sugars were lower or higher than the recommended range were not clearly documented. We were told by the nurses that the diabetic team were consulted where changes in insulin dose were required, but their advice had not always been recorded in the care plans or medicine records.
- There were systems in place to report and investigate any medicine incidents.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe and commented positively on their care. One person told us, "Oh yes. I feel safe. It's things in general and yes, I feel safe with the staff."
- Records were maintained when safeguarding matters had been reported and we found evidence of where matters had been escalated to the local authority.
- During the inspection we received information about a very recent safeguarding matter. Further investigation identified this matter had not been escalated to the provider or local authority as a safeguarding concern. This matter was identified to the provider who contacted the local authority. Based on the information within the disclosure made to the inspection team during the inspection, we also raised a safeguarding concern with the local authority.
- The provider had safeguarding policies in place for staff to access and follow should they be required.

Assessing risk, safety monitoring and management

- People had current individual risk assessments. We reviewed examples of risk management in relation to falls, skin breakdown and nutrition. Where risks to people were evident, plans to manage the identified risks were completed.
- There were systems in place to monitor known environmental risks. Health and safety checks were undertaken, and risk assessments completed where required.
- Fire safety records were not completed evidencing the service had completed scheduled testing. For example, the weekly fire alarm testing showed significant gaps in the records, with no entries at all being made in May 2019 showing testing was completed to ensure the system was operating correctly.
- No records of evacuation procedures had been completed. We discussed this with the provider who told us that practice evacuations were done during staff training with the training provider. However, no records of this were made to evidence how long the evacuation took or any issue that may have arisen.
- We reviewed the Personal Emergency Evacuation Plans (PEEPs) for people that was within the fire folder and would have been given to the fire service in the event of an emergency. The overview of the PEEPs contained incorrect information. The provider has sent us the current overview since the inspection.

Staffing and recruitment

- In general, most people were positive about the levels of staff. One person said, "Most of the time it's ok. You get sickness but there's always somebody here." We did receive a small amount of less positive feedback. One person felt they had to wait for things too often.
- The provider used a dependency tool to help calculate appropriate staffing numbers. This was done monthly to ensure identified changes in need were reflected in staffing numbers.
- Staff we spoke with gave mixed feedback about staffing. One comment we received was, "Not enough staff, can't do anything with the residents, activities done but they would prefer to go out, don't have the staff can't take them out, it's a rush all the time." However, another staff member we spoke with said, "Staffing levels are fine, I've not noticed anything incorrect."
- The provider told us they were currently fully staffed for both nursing and care staff. We saw projected staffing rotas had already been completed.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean.
- All of the people we spoke with told us staff wore gloves and aprons when providing personal care. This reduced cross infection risks.
- The service had dedicated housekeeping staff to maintain the service environment.
- The dedicated staff used cleaning schedules. The provider audited the environment to ensure a high standards of cleanliness was achieved.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the provider or senior staff.
- Records showed that following an accident or incident, details of the incident or accident were recorded and reviewed.
- The provider had a 'Lessons Learned' log that recorded improvements undertaken when it was identified this was required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. The provider monitored DoLS approvals and applications. Records showed the service currently had two authorised DoLS in place and other applications pending assessment or renewal.

- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Where relevant, the service had obtained written consent from people for some aspects of their care. Some of these documents were dated 2015 and did not evidence this was kept under regular review. We advised the provider of this.
- Capacity assessments were carried out where people lacked the capacity to make specific decisions for themselves. For example, relating to their care and treatment. Where one person was assessed as lacking capacity to make specific decisions, we found instances where a family member was signing consent forms where they did not have the legal powers to do so. We discussed this with the nurse who told us they would review the forms and complete a best interest decision with involvement from the family in line with the principles of the Act.
- We reviewed two people's care records which contained statements that they did not have capacity to make decisions. This is not in line with the Act which states assessing people's capacity to make decisions should be decision specific.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

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

- People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
- Assessments of people's needs were undertaken and completed using nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition or obesity.
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with some specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet. People at the service felt respected by staff.

Staff support: induction, training, skills and experience

- There was a system to support staff through supervision and appraisal. We identified some supervisions were overdue. Some staff members had last been supervised in April 2019 with a next scheduled date of July or August 2019, however these have not been completed. The provider had identified this and was addressing the matter.
- Staff we spoke with felt supported, and no concerns were raised about being able to seek advice or guidance at any time.
- Staff felt they had the skills and knowledge they needed to carry out their roles effectively. No concerns were raised about the training provided.
- We reviewed the training records and noted staff received training such as moving and handling, first aid, safeguarding, dementia and infection control.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

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

- People commented positively on the food provided at the service. We observed staff supported people where needed with nutrition and hydration. People's care plans detailed the level of support required.
- One person we spoke with told us, "Yes, enough to eat and my dietary requirements are met." Another person commented, "Very good food. Yes, a choice. They come and ask you what you want in the morning."
- All of the people we spoke with told us they had sufficient drinks available to them throughout the day. We observed people being continually offered drinks and supported where required.
- People were regularly weighed, and recorded weights evidenced if people were at risk of malnutrition or obesity. The scales used to weight people were periodically serviced and calibrated.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were two communal lounge areas that people could use located on different floors of the service. There was a passenger lift in operation to support people to access the additional floors.
- Where required, signage on communal toilet doors was in place to support people with navigation.
- People's rooms were personalised. People had their own furniture and personal possessions such as paintings, ornaments and objects.

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

- People had access to a variety of healthcare services and professionals according to their needs. Records and care plans supported this.
- People were registered with a GP and records showed the service regularly escalated health concerns

when required.

- People told us they had access to healthcare support if needed. One person commented, "I see the GP when I need to. You tell the nurse and they call the doctor. No problems with this."
- A visiting healthcare professional commented positively on the service. They commented they felt staff were attentive to people's needs make referrals when necessary.

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 remained the same. People were supported and treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Most people told us they felt their privacy and dignity was respected. We observed positive interactions to support this during the inspection, however there were areas for improvement.
- Throughout the inspection visit we saw many positive interactions between people and the staff and management. One person commented, "Yes, the staff are kind. They always respect my privacy and dignity. I like to be on my own. They respect me." Another comment we received was, "Yes, my privacy and dignity are respected."
- We identified that some of the toilets within the service had no locks on. We discussed this with the provider who told us they felt this was an issue of balancing safety and privacy. They advised us they were now going to review this and look at locks that do not compromise safety and promote people's dignity.
- One person we spoke with was also less positive about their privacy. They advised us that they are unable to fully close the toilet door due to their mobility equipment. They told us that they were informed a dignity curtain would be supplied but this has never materialised.
- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time at we received positive feedback. One person commented, "My [relative name] comes in and takes me out. Oh yes – made welcome. They get on well with all the staff." Another person commented, "My family can visit anytime. They are made welcome."

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

- People received care from staff who developed positive and caring relationships with them. People were observed being treated well by the staff at the service.
- We observed that people had call bells within reach in their bedrooms and that people looked comfortable and relaxed when staff were interacting and providing support. People were clean and well presented.
- We asked people if they felt staff were caring. One person commented, "The staff are kind and caring." Another person told us, "I'm looked after the way I want to be looked after."
- A visiting healthcare professional we spoke with said they had no concerns for people in the service and told us, "[I have] no concerns, all the patients seem to be happy."
- The service had received positive feedback on a national website. An extract from one comment left in read, "My Dad was transferred to Ambleside from hospital for palliative care. All the staff we met could not have done more to make us and Dad feel at home and have shown so much compassion."

- A compliment card we reviewed at the service read, "Saying thank you doesn't really seem enough. The care that Mum received whilst she was living with you was fantastic."

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

- People's views were regularly sought through day to day interactions, and we observed staff communicating with people well. People appeared comfortable and relaxed in the presence of staff.
- People told us they felt involved in their care choices and needs. Comments we received included, "Yes, my care is reviewed. I have my say." Another person said, "They ask how I'm getting on and always have a little chat. They ask if I need anything."
- We saw people were offered choices in relation to food and drink throughout the inspection and staff we spoke with told us that they always ensured people were involved in decisions that involved them.
- Staff were attentive to people during the inspection. For example, people that required support with mobility and support to eat received the correct level of care.

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 remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs and preferences.
- Care plans were person centred in areas, for example, detailing specific items people preferred to have access to, that helped them to remain settled.
- Some aspects of the care plans could benefit from additional information. For example, one person could become anxious whilst being supported with personal care. Whilst the care plan gave some good detail about how staff should approach the person to ensure they remained calm, it did not include whether they preferred a bath or a shower, what products they like to use and what they could do for themselves.
- Some care plans contained historical information, such as reference to staff using restraint for one person and conflicting information relating to a texture of diet for another. Whilst the most up to date information was available in the care plan, it was not easy to identify the person's most current needs.
- During a discussion with the provider they advised us that a review of care plans with people, their families or those acting on their behalf is currently ongoing.
- People and their relatives were involved in reviewing and updating the care plans regularly with the nurses.

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

- People had the opportunity to partake in activities. The feedback we received from people was mainly positive about the opportunity to do things.
- We discussed activities with an activities co-ordinator at the service. They told us how they ensured they attended people's rooms to invite them to activities and gave examples of the activities they did.
- People were positive about the activities and told us there were no obligation to join in. For example, one person commented, "There are activities, but I don't go down there. I prefer my own company." Another person said, "Yes, I take part in and enjoy activities. Yes, they do things I'm interested in."
- In addition to internal activities some people attended the local church. One person said, "We do have activities. Yes, I do enjoy them. We play ball, go to church. Two of us go to church. I do like to go to church." We did receive feedback from some staff that they felt some people would like to access the community more but the staffing levels at the service did not always promote this.

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's individual communication needs were assessed and recorded in line with the AIS.
- People's communication needs were identified and highlighted in care plans. Staff knew people well and responded to their individual communication needs.
- Where required, communication aids were developed to support people with their communication needs. For example, staff used a note pad to write on for a person who had a hearing impairment.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People felt confident they could raise concerns. One person said, "Yes, I would be comfortable raising concerns but no concerns at the moment."
- Records of any complaints or concerns were maintained on people's care records that evidenced the action taken in response by the provider.
- Where complaints had been raised by the local authority or staff employed at the service, appropriate records were maintained.

End of life care and support

- People's end of life wishes were discussed and recorded in their care plans.
- People's care records included Treatment Escalation Plans (TEP). These TEP covered areas such as escalation planning at end of life and information about resuscitation decisions.
- There was no one receiving end of life care at the time of the inspection.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

The service management and leadership was not always consistent. Governance systems were not consistently reliable and effective. Some risks were not always identified or managed. Statutory notifications had not always been sent.

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

- There was a range of audits in operation to monitor the health, safety and welfare of people who used the service and the environment in which people were supported. However, these had not been consistently effective in identifying all concerns.
- We identified concerns in relation to the management of medicines that audits had not identified. In addition, audits had not identified recording issues in relation to Mental Capacity Act 2005 records. Some care records contained information no longer relevant to the person.
- During the inspection, we identified two safeguarding concerns that the service investigated in April 2018 which resulted in the dismissal of a staff member. The service had failed to notify the Care Quality Commission (CQC) as required by law. This had not been identified by the providers governance systems.
- The provider had clearly displayed the current performance rating at the service location and on their website in line with regulatory requirements.
- Staff we spoke with were happy in their role and understood the management structure of the service and their own role within that structure.
- There was currently no registered manager in post as required by the providers conditions of registration. The previous registered manager de-registered with CQC in April 2019 and no further applications have been made.

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

- Some people were not currently clear on the arrangements of the service management. The recent manager, who was employed following the resignation of the previous registered manager, had recently left. One person commented, "The home manager has changed. I don't exactly know who it is now."
- People we spoke with gave positive comments about involvement in decisions and being listened to. One person we spoke with told us, "They would make changes if people made suggestions." Another person commented, "Yes, I have my say and can contribute towards how the home is run."

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

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. This demonstrated the services ability to follow the duty of candour regulation.

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

- People felt involved in choice and the daily operation of the service.
- Staff confirmed they felt involved and supported in their role. We saw the provider had sent out a staff survey in 2019. The result were mainly positive with all staff saying they were proud to work for the service.
- The provide engaged through their website to show performance figures. People, the public or staff could review performance figures in relation to call bell response times, staff retention and reported medicine errors. Additionally, feedback from people, relatives and healthcare professionals could be reviewed.
- Staff we spoke with told us that staff meetings held, and we saw the supporting minutes. The last meeting was held in May 2019. Matters such as person-centred care, evidencing support given and activities were discussed.

Continuous learning and improving care, working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and to escalate to relevant healthcare professionals if required. Additionally, the provider maintained a 'lessons learned' record and a continual action plan.
- A business contingency plan was maintained within the fire folder to ensure the service continued to be operationally effective in the event of an emergency, such as power and gas loss or a flood.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people. We did not receive any feedback from the professionals we contacted, however a visiting professional spoke positively.
- The provider worked with the local college to provide apprentice placements for health and social care students. Feedback from a member of the college staff had been left on the providers website and was positive about the service provided.