

Mr and Mrs J C Walsh

Ambleside

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ambleside is a residential care home providing personal and nursing care to up to 18 people. The service provides support to older people, some who live with dementia. At the time of our inspection there were 13 people using the service.

People are accommodated in one adapted building and have access to outside spaces with support.

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

Improvements had been made to how managers assessed the effectiveness of their quality monitoring processes. There were now systems and processes in place for managers to effectively identify any shortfalls and address these. The improvements supported managers to stay aware of ongoing changes in the service, for example, changes in risks, people's health and infection, prevention and control guidance and to make necessary adjustments to procedure or practice as required.

We have made a recommendation in relation to how actions for improvement are recorded.

The management of risks had improved which was improving people's safety. Records providing staff with guidance on how to manage people's health and infection risks had been reviewed. Amendments had been made where required to ensure guidance about these was up to date and matched people's requirements.

The process for monitoring the effectiveness of the service's risks management, along with staffs' related practices, had also improved. Managers had systems in place which helped them be sure that the adopted and implemented risk management actions remained effective in reducing risks to people.

The management had been open and transparent about how they had managed concerns received by them and the information they had shared with external agencies and professionals in relation to these.

These improvements now needed to be sustained.

Whilst arrangements were being made to replace the old call bell system, people had been provided with an alternative way of contacting staff when they needed their support.

One person told us they had stayed in other care homes but were happiest at Ambleside stating staff tried hard to keep them happy and they would recommend the home. Another person appreciated being able to have a cup of tea and biscuits when they asked for them. People had mixed views of the food provided and social activity opportunities. The provider had sought people's feedback earlier in 2022 and had followed up people's feedback at the time.

The environment was clean and there were no restrictions on visiting. Feedback from one visitor was

positive about the care provided to their relative and the support given to them by the staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 April 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 3 and 4 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. The provider was also required to make improvements to the governance and monitoring of the service by 20 May 2022.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ambleside on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ambleside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ambleside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ambleside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who use the service and one relative to obtain their view of the service provided. We spoke with staff which included members of the management team; deputy manager, manager responsible for maintenance issues, operations manager and registered manager. We spoke with the new cook and care staff. We reviewed care records relating to three people and a selection of additional care records such as records of people's weights, medicine administration records and associated protocols. We reviewed one staff member's recruitment records. We also reviewed the service's staff training record.

Also reviewed were quality monitoring audits, and additional quality checks and records which formed part of the provider's quality monitoring processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to ensure appropriate infection, prevention and control actions had been implemented to protect people from COVID 19 infection. The effective management and review of risks to people had not always taken place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice for the provider to make improvement.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Action had been taken to reduce risks associated with a call bell system which required replacement. People had been provided with pagers as an interim way of contacting staff when they needed support. Arrangements were in progress made for the fitting of a new call bell system.
- People's risks assessments and associated care plans had been reviewed and amended to ensure staff had up to date information on how to effectively reduce and manage people's risks.
- Staff were following the appropriate government infection, prevention and control guidance, in place at the time of the inspection. Recommendations and advice, provided by the local authority's infection, prevention and control support team, had been acted on.
- We were therefore assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

There were no visiting restrictions taking place. We spoke with one visitor who confirmed staff supported them to visit their relative whenever they wished to.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and they knew who to report any concerns to.
- Managers had led discussions with staff and provided additional training sessions to raise staffs' awareness on what could potentially lead to abuse or be perceived as abuse. They had looked at communication skills, focusing on the tone of interaction, the language used, and the volume of voice used. They had also helped staff to look at different ways of working with people to avoid confrontation.
- Managers reported safeguarding concerns and information appropriately to relevant agencies and professionals, who also had responsibilities to ensure people were safeguarded from abuse.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met.
- Safe staff recruitment took place. Employment checks included checks on staffs' past employment history and requests for employment references. It also included a check with the Disclosure and Barring Service (DBS) against the list of people barred to work with vulnerable adults.
- New staff were supported and monitored by more experienced staff and managers until they were assessed as being fully competent to work alone. All staff completed an induction to the service which included awareness of the service's key safety policies and procedures.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were managed safely including those which were administered covertly (hidden in food or drink). Advice had been sought from a pharmacist on how to appropriately add medicines to food or drink to ensure their effectiveness.
- Medicines used for the treatment and management of seizures had relevant guidance in place for staff. Protocols for the use of seizure management medicines had been drawn up with specialist practitioners.
- Community nursing staff visited and administered some medicines, such as insulin, for the management of diabetes. They also provided support with the administration of end of life medicines when required.
- Learning had been taken from a past medicines error to improve the checking process of a medicine following delivery by the pharmacy and before its administration. This was to ensure that the medicine recorded on the label of the medicine box, matched the medicine inside the box and, that the strength prescribed to be administered was checked against the medicines administration record and the medicine provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations had been met.

- Staff obtained people's permission before delivering care and when people refused care, staff approached the person again later to gain the person's agreement to receive care.

- Where people had been assessed as lacking mental capacity to make decisions about their medicines, and where they required their medicines to maintain their health, decisions about these were made by appropriate professionals. In one person's case, this had resulted in a best interests decision to administer the person's medicines covertly (hidden in their food and drink) to ensure these were taken.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure good governance of the service. They had failed to implement effective processes to monitor the service, to identify shortfalls in practice and quality and to take action to make improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice informing the provider that improvement must be made by 20 May 2022.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Actions had been taken to address the areas of shortfall identified in the last inspection.
- Quality monitoring audits had been completed and maintained. This had helped managers identify where improvements were required. In maintaining the auditing process, they had remained on top of identifying any shortfalls and ensuring action was taken to address these.
- This was seen in the improvements made to people's care records, infection, prevention and control arrangements and the management of people's risks.
- Improvement had been made to the audits and checks used so managers could better assess quality of care and staff practices on an ongoing basis.
- Improvement had been made to how the registered manager checked the accuracy and effectiveness of the auditing process; ensuring any identified improvement actions were completed.
- Some additional processes had been introduced to enable senior managers, such as the operations manager, to remain up to date with people's risks. A risk register was now maintained to track levels of risks and the actions taken to reduce and address these. A tracker was also in place, to monitor the submission of deprivation of liberty safeguards applications to the local authority and dates of DoLS authorisations.
- A central service improvement plan, containing all identified actions for improvement, had not been adopted by the service. The current process in place to monitor the actions required to drive improvement was the shared responsibility of the registered manager and operations manager. We therefore discussed the potential benefits, of having a central record, which recorded all necessary actions for improvement, with who is responsible for meeting these, by when with a date of completion, so that in the absence of either one of these senior managers, the other had access to one record to support their review of progress made against actions identified for improvement.

We recommend that the provider seek advice, from an appropriate source, about the benefits of introducing a central service improvement plan.

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

- Senior managers had started to support some staff to be more involved in the quality monitoring of the service and to take lead roles in areas of care. This was supporting staffs' professional development, was helping team members to focus on the quality of the services provided and ensuring staff were making improvements to ensure people's care delivery was person-centred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Senior managers understood their responsibility to be open and transparent when things went wrong and when investigating concerns which had been raised. They discussed openly with us the outcome of some completed investigations which they had also shared their findings with other agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Managers had taken learning from the findings of the last inspection and had made improvements to their systems, to benefit their service and the way they work.
- Feedback had been sought from people earlier in the year on their views on areas such as their care provision, food and social activities provision and they had responded to the comments received. This information helped the provider to plan areas of additional improvement.

Working in partnership with others

- Staff worked with professionals and commissioners to help people access the support of the care home.