Ms Alka Patel

Ambleside - Luton

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**

Overall summary

During our last inspection in December 2014, we had found some breaches of regulations. These related to the safety and cleanliness of the premises, insufficient staff to support people safely, inadequate and ineffective quality monitoring systems. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements. We undertook this inspection to also check that they had taken action to meet the legal requirements.

The service provides accommodation and personal care for up to 17 older people, some of whom may be living with dementia, mental health issues and physical disabilities. At the time of this inspection, there were 12 people being supported by the service.

The service has no registered manager in post as it is not required to do so. The provider manages the service and is now supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The home was now clean and significant improvements had been made to the décor, furnishings, fixtures and fittings.

Staff were trained to safeguard people. There were detailed risk assessments in place that gave guidance to the staff on how risks to people should be minimised.

People's medicines were managed safely and administered in a timely manner.

People were asked for their consent before care was provided.

Staff supervision, support and training had improved to enable them to provide the care people required.

The quality of the food had improved and people enjoyed it. People were also supported to access other health and social care services when required.

People's needs had been assessed and there were detailed care plans that took account of their individual needs, preferences, and choices. However, the provider needed to review the impact of one person's needs on others' quality of life.

People were supported to pursue their hobbies and interests, but further improvements were required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives to improve the quality of the service.

There were improvements in the provider's quality monitoring processes. However, these needed to be fully embedded, understood and implemented by all the staff. This was necessary so that improvements made were sustained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Care was now provided in clean and safe premises.

There was sufficient staff to support people safely and appropriately.

People were safe because staff knew how to safeguard them.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported by staff that had been trained.

People's consent was sought before care was provided.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity.

Information was available in a format that people could understand.

Good

Is the service responsive?
The service was not always responsive.

People's care plans took into account their individual needs, preferences and choices. However, the provider needed to review the impact of one person's needs on others' quality of life.

People were not always supported to pursue their hobbies and interests.

The provider had effective processes in place to manage complaints.

Requires improvement

Is the service well-led?
The service was not always well-led.

The provider was involved in the day to day management of the service.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Requires improvement

Summary of findings

The provider's quality monitoring processes had been improved, but these needed to be embedded to drive sustained improvements.

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Detailed findings

Background to this inspection

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

This inspection took place on 6 July 2015 and it was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service including the previous inspection report and an action plan the provider sent to us following this. We also looked at notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, two care staff, the cook, the deputy manager and the provider.

As some of the people's complex needs meant that they were unable to tell us their experiences of the service provided, 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 for four people. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for two staff, and training records for all the staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed.

Following the visit to the home, we spoke with the commissioners of the service and the quality monitoring team from the local authority.

Good

Is the service safe?

Our findings

At the last inspection in December 2014, we identified that people were not always protected from the risk of acquired infections because the home was not always cleaned to an appropriate standard. This was because the provider had not employed a dedicated member of staff to ensure that the home was kept clean. Also, some of the furnishings and fixtures required replacing as the ingrained stains could no longer be cleaned and some posed a risk of injury to people because torn upholstery covers exposed protruding wood and metal.

During this inspection, we found that improvements had been made. The bathroom suite and bedroom sinks had been replaced. There was also a member of staff responsible for cleaning the home three times a week and the care staff completed cleaning duties at other times. However, we observed that some of the toilet bowls were stained. The provider told us that this was due to a hard water problem in the area and they were exploring different chemical treatments they could use to improve this. There was also a checklist to ensure that all toilets were flushed daily to reduce staining. Some of the hand sanitiser dispensers placed along the corridors were empty. However, there was adequate hand washing facilities in all the toilet areas.

People told us that they felt safe living at the home. One person said, "I am safe here because staff look after me." Another person said, "I'm not worried about anything." There was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in the entrance hall. Staff had received training on safeguarding people and they were able to explain what they would do if they became concerned about people's safety. One member of staff said, "People are safe here. We do our best to support people safely and I would report to the manager if I felt that anyone was at risk."

There were personalised risks assessments in place for each person, including the actions that staff needed to take to reduce the risks. The risks identified included those associated with people being supported to move around the home, falling, pressure area sores, and not eating or drinking enough. These were reviewed regularly to ensure that the level of risk to people was still appropriate for them. A record was also kept of all accidents and incidents involving people who used the service. Where required following an incident, people's care plans and risk assessments had been updated to reflect the changes in how their care was managed.

The provider also had systems in place to assess the risks associated with the day to day operation of the service so that care was provided safely. The deputy manager had checked all areas of the home and produced a list of actions required to rectify any shortfalls. We saw that most of the required work had been completed. Other assessments, such as fire risk, the safety of electrical appliances and equipment had also been completed.

Although the provider had effective recruitment processes in place, they had not completed the paperwork necessary to show that a volunteer had been recently employed as a full-time care staff. However, they had completed all the appropriate pre-employment checks including obtaining references from previous employers, and Disclosure and Barring Service (DBS) reports for this member of staff and all the other staff employed by the service. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Staff told us that there was enough of them to support people safely. We observed that there was sufficient staff to provide the care people required on the day of the inspection. The rotas also showed that two care staff and the deputy manager or provider supported people during the day, and there was two care staff at night.

People's medicines were managed safely and administered by staff that had been trained to do so. The medicines administration records (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely and in accordance with good practice guidance. There was a system in place to return unused medicines to the pharmacy for safe disposal. Audits of medicines and MAR were completed regularly as part of the provider's quality monitoring processes. The reports of the audits showed that there had been no issues identified regarding how medicines were being managed.

Good

Is the service effective?

Our findings

At the last inspection in December 2014, we identified that people did not always get consistently good quality food because the provider did not have a trained cook. There was also no formal appraisal system to assess staff's performance and developmental needs.

During this inspection, we found that improvements had been made. There was now a trained cook who started in May 2015 and does the majority of the cooking. People told us that the food was good. One person said, "The food is good. I have no complaints at all." We observed people having their lunch time meal in the dining room and the food appeared well cooked and appetising. People were offered choices of food and where necessary, were supported to make decisions about what they wanted to eat. While eating their food, one person said, "Very nice, the food is always good here." We spoke with the cook who told us that they were in the process of reviewing the menus and that they were exploring alternative food suppliers with the provider in order to get better quality products. They also said that they were made aware of people's food preferences, including those with special dietary needs for health, cultural or religious reasons.

People's weight was monitored regularly to ensure that this remained within healthy ranges. Food and fluid charts were completed for people with an identified risk that they were not eating or drinking enough. The charts provided detailed information on what people had consumed each day so that appropriate adjustments were made to the amount they ate, including having their food fortified (nutritionally enhanced). Where necessary, they were also referred to a dietitian for nutritional advice and treatment.

People's consent was sought before care was provided. Where necessary, people's capacity to make and understand the implication of their decisions about their care had been assessed. Where people had been deemed not to have capacity to give informed consent, decisions to provide care in their best interests had been made following meetings with their relatives and social care professionals. Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), and they were able to explain how these were followed in the delivery of care. Where necessary, DoLS authorisations had been granted by the local authority so that people were appropriately protected in accordance with the requirements of the MCA. This included safeguarding people who were not able to leave the home unaccompanied by staff, so that the measures in place to protect them from harm did not place unnecessary restrictions on their freedom.

People told us that staff knew how to provide the care they required. One person said, "I am happy with everything. They look after me well." The training for all staff was up to date and the provider had a system to monitor and identify any shortfalls in essential training, or when updates were due. A new member of staff told us that their induction included completing all the essential training and working alongside an experienced member of staff to learn how to support people safely and appropriately. The provider had recently sourced an online training package that they believed would enhance the quality of staff training. The deputy manager is also a trainer for first aid, fire safety, health and safety and manual handling training, and they would provide some of this training. Three care staff had been enrolled to complete the care certificate and others were completing Qualifications and Credit Frameworks (QCF) in health and social care. One member of staff said, "The training is enough, but I would like more practical training."

Staff also told us that they received regular supervision and we saw evidence of this in the records we looked at. One member of staff said, "I have had supervision with the provider and I am due to have my first one with the deputy manager soon." They also said that they felt supported by the provider and the deputy manager, adding, "I like working here. I have no issues at all and I would speak to the manager if I needed anything." The deputy manager was in the process of planning appraisal meetings with staff so that all of them could be completed by the end of the year.

People were supported to access other health and social care services, such as GPs, social workers and community nurses so that they received the care and treatment necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. For

Good

Is the service effective?

example, a person who had developed leg ulcers had been referred and seen by community nurses. Appropriate equipment had also been sought to minimise the risk of further deterioration in their skin condition.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They are all lovely people." Another person said, "I'm happy here. I like sitting here and talking to my cousin." They were referring to the person next to them as their cousin, but we later found out that this was not the case. However, they both seemed happy in each other's company.

There was a pleasant and friendly atmosphere in the lounge, with people chatting in small groups. We observed positive interactions between staff and people who used the service. Staff were friendly and caring towards people, and they always spoke with people when they came into the lounge. While supporting people, staff gave them the time they required to communicate their wishes and it was clear that they understood people's needs well to enable them to provide the support they required. One person said, "It's a happy little place here."

Staff supported people in a way that maintained their privacy and protected their dignity. We observed that if people were in their bedrooms, staff knocked on the door before entering the room. Staff were able to demonstrate how they maintained people's privacy and dignity when providing care to them. A member of staff told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed support while they were in the communal areas. People's confidential and personal information was protected because it was held securely within the home.

There were no visitors to the home during the inspection, but the visiting relatives we spoke with during the inspection in December 2014 had told us that they could visit at any time without making an appointment. The provider confirmed that this was still the case, as it was important to them that people maintained their social networks whilst living at the home.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. The deputy manager told us that they were reviewing some of the information given to people to determine if there was a need to provide some of this in an easy read format so that it could be understood by everyone. Some of the people's relatives or social workers acted as their advocates to ensure that they received the care they needed. Information was also available about an independent advocacy service that people could access if required.

Requires improvement

Is the service responsive?

Our findings

At the last inspection in December 2014, we identified that people did not always get supported when they wanted it. They were also not always provided with opportunities to pursue their hobbies and interests.

During this inspection, we found that improvements had been made. People had a wide range of support needs and these had been assessed, and appropriate care plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and support and the care plans we looked at confirmed this. People told us that they had been involved in deciding what care they needed and how this was to be given. One person said, "I get the help I need. I can do a bit for myself, but staff always help where I can't." We observed that people appeared well looked after and their needs had been met. One member of staff said, "Everyone gets the care they need. I have no concerns at all and the feedback from people is good." The deputy manager showed us that they were in the process of developing personalised room tags to be put on each person's door so that those with limited memory could be prompted to recognise their own bedroom doors.

Although the service was appropriately meeting the needs of a person whose complex needs, including a mental health condition, meant that they constantly walked around the home and tried to move items that belonged to other people. We observed that most people were very impatient with this person and tended to rebuke them regularly. We noted that the person's behaviour was having a negative impact on the other people's welfare and could benefit from a review to determine if this was still the best service to meet their needs in a way that did not infringe on others' rights. For example, jugs of water or bowls of fruits could not be left out for people to have as they wanted because the person would have taken them away or spilled the water. However, we saw that people were offered drinks regularly throughout the day.

During the inspection, some people were being supported to pursue their hobbies and interests by the care staff, but there was no evidence that people went out regularly. In the afternoon, we observed that one member of staff was engaged in a board game with two people. Other people were either doing nothing, dozing, reading newspapers or chatting. Although some of the people told us that they were happy just reading newspapers and watching television, one person said that they didn't like the home now as they used to. When asked why, they said, "Something is missing. We used to do things with staff, but we don't seem to do much now. We just sit around." The provider had an activities coordinator who worked for four days a week, but was not available on the day of the inspection. A member of staff told us that they used to provide activities for people when they were a volunteer and as well as their caring duties, they continued to ensure that people were appropriately engaged as much as possible so that they were not bored or isolated. The deputy manager had already identified that this was an area the service needed to continue to improve on.

There was an up to date complaints policy in place. People told us that they had not had any reason to make a complaint. One person said, "I'm happy with everything. There is nothing for me to complain about." The provider had improved how complaints were handled so that they now formally recorded, analysed and understood some of the concerns regularly raised by people. There were two recorded complaints since our previous inspection in December 2014 and appropriate action had been taken to resolve these.

Requires improvement

Is the service well-led?

Our findings

At the last inspection in December 2014, we identified that the provider did not have effective systems to monitor the quality of the service and had failed to identify the issues found during the inspection. We also found that the management arrangements were not sustainable because in addition to managing the service, the provider also regularly worked alongside the care staff to provide care to people, as well as preparing and cooking the meals.

During this inspection, we found that improvements had been made because the provider had now employed a deputy manager to support them with the management of the service. They also had a trained cook in post, allowing them time to fulfil their managerial responsibilities and duties, including assessing and monitoring the quality of the service they provided.

People told us that the service was good and they received the care they needed. One person said that it was a 'caring environment'. Staff also commented positively about the improvements that had been made since our last inspection. They said that the provider and the deputy manager were supportive and normally worked alongside them to demonstrate expected behaviours and values. There had been one staff meeting since the deputy manager has been in post and the minutes of the meeting showed that a range of relevant issues had been discussed. The deputy manager told us that they aimed to hold regular staff meetings to support and encourage staff to contribute towards the development of the service. Also periodically, meetings were held with people who used the service and their relatives. There was a plan to start having monthly meetings, if people agreed to this. The deputy manager said that as a small service, they were able to interact with each person on a daily basis, enabling them to deal with any queries or concerns as they arose.

The provider had made improvements to their quality monitoring systems so that information from audits was collated into a monthly report, including information about what actions had been taken to rectify any identified issues. The deputy manager completed a monthly report that was then checked by the provider. We saw the report completed in June 2015 and noted a significant improvement to the systems now in place to monitor the quality of the service provided. The deputy manager also showed us that they had a new quality survey that reflected the five domains used by the Care Quality Commission. They were in the process of sending out questionnaires to people who used the service, their relatives or friends, staff and professionals who worked closely with the home to seek their views on whether they felt that the service was 'safe'. They said that the plan was to then spread out the rest of the questionnaires throughout the year.

A number of quality audits had been completed since our last inspection and these included reviewing people's care records, staff files, health and safety systems, medicines management processes, as well as, taking the necessary steps to rectify the number of issues we had identified during the inspection in December 2014. Although we found significant improvements had been made in how the quality of the service was monitored, further work was required to ensure that these had been fully embedded, understood and implemented by all the staff. This was necessary to ensure that improvements could be sustained.