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?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 and 22 May 2017 and was unannounced. Ambleside provides accommodation for 18 older people who require personal care without nursing. 16 people were living in the home at the time of our inspection. Ambleside is a small care home set over three floors. The home has two lounges, a dining room and a secure back garden. This service was last inspected in September 2015 when it met all the legal requirements associated with the Health and Social Care Act 2008.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their relatives were positive about the care they received. We observed the relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's needs in a caring and compassionate way. Staff had the knowledge and confidence to identify safeguarding concerns and told us they would act on these concerns to keep people safe.

People told us there were enough staff to meet their needs. Staff rotas confirmed this. Staff carried out additional duties when required. The registered manager frequently worked as part of the care team. Recruitment checks had been carried out to ensure staff were suitable to work with people. Staff told us they were supported well and had the training and skills they needed to meet people's needs.

Staff had responded quickly when incidents had occurred or people's needs had changed. However, people's care records were not consistently amended to reflect their support needs, changes in their well-being, consent to their care or the management of their risks. The registered manager had responded to relative's comments about the lack of activities provided for people and was working towards providing a greater range of activities tailored to people's needs..

The registered manager and the provider's representatives responded to people concerns and monitored the quality of the care provided, although shortfalls in people's care planning had not been consistently identified during their auditing process.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of this report.

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

This service was safe.

People's risks had been assessed and were being well managed.

There were sufficient numbers of staff to meet the needs of the people.

People received their medicines in a safe and timely manner.

Recruitment procedures were followed to ensure staff were checked and recruited safely. Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse.

Is the service effective?

Good

The service was effective.

Staff felt trained and supported to carry out their role. Staff had a basic understanding of the Mental Capacity Act and applied the principles of the act in their practices.

People enjoyed their meals and were supported to eat a healthy diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good

The service was caring

People are treated with kindness and compassion in their day-to-day care. Their bedrooms were personalised and decorated to their taste.

People received care and support from staff who knew understood their backgrounds and needs. Relatives were complimentary about the caring nature of staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff understood people's needs and responded to them in a timely way, however people's care plans did not always provide staff with information they needed to support people.

People enjoyed activities when they occurred. An activity coordinator planned regular activities with people; however people's individual interests and social needs were not always being met although this was being addressed

People and their relatives were confident that any concerns would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Auditing systems were being used to monitor the service being delivered however they had not identified shortfalls in the detail of people's care records.

Staff, people and their relatives felt supported in by the management team and were confident in the skills to run the service.

Ambleside

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 19 and 22 May 2017. The inspection team consisted of an inspector 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. The expert had experience and knowledge of caring for older people.

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

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with five people as well as six relatives on the telephone after our inspection. We spoke with seven staff members, as well as the activities coordinator, two kitchen staff, the compliance manager, operations manager and the registered manager. We looked at the care plans and associated records of four people. We also looked at four staff files including the recruitment procedures and the training and development of all staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home. We also spoke with two health care professionals about the service being provided.

Good

Is the service safe?

Our findings

People were cared for by staff who understood their responsibility in protecting them from harm. Staff were aware of the actions they should take if they witnessed or were made of any allegations of abuse or harm. The registered manager and management team had attended additional training in safeguarding people and understood their role to notify the appropriate agencies if concerns were raised. People told us they felt safe living in the home. One person said, "Security is the best thing. I feel very safe here." Relatives told us they felt their loved ones were well cared for and praised the staff. For example, one relative told us, "I know she is safe here and she is cared for. Staff spend time with her. She wanders up and down and goes into the garden if she wants to. It's totally secure." Another relative said, "My wife would not be able to communicate if something wasn't right, so I really need to be able to trust that she is being taken care of. I feel quite sure that she is contented." Information about how to report abuse was displayed around the home for staff, people and visitors to read.

People's health and well-being risks were assessed, monitored and reviewed. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent them harm. Staff understood people's risks and how they should be managed to reduce the risk of harm. For example, actions had been taken when people had been identified as losing weight. Records showed that advice from health care professionals had been obtained where needed and people's weight was being monitored and they were encouraged to eat calorie boosted meals. Precautions had been taken for people who were at risk of falling out of bed, for example people who remained in bed for long periods of time rested in their profiling bed which had been lowered to the floor with a crash mat by its side. This meant their safety and risks were being managed in the least restrictive way.

Staff were aware and supportive of those people who required emotional support or may become agitated. Most people's care plans gave staff recorded guidance on how they should support people such as talking to them about their family. People's support needs in the event of a fire or emergency evacuation had been assessed and recorded. Fire drills occurred twice a year. The response to evacuate the building and any lessons learnt were documented.

People were supported by sufficient numbers of staff to meet their needs. We reviewed the staff rotas and discussed the staffing levels of Ambleside with people's relatives and staff. Staff confirmed there were enough staff on duty to support people. One staff member said, "We are very flexible. It's a great team; there is always someone who will help out if we are short of staff."

The registered manager also worked with the team and provided personal care and support to people. This meant the registered manager had a good insight into people's wellbeing and progress. Staff carried out additional duties or bank staff were called on to work if there were any unplanned staff absences.

Two part time managers supported the registered manager to monitor the service being provided and manage the running and maintenance of the home and people's equipment. A member of the kitchen and cleaning staff was on duty daily. An activities coordinator was employed to plan and provide social activities

for people.

Safe recruitment procedures ensured people were supported by staff with suitable experience and character. The criminal and employment backgrounds of new staff had been checked to ensure they were of good character, including a Disclosure and Barring Service (DBS) check. This identified whether the applicant had any criminal convictions or barred from working with vulnerable people. Any queries regarding the employment history of new staff or irregularities in the recruitment process were discussed during their interview however these discussions were not always documented.

People's medicines were ordered and given to them in a timely and appropriate manner. All medicines received in the home were checked and accounted for. People's medicines were stored securely and storage temperatures were monitored and recorded daily. Those medicines which were no longer required or used were recorded and disposed of appropriately. People's medicines were regularly reviewed with the GP and the pharmacist to ensure people received the medicines they required. As a result of a recent review, it was decided that some people's medicines should no longer be prescribed but were now being administered in line with the homely remedy procedure.

There was a clear audit trail of when people had taken or refused their medicines, including a record of when creams were applied. Clear guidance and protocols were in place to guide staff in administering medicines which had been prescribed to be taken 'as required'. For example; guidance was in place for medicines which were used for the occasional relief of pain.

Prior to our inspection some people in the home had experienced symptoms of diarrhoea and vomiting. The home had taken immediate action and precautions to reduce the risk of cross contamination such as isolating people to their bedrooms; carrying out a deep clean of the home and placing some restrictions on visitors. We saw staff and visitors using hand gels to wash and sanitise their hands. The registered manager had also sought advice from the GP and was working with Public Health authorities to monitor people's well-being and reduce the risk of cross contamination. Some relatives commented on the cleanliness of the home. One relative told us "(Name) room is always spotless. I often pop upstairs and have a look while I'm here and I've never been less than impressed."

We noted that the flooring of the corridor leading to the lounge and in one person's bed room had been ripped. A temporary repair had been made to reduce the risk of people falling. We were told that the registered manager was waiting for quotes and a suitable time to replace the flooring which would have the least impact on people.

Good

Is the service effective?

Our findings

Staff told us they had the training and skills they needed to meet people's needs. We received comments such as, "The training is very good here. We are well trained" and "Yes, I can honestly say, we get a lot of training and we also share information at staff meetings or just talk to each other." Relatives also felt staff had been trained to carry out their role.

The professional development of staff was monitored by the managers. Training records showed staff had been provided with training which was relevant to their work. Additional training had been booked to refresh the skills of staff in the forthcoming weeks such as training in nutritional awareness and first aid. A staff member and the registered manager had completed a locally accredited course on dementia awareness and shared their knowledge and ideas with staff.

New staff were required to complete an induction programme and booklet as well as to undertake their mandatory training over a 12 week period. Care staff were required to complete the care certificate in conjunction with the induction programme. The care certificate is a training framework which ensures all new staff are trained in the national standards of care. New staff were required to shadow their colleagues as well reading up on the home's policies and procedures and the contents of people's care plans. One new member of staff told us they felt well trained to carry out their role and were pleased with the level of the support they had received.

The registered manager frequently worked alongside all staff which enabled them to mentor and monitor staff. The competencies of staff skills in specific areas such as safeguarding and medicines were also check by the registered manager. We discussed with the registered manager how they recorded the competency assessments of staff. They told us they would review the tool being used to rate staff against the standardised level of competencies and improve the records of the actions being taken if there was a short fall in the skills of staff.

Staff felt supported in their role and told us the registered manager and the managers were always available for support and advice. Staff received an annual appraisals and regular private supervision sessions to review their professional development needs and provide additional one to one support. Staff were required to complete a self-assessment form to reflect on their practices and professional development prior to their supervision session. The managers stated they received daily support from each other.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. The 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 in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of

Liberty Safeguards (DoLS). At the time of our inspection, no one was being deprived of their liberty.

We found that staff had a basic understanding of the MCA and applied the underlying principles of the legislation within their care practices such as offering people choices about their day to day activities. For example, staffed enquired about people's preferred drinks and where they would like to sit in the lounge.

Where people were unable to express their views, staff provided them with care in their best interests based on their knowledge and previous preferences of people. From discussions with staff, we found that daily best interest decisions were being made legally on behalf of people who had been assessed as not having the mental capacity to make a specific significant decision.
A sensor mat had been put into place for one person who was at risk of falling out of bed. Whist we were told this was in place to monitor the person, there was no recorded evidence that the principles of the mental capacity act had been considered to ensure the sensor mat was in place in their best interest. This was raised with the operations manager who immediately responded and recorded the assessment and the decision making process of using the sensor mat.

On the first day of our inspection people were asked to eat in their bedrooms due to a recent outbreak of diarrhoea and vomiting; although we found people enjoying their meals in the dining room on the second day of our inspection. The registered manager told us that people's meal times were protected which meant that all staff were asked to concentrate on supporting people to ensure they ate and drank sufficiently to meet their nutritional needs. The kitchen staff were aware of people's dietary needs and preferences. They told us they had all the information they needed and were aware of people's individual needs and those people who were at risk of choking, malnutrition and dehydration. People were provided with a hot lunchtime meal and were able to request an alternative meal if they didn't like the meal available to them. Staff were attentive to those people who required support to eat their meals, we saw staff supporting people with respect and at their own pace and providing them with regular sips of water.

People were supported to maintain their health and well-being. Records showed that people had been referred to health care specialist to help maintain and monitor their health well-being such as the dentist and chiropody or seen by a specialist psychiatrist. Recommendations were actioned and documented in people's care records. The home had good contacts with the local surgery and the GPs visited regularly to review the needs of people. One visiting health care professional said, "Staff are very good, they know the patients well and help me when I need support."

Good

Is the service caring?

Our findings

We observed staff interaction with people throughout our inspection and saw kind and caring exchanges between staff and people. Staff approached people sensitively and explained to them how they were going to support them and what they wanted the person to do. For example, one person became upset because they wanted a shave. Staff explained to them that they were waiting for a male member of staff to come in to shave them later in the morning. This was calmly and respectfully reinforced until the male staff member arrived.

Staff understood people's personal likes and dislikes and respected people's choices. For example, staff left one person to rest in their bedroom with their favourite music playing in the background. Two people who lived with dementia preferred to sleep in armchairs in the conservatory rather than their bedrooms. Staff respected their choice and ensured they were made comfortable and encouraged them to elevate their feet. We observed one staff member supporting a person to eat their meal in bed. They showed kindness and empathy to the person. With encouragement and a gentle pace, the person ate all their meal. Another staff member came into the room and enquired about the person. They spoke to the person in a quiet and friendly manner and also brushed their hair and considered whether they were too hot or not. The staff member said to the person, "Let's get you looking nice for when your husband visits."

Staff told us they felt the home was warm and friendly and they would be happy for one of their relatives to live at the home. One staff member said, "I always remember they could be my grandparents, so I treat them like I would want them to be treated. We always ask the residents before we do anything like helping to reposition them." Another staff member said "It's very family orientated here. We are a dedicated team. We look out for each other and the residents!" The kindness and care offered by the staff and the managers at Ambleside was universally praised by people and their relatives. One person told us, "I've been in a couple of these places (care homes) and it would be very difficult to find fault with this one. The people here treat me like a person. They know what I can do for myself and what I need help with." Another person said: "It's lovely here – the best place to be. They always ask me: 'Is there anything else we can do for you?'."

People's dignity and privacy were respected. Staff talked to people discreetly if they were in a communal area. Staff knocked on people's bedroom doors before they entered and helped people with their personal care behind closed doors. People's care records stated their preferences and dislikes

People had been involved in the décor of the home such as the colours of the curtains in the lounge area. The hand rails in the corridor and people's bedroom doors had been painted in contrasting colours and there were picture signs on doors such as the toilets which helped to guide and orientate people around the home. People told us they enjoyed going into the secure and quiet garden area.

Requires Improvement

Is the service responsive?

Our findings

Throughout our inspection we observed people receiving personalised care which was responsive to their needs. Staff spoke confidently about how they supported people and how they had responded to changes in people's well-being. However, from the care plans we reviewed, the level of detail recorded to guide staff was not consistent. People's care records did not consistently reflect their needs, choices, risks and changes in their well-being or continually focus on their preferences and preferred routines.

For example, one person's care plan described how they preferred to sleep at night and how they should be supported to the toilet; however it did not provide staff with guidance about the support they required with their personal care. Due to a recent incident staff had taken a decision on how this person should be best supported with their shaving however this had not been documented. It was not always recorded if people preferred a bath, shower or strip wash and the actions staff took if this was refused.

We saw staff supporting and encouraging people who lacked the mental capacity to make daily decisions about their care, however people's care plans were not always underpinned by the principles of the Mental Capacity Act with regard to day to day decisions or making significant decisions about their care. We found some people's mental capacity assessments were generic and were not related to a specific decision. Additionally the outcome of the assessments was not always reflected in their care plans. Therefore, it was not always clear in people's care plans whether people had the mental capacity to make decisions about their care and the actions staff should take to support them.

Whilst staff were responsive in managing people's risks, the actions they should take to help mitigate people's risks were not consistently recorded. For example, the management plan associated with the risks for one person who had complex needs and was cared for in bed was not consistently recorded. Records showed that they had been turned in their bed regularly, however a health care professional had recommended that they should not be hoisted due to their complex needs and the stress it may cause, however there was no guidance in place for staff should this person be required to be lifted in an emergency or how staff should monitor the person's weight as they could not be weighed.

One person's risks assessment had identified they were at medium risk of malnutrition; however the management of this risk had not been clearly recorded. Another person's care plan reflected their risk of malnutrition and provided staff with guidance on how to support them in reducing the risk and maintaining a balanced and calorie boosted diet. Another person's care plan stated they were at risk of choking however there was no recorded evidence of a choking risk assessment or how the person should be assisted to mitigate the risk of choking. It was documented that the person required a pureed diet, however the precise texture of the pureed diet required was not recorded. We raised this with the operations manager who showed us records that they had been in recent contact with Speech and language Therapist Team to gain advice.

People's daily notes were mainly focused on the support staff had provided; there were limited records of people's emotional and social well-being and personalised meaningful moments. Whilst we found

inconsistencies in people's care records had no impact on people as staff knew people's care needs well; however people could be at risk of not receiving the care that they required if they were cared for by staff who were not familiar with them as adequate guidance was not always in place.

People's care records did not consistently reflect their care and support needs and decisions taken in relation to their care. This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives felt staff were responsive to their needs and that they would be consulted if there were any changes in people's well-being. For example, relatives said comments such as, "His health is far better since he's been in here than it has been for ages. They make sure he eats and drinks and takes the medicines he needs. Sometimes he gets frustrated and angry and they cope with him so well, they are extremely good to him" and "I visit twice a week, but if anything happens in the interim they are straight on the phone. They are really, really good. I've only ever had to complain about very minor things." One health care professional wrote to us and said, "They are very caring especially with challenging patients and in end of life care." Staff also complimented the home and the responsiveness of the team and told us their approach to care had changed. For example, one staff member said, "We have definitely improved. Our person centred approach has really improved. It about them having choices, letting them have control though we have to be observant of any patterns in their health or behaviour."

A part time activities coordinator supported people to access a range of activities and social events. People enjoyed activities such as word games, hand massages, racket and ball games and music activities. Some people were supported to play games on an electronic device. The home had formed links with the local community including a local school. Care staff also had the responsibility to socially interact and engage with people when the activities coordinator was not on duty.

Whilst people enjoyed the group activities on offer, there was no clear evidence that people's individual recreational interests had been met. The activity coordinator told us they were making progress with gathering information about people backgrounds and interests and would be planning more individual activities with people. The registered manager told us they had acted on families concerns about the lack of activities and were encouraging every member of staff to provide meaningful and social interactions and activities with people.

The registered manager valued the opinions of people who used the service and those who visited the home such as people's relatives and health care professionals. They said, "We are open to improvements and want to learn from our mistakes and work together with the families." They gave us examples of how they had responded to relative's comments such as the provision of activities and mishaps in the processing of people's laundry. They told us they had acted on these concerns and reviewed the management of people's laundry and the activities provided.

Relatives and residents meetings were regularly held. The agenda and date of the next meeting was clearly displayed on the front door of the home. Information about the home and the complaints procedure was displayed in the corridor as well as a suggestion box for people to leave their comments. We were told that day to day concerns were always addressed immediately. The registered manager had acted on feedback from questionnaires completed by relatives.

People's and their relative's compliments and complaints about the service had been documented. Where complaints had occurred, the registered manager and managers had thoroughly investigated into people's concerns and liaised with the complainant and other relevant authorities to ensure people remained safe.

Requires Improvement

Is the service well-led?

Our findings

A system of auditing tools was completed by the management team to monitor the service in relation to people's well-being and welfare. For example, records showed that the managers had routinely monitored and checked people's medicines, their pocket money and people's care records and health care professional involvement. Accident and incidents had been reported appropriately and were reviewed by the registered manager to ensure there were no reoccurring incidents. However further improvements were needed as shortfalls we had been found in relation to people's care records had not been identified as part of the registered manager quality assurance systems.

The call bell system was unable to provide the registered manager with report of staff responses times when people called for assistance using the call bells. We discussed with the managers how they monitored that staff were responding to the call bells in an acceptable time. They told us they would consider an alternative and more robust way to monitor and check that the call bell system was effective to meet people's requests.

The management structure of Ambleside had remained the same since our last inspection. The registered manager continued to have a 'hands on' approach and led by example. Staff felt supported by the registered manager and management team and were confident in managers abilities. One staff member said, "The manager is on top of everything and she knows the residents extremely well. She doesn't take any messing (from staff) but I would be 100% confident about talking to her about anything." Staff told us that all the managers and staff were approachable and they worked well as a team. We received comments such as, "We work well together in the interest of the residents" and "The managers are great. You can always approach them. I feel that they have a good understanding of our role and know the residents really well." The registered manager and senior management team told us they had an 'open door policy'. We observed people, their relatives and staff visiting the office for support or advice and found that the management team responded immediately.

The registered manager and senior management team supported each other and kept their knowledge up to date by attending local networking conferences, meetings and carrying out their own research. They had formed good links with other agencies such as the local authorities and health care services to ensure people's needs were being met. One health care professional wrote to us and said, "They (Ambleside) are organised and responsive to changes in care and appear to be well led."

The registered manager was passionate about ensuring people received a good standard of care . Staff meetings were regularly held. Recorded minutes of the staff meetings demonstrated that staff had reflected on incidents and good practices such as the importance of safeguarding people and treating them with dignity as well as sharing relevant information.

People and their relatives praised the management team. On seeing one of the managers, one person smiled and said to us, "There goes that lovely lady." A relative also said: "I could talk to any of the managers and feel that they would listen to me. Once I rang on Easter Sunday because something was worrying me,

and the issue was dealt with it straight away." Another relative explained, "The manager's attention to detail is what makes the difference. I think she is probably quite hard on the staff sometimes but it's all in the best interests of the residents. Compared to other homes we looked at this has far more of a 'family' feel and is good value too."

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to maintain complete and contemporaneous records in respect to each service user.