

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ambleside is a residential care home providing accommodation and personal care to up to 18 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 16 people using the service. People were accommodated in one adapted building across 3 floors.

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

People's medicines were not always managed safely. This included unsafe administration practices and a lack of clear guidance for staff on the use and administration of some medicines.

The provider was making improvements to their fire safety arrangements following recommendations made by the local authority fire safety team. However, people's personal emergency evacuation plans (PEEPs) required up-to-date information about what support people required in the event of a fire.

Staff were aware of the risks which could potentially impact on people's health and safety and knew what action to take to reduce harm to people. However, relevant records did not always accurately reflect people's risks and the actions needed to keep them safe. Risks were not always suitably assessed or reassessed when people's needs or circumstances changed, to ensure appropriate and suitable risk mitigation actions were in place.

The provider's systems for monitoring the quality and safety of the service had not been effective in identifying and addressing the shortfalls identified in this inspection.

Relevant information was shared with external agencies, including health and social care professionals and the local authority, when incidents occurred, or when people's health altered, so they could review or reassess people's needs as required.

Both managers and staff told us they felt comfortable with the numbers of staff deployed to care for people. Additional staff were employed to clean, cook, and support people with social activities. Staff were recruited safely.

Regular safety checks including, maintenance and servicing took place to ensure all systems, utilities and equipment remained safe.

The senior management team shared responsibilities and management tasks when managing the service. They were clear about the areas they were responsible for, and the staff were clear about which manager to report concerns and issues to. The registered manager and provider were kept well informed of all incidents, accidents and events which took place in the care home.

The registered manager worked regularly with staff to provide support, review their practices and

competencies and to monitor workplace culture. They attended staff handover meetings and held regular staff meetings to keep staff informed and to gain feedback. Feedback was also sought from people who used the service and actions taken in response to the feedback.

Staff and people's relatives told us they found the senior management team to be approachable, supportive and inclusive.

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

The last rating for this service was good (published 8 August 2022).

Previous recommendations

At our last inspection we recommended the provider consider how they recorded actions for improvement along with the completion of those actions. At this inspection we found actions for improvement were recorded but there was not always a record of whether these actions had been completed.

Why we inspected

The inspection was prompted in part by notification to CQC about an incident following which a person using the service sustained serious injuries and died. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of that incident.

For those key questions not inspected, we used the ratings awarded at the last inspection in which those were inspected to calculate the overall rating.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines, review and reassessment of risks and the provider's monitoring processes. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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

Two inspectors carried out the inspection.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed interactions between people and staff. Although we interacted with 3 people, they were unable to provide a view of the care provided to them, we therefore sought the views of 6 representatives in relation to the care and support their relative received. We spoke with 8 members of staff which included the registered manager, operations manager, compliance and quality manager, 4 care staff, a cook and housekeeper.

We inspected 3 people's care records and 11 people's medicine administration records. We inspected 5 staff recruitment files, which included evidence of induction training and supervision sessions. We reviewed the service's staff training record.

We inspected records related to health and safety checks, maintenance, and servicing completed by contractors. We reviewed audits completed by the senior management team and registered manager, including a selection of policies and procedures.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely.
- Medicines for 3 people were prepared at the same time, put into un-named medicine pots and taken by a staff member to be administered. This practice is known as 'potting up'. This practice is not in line with best practice guidance provided by the National Institute for Health and Care Excellence (NICE) – Managing medicines in care homes. This puts people at risk of receiving the incorrect medicines.
- Medicines care plans had not been developed to provide staff with clear guidance on how to administer people's medicines. One person's prescribed medicine had not been administered in accordance with the manufacturer's instructions. This put this person at risk of experiencing side effects.
- Brief written guidance was in place for the use of medicines prescribed to be administered 'as required'. This guidance was combined on a form which was also used as a stock count record. Medicine care plans had also not been developed for these medicines to provide staff with clear guidance on their use and monitoring.
- The receipt and use of controlled medicines were recorded in a controlled medicines book, although when a new page was started, the name of the medicine was not always entered at the top of the page. This meant there was potential risk for information to be recorded on the wrong page resulting in inaccurate records.

Staff were not always following best practice guidance when managing people's medicines. This placed people at risk of harm from medicine errors. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were told by the member of staff administering medicines during the inspection, that the development of medicine care plans and the management of the controlled medicines book would be looked at following the inspection.

Assessing risk, safety monitoring and management

- The risks posed to 2 people, in the event of a fire, had not been sufficiently assessed. One person's personal emergency evacuation plan (PEEP) had not been completed since admission and the other person's PEEP had not been reviewed and updated since September 2022, including after a decline in their mobility.
- Action had been taken to reduce one person's identified risk of falling and to manage another person's risk associated with a health condition. However, in both cases, written risk assessments and associated care plans had not been completed or developed, to provide staff with guidance on the actions to take to

keep these people safe. As there was no formal record associated with the management of these risks, there was also no evidence to show that the risk reduction actions in place, were being reviewed to ensure they remained suitable and effective in supporting people's safety.

People were at risk of not receiving the support they needed to keep them safe, because their risks were not always suitably assessed or reassessed when their needs changed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we spoke with staff about the actions they took in response to the fire alarms sounding and keeping people safe in the event of a fire, there were mixed responses. The local authority fire safety team had visited the service earlier this year and had made recommendations to improve fire safety. The provider had taken action to implement these recommendations. Staff were due to complete additional training in how to evacuate people in the event of a fire and an additional fire door was due to be installed.
- Staff confirmed, existing risks and new emerging risks, were discussed with them in shift handover meetings and, also recorded in the staff communication book which they had to read when on duty.
- There were arrangements in place to check, maintain and service all emergency systems such as call bells, fire alarms and emergency lighting. The same applied for the water and heating system, main utilities, and all equipment.
- The service's liability insurance certificate was in date.

Systems and processes to safeguard people from the risk of abuse

- Both staff and managers understood their responsibilities regarding reporting and appropriately sharing information of concern.
- Staff had received training in recognising abuse and how to report concerns, both within their own organisation and to external agencies. Staff were also aware of how to report concerns related to poor practice and other staff behaviour.
- Managers shared information of concern with the local authority, relevant healthcare professionals and other external agencies who also had responsibilities to safeguard people, such as the police and CQC.
- Additional awareness training had been provided to staff to support a non-abusive culture. This had included the use of language, the approach to be taken when care was refused and gender inclusion.

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 if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of the inspection there were no additional conditions needing to be met, related to DoLS authorisations.

Staffing and recruitment

- Staff recruitment records showed staff were recruited safely.
- Before staff worked with people, checks related to previous employment, including reasons for leaving

and right to work in the UK were completed. Disclosure and Barring Service (DBS) checks were also completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staffing numbers, skills, knowledge, and experience were monitored to ensure there were enough staff with the right skills, experience, and knowledge on duty. For example, this included making sure a medicines trained member of staff was always on duty.
- Members of the senior management team were on duty during the week and provided practical support where needed. At weekends the senior management team could be contacted for support with staffing issues.
- Additional staff were employed to clean and to cook meals. A member of staff also provided some social activity support to people.

Preventing and controlling infection

- The care home looked clean and uncluttered on inspection and the housekeeper was following a schedule of cleaning tasks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Managers told us there were no restrictions on visiting and relatives spoken with told us they were able to visit when they wished to.

Learning lessons when things go wrong

- Following concerns reported by paramedics regarding delays in being able to gain entrance to the care home, adjustments had been made to how external doors were secured to ensure this was resolved.
- Staff were able to tell us what these adjustments had been and how they supported the emergency services to gain quick access.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality monitoring processes had not always ensured risk management actions were effectively reviewed or reassessed, following changes in people's needs, to ensure these remained suitable and effective in mitigating risks. This included ensuring necessary records were completed for staff guidance and review purposes. This meant people were at risk of not having the right action taken to keep them safe.
- Shortfalls in medicines management had not been identified through the provider's monitoring processes. The provider had also not ensured the person designated to monitor medicines management and staff practice were fully updated with necessary training, including having their own competencies assessed.
- To support managers to ensure improvement actions were recorded and completed, during our last inspection in June 2022, we recommended the provider seek advice on the benefits of operating a service improvement plan (SIP). This would provide a central record where all improvement actions, identified through auditing or feedback, could be recorded along with the plan on how these would be completed. This would make the tracking and completion of improvement actions easier to monitor. During this inspection we found a SIP had not been adopted.
- We found actions identified from audits were recorded on the back of separate audit forms and responses to feedback from people or staff, were recorded on the back of returned questionnaire forms. These records, however, did not always provide a record of whether the actions had been completed.

The provider did not have effective systems and processes in place to effectively assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they responded to feedback from people and staff. They told us if actions to be taken by staff were not completed, they raised these again in staff meetings and sometimes with staff in their individual supervision sessions.
- Members of the senior management team, which comprised of the registered manager, operations manager and quality compliance officer, shared responsibilities and management tasks when managing the service. Staff knew, for example, which manager led on safeguarding concerns, and which led on maintenance issues.
- Arrangements were in place to keep the registered manager informed of any incidents, accidents, and other events when they were not present in the care home. Necessary notifications were also made to CQC.

- Improvements to other aspects of the provider's quality monitoring processes had been maintained since our last inspection in June 2022. This included the auditing of the service's infection, prevention and control arrangements to ensure these remained effective.

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

- Staff told us members of the senior management team were approachable and supportive. A family member said, "They take time to talk with you. I have reviewed [name's] care plans, they reflected [name's] needs and said what I was expecting".
- The registered manager worked regularly alongside staff in delivering care to people. Staff told us they appreciated this, and it helped them to better understand how to meet people's needs.
- When staff told us about the people they provided support to, they clearly knew them well; what upset them and what their likes and dislikes were. We observed other members of staff, such as the housekeeper, having conversations with people and including them.
- A relative said, "[Name] seems really happy, has settled in, staff have a good rapport with [name], [name] appears contented, looks to be safe and settled now. The change in [name] has been significant, has not mentioned any anxieties."

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

- Following an incident which took place at the care home, contact had been made with the person's representatives about the incident. At the time of the inspection arrangements were being made to make further contact with the person's representative, in writing, to offer the person's representative an opportunity to discuss the incident further and to discuss the actions taken since the incident. This action was in accordance with the provider's duty of candour policy.
- A member of another person's family said, "It's our belief [name] is safe and well cared for. I believe they [staff and managers] would call us if needed." Another family member confirmed their relative had experienced falls. They had been informed about each incident, told about the circumstances around each incident and told about the action taken each time to help prevent recurrences.

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

- People's views on the service were gathered using informal conversations and easy read questionnaires. Feedback from 2 healthcare professionals had also been sought and had been positive.
- Relatives told us, if they needed to, they felt able to discuss concerns with the managers. Relatives felt well informed about their relative's progress, including any changes in their wellbeing.
- Staff told us they attended regular staff meetings where they had opportunities to raise issues with the managers and receive operational updates.

Working in partnership with others

- Staff liaised with commissioners, and health and social care professionals to support people's access to the service when it was needed.
- Staff worked with community-based healthcare professionals to ensure people received the medical and nursing support they may require.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and were not always protected from the risks associated with the unsafe administration and management of medicines.</p> <p>And:</p> <p>People were at risk of not receiving the support they needed to keep them safe, because risks were not always suitably assessed or reassessed when their needs changed.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes in place to effectively assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>