Aryaa Care Limited

Ambleside Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out an unannounced inspection on 3 August 2016.

The service provides care and support for up to 17 people with a range of care needs including those living with chronic health conditions, physical disabilities, and dementia. There were 10 people being supported by the service, including a person who had returned from hospital during our inspection. Another person was in hospital, but we were told that they were unlikely to return to the home.

There was a registered manager in post. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm. The provider had effective recruitment processes in place, but there was not sufficient numbers of staff to support people safely. The lack of staff required to carry out domestic duties meant that the care staff did not always have enough time to support people appropriately. The home was not always clean and equipment was not always properly maintained. This put people at risk of unsafe care.

Staff had been trained for their job roles, but they did not receive regular formal support and performance reviews in the form of supervision and appraisals. They understood their roles and responsibilities to seek people's consent prior to care being provided and they worked in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

Although people were supported by caring, friendly and respectful staff, inadequate staffing numbers meant that they did not always have opportunities to chat with staff. They were supported to make choices about their care. People had adequate food and drinks to maintain their health and wellbeing. People had been supported to access other health services when required to maintain their health and wellbeing.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were involved in reviewing their care plans. However, they were not always supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, staff and other professionals, but it was not always evident if they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes were not being used effectively to drive continuous improvements. Although they had been some positive changes to the quality of the service, the provider had

failed to show that they could sustain the improvements they had previously made.

The provider was not meeting some of the fundamental standards. You can see what action 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?

Requires Improvement

The service was not always safe.

The home was not always clean and equipment was not always properly maintained.

The provider had safe recruitment processes in place. However, ineffective staff deployment meant that there was not enough staff to support people safely.

Staff had been trained to safeguard people. People had individual risk assessments in place.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had been trained to provide appropriate care. However, they did not receive regular formal support and performance reviews in the form of supervision and appraisals.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

People were not always given fresh fruits. They were supported to access other health services when required to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not always caring.

Although people were supported by kind, friendly and caring staff, they did not always get opportunities to chat with staff.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported

them in a way that maintained their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported in a timely manner.

Not enough plans had been put in place to support people to pursue their hobbies and interests.

The provider had a system in place to handle complaints and concerns.

Is the service well-led?

Inadequate

The service was not well-led.

The provider's quality monitoring processes were not being used effectively to drive continuous improvements. They were not always proactive in identifying areas of improvement and had also failed to show that they could sustain the improvements they had previously made.

People who used the service and their relatives had been enabled to routinely share their experiences of the service, but their comments had not always been acted on in a timely manner.

Ambleside Residential Home

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 3 August 2016 and it was unannounced. It was carried out by one 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.

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 reviewed other information we held about the service including concerns we had received, the report of the inspection carried out by the local authority in May 2016, and notifications they had sent to us. A notification is information about important events which the provider is required to send us.

During the inspection we spoke with four people who used the service, two relatives, two care staff, the deputy manager and the registered manager, who is also the responsible person. As some of the people's needs meant that they were not able 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 looked at the care records for five people who used the service. We also looked at three staff files to review the provider's recruitment and supervision processes, and we reviewed training for all staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Following the visit to the home, we spoke with one relative by telephone.

Requires Improvement

Is the service safe?

Our findings

Prior to the inspection, we had received information of concern that some areas of the home were dirty. Additionally, professionals from the local authority who visited the home on 22 July 2016 had found some of the bedrooms smelt strongly of urine, broken and dirty commodes were being used, there were cobwebs on the ceiling in some of the rooms, and the courtyard garden was unkempt. During our inspection, we found that some areas of the home had been cleaned, but there was still outstanding work to clean the carpet and armchairs in the lounge, and to replace the dirty and foul smelling carpet in the conservatory.

We checked other areas of the home and we identified that improvements were required to some of the fittings and fixtures in the bathrooms and toilets. For example, some of the sinks did not look very clean. The hand rails, toilet flushing handles and a metal bin were very rusty and needed replacing. The conservatory glass was dirty and the roof was covered with debris from nearby trees. This did not make it a pleasant place for people to relax in.

Two people told us that they had not been able to access the garden. One of them said that they would have liked to sit outside in the warm and sunny weather, but they had not been able to do so because the garden was not in a suitable state for them to sit outside. We observed that there was debris from the trees all over the floor and this could have caused a trip hazard for people with limited mobility. Also, there was not sufficient garden furniture for people to use, and the four plastic chairs and a table available were dirty. The parasol was dirty and would not have protected people from the sun because it was broken. In the conservatory, there was equipment used to support people to stand. This was dirty and the label on it showed that it had been last serviced on 16 September 2010. The manager told us that it had been serviced in recent years, but was not able to show us evidence of this. Additionally, the manager was vague about whether this was still in use. The use of equipment that was not properly maintained put people at risk of injury.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other concerns we had received from a relative were that there was not sufficient staff to support people safely. The staff rotas showed that two care staff supported people during the day in addition to either the manager or deputy manager, and there was two care staff at night. When we arrived at the home, there were two members of staff supporting nine people. They told us that the manager was due to arrive during late morning to cook lunch because the cook was on leave. However, the deputy manager came in on their day off to do the cooking, as the manager was running late.

Two people said that there was not always enough staff. One person said, "Occasionally I'm offered help to have bath, there is not many staff here." Another person said, "You do not really see regular faces and there are shortages with staff." Although staff we spoke with told us that they had sufficient numbers of staff to support people safely because most of them were fairly independent with their personal care, they said that doing other tasks in addition to providing support to people meant that they did not always much time with

each person. One member of staff said, "We sometimes do the cooking because the cook is on leave." We noted that the care staff also did cleaning duties because there was no dedicated member of staff for this role. The manager told us a member of staff was allocated cleaning duties twice a week, but this clearly had not been sufficient to ensure that the home was cleaned thoroughly. This meant that people were being put at risk of acquired infections because there was no dedicated member to ensure that the home was appropriately cleaned. Also, care staff could not provide the support and companionship people needed during the times they were completing domestic tasks. Care staff were also responsible for ensuring that people's clothes and bedding were washed and ironed. A person's comment indicated that this was not well managed either. They said, "Items of my clothing have gone missing and therefore I would rather wash my clothes in the sink in my room. That way, I keep them." We found the expectation for staff to undertake multiple roles did not provide them with enough time to ensure that they supported people appropriately, in order to provide safe and effective care.

A relative of a person who had recently been injured following falling did not feel that people were safe. They described witnessing people being left unsupported for prolonged periods, and had attributed recent incidents of people falling to staff not always being available to support them quickly. The provider had reported the incidents of people falling to us and the local authority, and an investigation into the causes of an injury to one person was still ongoing.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were safe living at the home. One person said, "I feel reasonably safe, my family come and see me all the time." Another person said, "I feel safe here and I have never seen any abuse. Sometimes residents argue between themselves."

Staff told us that they had received training on how to safeguard people. Although the provider had processes in place to safeguard people from the risk of avoidable harm or abuse including safeguarding guidance for staff and a whistleblowing policy, there was evidence of ineffective staff deployment that meant that people were not always supported quickly. They also told us concerning information about the care of a specific person that we shared with the local adult safeguarding team.

Each person had personalised risk assessments in place to minimise potential risks to their health and wellbeing. The identified risks included those associated with their mobility and increased risk of falling, eating and drinking, behaviours that may challenge others, specific health conditions, and pressure damage to the skin. We noted that these included detailed information on how staff could support people in a way that minimised the risks, and they had been reviewed regularly. The manager also kept a record of incidents and accidents, and they had reported any incidents accordingly to us and the local authority.

We found the provider had effective recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People were being supported to take their medicines by trained staff and we saw that this had been managed safely. None of the people we spoke with had concerns about how their medicines were being managed. The medicine administration records (MAR) we looked at had been completed correctly, with no unexplained gaps. Staff we spoke with said that people's medicines were managed safely and their

competence to manage medicines safely had been assessed.

Requires Improvement

Is the service effective?

Our findings

Although people told us that staff had the right skills to support them, we found records had not always been kept up to date to show that staff had received regular supervision and appraisals. For example, a member of staff who had been working at the home for more than a year had three meetings recorded in 2015, but none for 2016. We could not find any supervision records for 2015 or 2016 for a member of staff who occasionally worked at the service. This meant that the manager had not regularly assessed each member of staff's level of skills, competence and performance or identified if they had any training needs. Although a member of staff said, "There is ongoing informal support and discussions with staff, but it is not always recorded", we found this was not sufficiently robust in making sure that staff had the support they required.

Staff told us that they received an induction when they started working at the home. This included completing various mandatory training and working alongside experienced members of staff. One of the care staff working on the day of the inspection was fairly new. They told us that they had found the induction useful and that they had learnt new skills as they had previously worked in a different care sector. They also said, "Even medication is done differently here, it was an eye opener." Although staff told us that the training they did helped them to develop the right skills and knowledge to support people appropriately, one member of staff said that they would benefit more from classroom based training as the majority of it was online.

Where possible, people had given written and verbal consent to their care and support. Some people had signed forms to show that they consented to the assessment of their needs and the support provided by the staff including with personal care and their medicines, and their photographs being taken for identification and during activities. We observed that staff asked for people's consent prior to supporting them and they respected people's views and choices.

However, some of the people's needs meant that they did not have capacity to make decisions about some aspects of their care, and they were not able to give verbal or written consent. Where this was the case, they were supported in line with the Mental Capacity Act 2005. For example for some people, relevant mental capacity assessments had been completed to ensure that decisions made to provide care and support were in their best interests. 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.

We also saw that when required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but the manager was still waiting for responses for the other referrals they had sent. People can only be deprived of their liberty so that they can receive care and treatment when this is 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).

Some people told us that they had enough to eat and drink, and that they enjoyed the food. The menus we saw showed that a variety of food was provided to people and we saw staff asking people what they wanted to eat for lunch. At lunchtime, we had observed that people were served meals prepared with frozen meat, vegetables and chips. One person told us that they did not feel that their diet was good since coming to the home. They said, "I do think that my diet is very poor in here and I never see any fruit." We did not see any fresh fruit when we looked in the kitchen. However, staff we spoke with said that people were getting good food. A member of staff said, "Residents get their hot meals every day and it seems good. The cook is quite good, but she is on holiday." Another member of staff said, "Food is quite good now, especially when the cook is around." People's weight was monitored regularly, and food and fluid charts were completed where there was an identified risk of a person not eating or drinking enough.

People told us that they were supported to access healthcare services, such as GPs, dentists, opticians and chiropodists to maintain their health and well-being. Additionally where required, people were supported to attend their hospital appointments to ensure that they had the treatment they needed. People's care records showed evidence that some professionals were involved in their care and where necessary, they had been supported to have regular health checks.

Requires Improvement

Is the service caring?

Our findings

People told us that staff did not always have enough time to sit and chat to them and we found this did not enable them to develop close relationships with staff. However, everyone we spoke with said that staff were kind and caring towards them. One person said, "They're all very friendly. They know my name and are very polite to me." Another person said, "They are kind and helpful." A relative of another person told us that they had no concerns with how staff supported their relative. A member of staff said, "All staff are definitely caring. This is the most genuinely caring staffing group I have worked with so far."

We observed positive and respectful interactions between people who used the service and staff. Although we witnessed very few occasions when staff sat and had meaningful conversations with people who used the service, those brief moments were friendly and good-humoured. For example, we observed a lot of chatting and joking when a member of staff was helping a person to find the pieces for the jigsaw puzzle they were doing. A member of staff told us that apart from minor disagreements, people generally got on well together. They also said, "Residents know each other and live together as a family. It's like home from home, even for the staff." Another member of staff said, "We treat residents like our family. We know everyone really well because it is a small service and they trust us."

People told us that their views were listened to and they were able to make choices about how they lived their lives. Everyone we spoke with told us that they could choose how they wanted to be supported with their personal care, what they wore, what time they woke up and what time they went to bed. A member of staff told us that they always supported people to make choices. They said, "We offer people support to have a bath or shower every morning, but some prefer to have a wash instead. We respect their choice and we can't force them." Another member of staff said that a number of the people living at the home were independent and only needed prompting to get ready in the morning. They added, "We encourage them to be as independent as possible." A relative told us that the service was good at involving them if there were issues or concerns. They also said that they could visit anytime, and they found everyone always friendly and welcoming.

People told us that they were treated with dignity and respect. One person said, "I have never been concerned." Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. They also demonstrated that they understood how to maintain confidentiality by not discussing about people's care outside of work or with professionals not directly involved in their care.

People had been given information about the service in order for them to make informed choices and decisions about whether they wanted to live there. A file with a variety of information about the service was available to people and their relatives. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Additionally, there was information about an independent advocacy service that people could contact if they required additional support.

Requires Improvement

Is the service responsive?

Our findings

People's needs had been assessed prior to them moving to the service and their support needs had been recorded in their individual care plans. We saw that where possible, people and their relatives had been involved in planning and reviewing people's care plans and these had been reviewed regularly. However, there were concerns that insufficient staffing numbers meant that people were not always supported to pursue their hobbies and interests. People we spoke with said that they received the care they required, but they all said that not much had been done to ensure that they lived meaningful lives. Everyone we spoke with told us that they were mainly bored because there was not much planned for them to do during the day.

We saw that there were occasional themed activities that took place, but people were not effectively engaged in activities of their choice on a daily basis. One person said, "I like to read and there are plenty of books here, but it gets very boring." They further told us that they had never been out on any trips. Another person said that they were very bored and that there were never any activities. They added, "No one even sits to talk to me." They also told us that they liked gardening when they lived in their own home, but they had never been offered an opportunity to do so at the home. A third person said, "I'm lucky I like reading, otherwise there's nothing else to do here. I think the last time I went out of here was to the park, last year."

During the inspection, we saw that most people mainly sat in the lounge, either chatting to each other or dozing on and off. The TV was on, but no one seemed to be watching it. For short periods in the morning and afternoon, we saw a member of staff playing a 'snakes and ladders' game with three people. The manager told us that some of the people were taken out by their family members. They also said that they sometimes offered people opportunities to go out, but they declined. However, they did not show any evidence that they had offered trips out on regular basis. We noted that a member of staff was on the rota to provide activities and they last done so on 28 and 29 July 2016. The manager told us that they were a volunteer and therefore chose to provide activities twice a week, mainly on Tuesdays and Fridays. However, there was no effective plan of how people would be supported to pursue their hobbies and interests for the rest of the week.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they got to know people's needs well and each person was treated as an individual so that they received the care they expected and wanted. Although staff demonstrated that they were caring and they supported people well, the staffing limitations, based on the staffing numbers on the morning of the inspection meant that they would not always be able to support people in a timely manner. A person who used the service told us that they were sometimes 'squabbles' between people who used the service, especially when there were no members of staff in the communal areas to resolve arguments quickly. A relative told us that they had witnessed people who needed support to eat being left to get their own food because there was no staff around to support them. They were particularly concerned about the care of a specific person and we shared their concerns with the local authority's adult safeguarding team who would

carry out the necessary investigations. However on the day of the inspection, we observed that staff responded quickly to people's needs and supported them appropriately.

There was a complaints policy in place and a system for recording how any complaints raised were managed. None of the people we spoke with said that they had complained, but we saw that someone had commented about their clothes being mislaid when they responded to a survey in April this year. There had been no recorded complaints since the service was re-registered in January 2016, but a relative had complained directly to social services about the care of their relative. This information had been shared with us and it also prompted them to visit the home in July 2016. The investigation was still ongoing at the time of our inspection.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager and a senior care worker. The provider had changed the legal body that owned the service in January 2016 from an individual to a limited company, and the person who previously owned and managed the service was the sole director and the registered manager of the new service. We had been previously concerned that the responsible person did not always sustain improvements they had made and that they were not always proactive in identifying when improvements were required. There was a history of poor cleanliness of the home and insufficient staffing to ensure that the cleaning was done appropriately. Although the provider had employed a member of staff for this role following our previous inspections, they had not been replaced when they left the service. This put pressure on care staff to undertake additional roles that meant that they were not always able to spend quality time with people who used the service.

These concerns were supported by the evidence we found during this inspection including ineffective deployment of staff, poor cleanliness of the home and equipment, and people not being consistently supported to pursue their hobbies and interests. There were also no contingency plans to show how various aspects of the service would be managed when staff were on leave. For example, the deputy manager had to come in at short notice to cook lunch on the day of our inspection. Additionally, the manager had not always kept evidence that each member of staff had supervision every eight weeks, in accordance with their own agreed timeframes. This showed that the provider did not consistently operate the service in a way that ensured that they provided good standards of care and support to people who used the service.

Although the provider had quality monitoring systems in place, these had not always been used effectively to identify areas of improvement. Also where improvements had been identified, the provider did not always take prompt action to ensure that this was done quickly. For example, we saw that the monthly 'home audits' checked 15 areas including home presentation, exterior of the building, medicines, care documentation, review of accidents, complaints management, maintenance, domestic services and social activity programme. However, none of the reports we saw had identified that the home was dirty and that some of the furniture and equipment needed cleaning or replacing. The audit report dated 30 June 2016 showed that all areas had been found to be clean. We were also concerned that the lounge carpet and armchairs, and the carpet in the conservatory had got really dirty and smelly before they booked a contractor to clean or replace them. Their 'refurbishment and renovation plan' showed that these issues had been identified in July 2016, but there were no dates on the record to show that steps to rectify these issues had been taken before the professionals from the local authority visited on 22 July 2016. We found these failings had put people at risk of unsafe care and we were not confident that the provider's systems were effective to address these concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we gave feedback of our concerns to the manager, they did not agree that this was reflective of their approach to assessing and monitoring the quality of the service, despite us identifying issues they had not

identified when they carried out the audits. We reminded them of their responsibilities to ensure that they met the required standards of care.

Positively, we saw some of the improvements the deputy manager had helped to bring about. For example, people's care records were well organised and contained detailed information about their care. Also, they had developed and introduced a lot of pictorial information to support people with limited memory to easily find their way around the home. This included bold signs to tell people where the toilets were and what each room was used for. The deputy manager was positive that the service had made significant improvements, but they recognised that more needed to be done to ensure that people received safe and effective care.

There was evidence that the provider sought feedback from people who used the service and their relatives by holding regular meetings and sending annual surveys. However, there was not always evidence of how they used people's comments and suggestions to continually improve the service. The actions were also not always taken promptly enough for people to feel that their comments were valued and taken seriously. For example, we saw that people had helped to choose how they wanted the lounge to be re-painted in May 2016, but this work had not been carried out when we inspected the service. People we spoke with had mixed views about whether the service was good. Some people said that they were happy with the quality of their care, but others said that this could be improved by having more staff and providing regular activities they could enjoy.

Staff told us that they were able to discuss with the manager any ideas they might have about ways they could develop the service. A member of staff said, "We have meetings and talk about what needs to be improved." We saw that staff meetings had been held for them to discuss issues relevant to their work. Additionally, the manager and deputy manager sent memos to provide urgent information to staff outside of the planned meetings. For example, a memo on 27 July 2016 reminded staff of the protocol they needed to follow if they found a person who had fallen. Also, a memo on 17 March 2016 told staff about the changes to the way medicines would be managed. We found the service had moved from the 'monitored dosage system' (MDS), which provided medicines in a compartment for each dosage time of the day, to medicines being dispensed in their original boxes. The manager said that this was cost effective and could easily be managed in a service of that size. Staff we spoke with told us that they were initially anxious about this change, but they soon got used to the new system.

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 9 HSCA RA Regulations 2014 Person-centred care People were not always supported in a way that met their needs and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not always clean and not properly maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality monitoring systems to drive sustained improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Ineffective staff deployment meant that there were not sufficient numbers of staff to support people safely and effectively.