

Century Healthcare Limited

# Ambleside Bank Care Home

## 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 Bank is a purpose-built care home situated close to Wigan town centre, which provides accommodation and personal care for up to 40 people. The home is registered to support younger and older adults and people living with a dementia. At the time of inspection 38 people were living at the home.

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

People and relatives spoke positively about the care and support provided at Ambleside Bank. People told us they received safe care from staff who knew them well. One told us, "If you need looking after, this is the place to be. The staff are great, nothing is too much trouble." Staff had received regular training in safeguarding and know how to identify and report any concerns. Enough staff were deployed to meet people's needs and keep them safe. The provider was happy to increase staff should people's needs change. Accidents, incidents and falls had been documented along with actions taken. The home was clean with effective cleaning and infection control processes in place.

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.

People, relatives and staff spoke positively about the home and how it was run. Management were reported to be open, approachable, and worked hard to guarantee standards were upheld, whilst ensuring the home was a nice place to work. People's views were sought through meetings and questionnaires, with updates provided so people knew what actions had been taken based on their feedback. A range of systems and processes were used to monitor the quality of the service provided. Action plans were used to help drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was good (published 16 June 2018).

### Why we inspected

We undertook this focused inspection to assess whether the current rating of good was still accurate. This report only covers our findings in relation to the key questions safe and well-led, as these were the only key questions inspected. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings at this inspection.

### 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 Bank Care Home

## 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.

#### Inspection team

The inspection was carried out by 1 inspector and 1 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.

#### Service and service type

Ambleside Bank 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 Bank 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 not a registered manager in post. The current manager had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

The first day of inspection was unannounced. We visited the home on the 10 and 12 January 2024.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home. 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 of this information to plan our inspection.

During the inspection

We spoke with 11 people and 6 relatives about the home and the care provided. We also spoke with 10 members of staff, which included the manager, deputy manager, clinical operations manager, care and activity staff.

We looked at 4 people's care plans and risk assessments. We also looked at medicines and associated records for 5 people. We reviewed a range of documentation which included safety records and certification, accident and incident records, recruitment records, audit and governance information.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and were safeguarded from abuse and avoidable harm.
- People told us they felt safe living at Ambleside Bank. One person stated, "I am always safe because the staff are always around to help me." A relative told us, "[Relative] is 100% safe here. I know accidents happen, but the home do all they can to prevent falls."
- Staff had completed training in safeguarding and knew how to identify and report any issues or concerns. Safeguarding concerns had been reported in line with local authority guidance.

Staffing and recruitment

- Enough staff were deployed to keep people safe and meet their needs.
- Staffing levels were determined by a review of people's needs and discussion between management and the provider.
- People told us their needs were met timely. Comments included, "I need help getting around...the staff are always there to guide me" and, "This is a lovely place to live. The girls are there all the time to help me."
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care files contained a number of risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance.
- Accidents, incidents and falls had been documented consistently. The provider maintained an overarching record of accidents and incidents, to help identify patterns and trends and allow for actions to be implemented. Fortnightly meetings were held to review this data and consider any lessons learned.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed, with administration clearly recorded.
- Medicines were kept safely and securely, including medicines requiring additional storage requirements, such as controlled drugs.

- Documentation was in place which explained how to safely administer 'when required' medicines. This included how, why and when the medicine was required, and how to identify if it had been effective.

#### Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.
- Infection control policies and procedures were up to date and reflected current national guidance.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest decision making had taken place. This had been decision specific and consistently documented.
- DoLS applications had been submitted timely. Systems were used to monitor applications, outcomes and ensure reapplications were made as required.



# 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. The rating for this key question has remained 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; Continuous learning and improving care

- The provider completed a range of audits and monitoring processes to assess the quality and performance of the home and care provided. These were completed in line with a schedule, which detailed what was to be completed and how often.
- Action plans were used to identify areas for improvements. These were updated regularly to record progress made.
- Regular meetings were held with the provider to assess the care provided. These covered performance, management of risk and discussion on how to drive improvements.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC, as necessary.

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

- There was a positive and open culture at the home, with systems and processes in place to ensure good outcomes for people.
- People and relatives spoke positively about the home and the current management team. Comments included, "The manager cares about me and my friends, they work very hard to make things right for us" and, "This home is fantastic. I would recommend this home to anyone who needs care. The current manager has had a positive influence on this home. The staff are well trained and follow [manager's] lead."
- Staff told us they felt supported and enjoyed working at the home. One stated, "There is a great atmosphere within the home, more so during the last 6 months. Management are fantastic, they are supportive and approachable. They have struck a nice balance between getting the job done and making it a nice place to work."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the home. The home fully understood and considered people's protected characteristics.
- People's views were sought through resident meetings and a variety of different surveys, which asked about care overall or specific areas such as the mealtime experience. Meetings included a review of actions taken since the last meeting, so people could see their wishes or requests had been met.
- Staff told us communication was good. Daily meetings occurred each afternoon, to pass on key

information and discuss people's care. Separate meetings were also held with specific staff groups, such as day, night and domestic staff.

- The home and provider worked in partnership with a number of organisations and professionals. This included involvement with local schools, care home manager groups and links with other local care homes to share in activities and events.

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

- The provider understood their responsibilities under the duty of candour.
- The manager was reported to have an open door policy. People and relatives reported no concerns around communication. One relative told us, "[Manager] is approachable and their door is always open. If she says she will deal with a problem, she does."