

Grace Care Homes Limited

# Ambleside Residential Care 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?

Inadequate 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on the 25 November 2014 and was unannounced.

Ambleside Residential Care Home provides accommodation and care for up to older 20 people living with a dementia type illness and behaviour of concern, which may impact on their safety and that of others, and who require assistance with daily living. There were 17 people living at the home on the day of the inspection.

The home was run by a registered manager who was present during the inspection. 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.

# Summary of findings

Risk assessments had been completed as part of the care planning process. However, we found they had not all been reviewed on a regular basis or updated when people's needs changed.

We found there were not always enough staff to meet people's needs and a system to determine appropriate staffing levels was not in place. This meant people had to wait for staff to assist them.

There were systems in place for the management of medicines, but records had not been updated when prescriptions had been changed.

Not all staff had attended essential training, such as supporting people living with dementia, infection control and moving and handling.

The majority of staff had not attended training, and did not have a clear understanding of, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Gates on the bottom and top of stairs meant people were unable to move around the home freely and the main doors to the home were locked. There was no information in the care plans to show the restrictions were appropriate for everybody.

People were encouraged to make their own decisions about the food they wanted. However, food and fluid charts had not been completed when required, and a process to ensure that people had an adequate diet of their choice was not in place.

People said they felt safe living in the home and relatives had no concerns about people's safety in the home, or

when people went out for a walk. Not all staff had attended or updated training in safeguarding people, although they demonstrated a good understanding of procedures, and the action they would take if they had any concerns. Appropriate policies and procedures were in place.

Pre-employment checks were completed, including references and full employment history. This ensured only suitable staff were employed.

Mobility aids were available for staff to assist people to move around the home safely, and we observed staff using these. The home was well maintained; to ensure that people could move around using walking aids, and visitors and staff were safe.

The culture in the home was open and relaxed, and staff felt they all worked together as a team and supported each other. They had an understanding of people's needs and assisted them with all aspects of their daily lives. People told us the staff were lovely and the food was very good. Relatives said there was no restriction on visiting and they were always made to feel very welcome.

There was a complaints policy and procedure in place. People said they would talk to staff if they had any concerns, although they did not have any at the time of the inspection.

There were breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments were in place, but they had not been reviewed and updated to reflect people's needs.

A system for the management of medicines was in place, but records had not been updated when prescribed medicines had been changed.

A system to determine the staffing levels to meet people's needs was not in place.

Safeguarding training had not been provided for all staff, although they knew how to keep people safe and protect them from abuse.

Recruitment checks were completed to help ensure only suitable staff were working in the home

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff did not have a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Doors were locked and access to the first floor was restricted by the use of gates. There was no documentation in the care plans to demonstrate the restrictions were appropriate to everyone.

Staff had not received essential training and updates, including supporting people living with dementia.

People were offered choices about the food they ate, but the records were not up to date, and the meal was not a relaxed sociable occasion.

People were supported to have access to health care professionals. This included GP, district nurses, chiropodist and dentist

**Inadequate**



### Is the service caring?

The service was caring.

People were treated with kindness, they were respected and their dignity was protected when staff provided personal support.

The atmosphere in the home was calm and staff had some understanding of people's likes and dislikes.

Staff provided support and ensured people made choices about where they sat and how they spent their time.

Relatives and friends were able to visit at any time, and were made to feel very welcome

**Good**



# Summary of findings

## Is the service responsive?

The service was not always responsive.

The provision of activities was very limited and did not follow current published guidance.

People's needs were not always assessed, reviewed and updated as they changed.

There was guidance for staff to follow, but they were unable to demonstrate that people's needs were met.

There was a complaints policy; no complaints had been made for over a year.

**Requires Improvement**



## Is the service well-led?

The service was not always well led.

There were systems in place to monitor the service, but they were not effective.

Quality satisfaction questionnaires had been used to obtain feedback from people and staff, but the suggested improvements from staff had not been addressed.

There was an open and relaxed atmosphere at the home and staff felt supported by management.

**Requires Improvement**



# Ambleside Residential Care 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 checked 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 the 25 November 2014 and was unannounced. We inspected this service following concerns raised about staff training and the number of staff working in the home.

The inspection team consisted of two inspectors and an expert by experience (Ex by Ex). An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events, which the provider is required to send us by law.

During the inspection 14 people told us about the care they received. We spoke with seven members of staff, which included the registered manager and the provider, a district nurse (DN), one visitor and one relative. Following the inspection we spoke with a community nurse, a doctor (GP) and the local authority, who commission some of the places in the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas. We also used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally discuss their needs.

We reviewed a variety of documents which included four care plans, daily records, two staff files, training information, medicine records, audits and some policies and procedures in relation to the running of the home.

The last inspection was carried out on 29 November 2013 and we had no concerns.

# Is the service safe?

## Our findings

People told us they felt safe and relatives had no concerns about people's safety in the home, or when they went out. People said if they had any concerns they would talk to the manager or one of the staff. People told us, "There are more than enough staff." "They go out of their way to help you." One person told us, "Plenty of staff except some afternoons; they answer the bell quickly."

The care plans viewed contained risk assessments, which were specific to each person, including moving and handling, nutrition and pressure damage. Falls risk assessment had also been completed in the care plans we viewed; a tick box form was used to show that these were reviewed monthly, but the information had not been transferred to the care plans. People at risk of falling had sensor mats in their rooms to alert staff when they got out of bed at night, and one person who fell repeatedly had two mats. However, there was no evidence that action had been taken to prevent re-occurrence of falls or that advice had been sought from healthcare professionals to support people who were at risk. We found one fall was documented in the district nurses (DN) notes and included treatment for a wound obtained in the fall. This was not recorded in the care plans; the care plan had not been reviewed and updated and there was no guidance for staff to follow to support this person to reduce the risk of falling. Staff told us most falls were due to balance issues or urinary tract infections, but this was not recorded in the care plans. Staff said they observed people when they were in the lounge or walking around the ground floor to ensure their safety.

People said there was enough staff working in the home and staff said there was generally enough, but it was, "very busy at times". However, despite people's positive comments staff told us it would be helpful to have more staff, particularly during mealtimes. There were three staff on during the day. At lunchtime one staff member was administering medicines and another was assisting people who remained in their rooms. There were long periods when there were no staff in the dining room to support people with their meal. Between the main course and the sweet some people became restless and others did not finish their meal. We saw that staff were not available when

people requested drinks or if people did not like the food provided. Staff said it would be helpful to have more staff on during mealtimes, so that one staff member could remain in the dining room to support people.

There were no kitchen assistants. This meant whoever prepared and cooked meals was required to clear up afterwards, and as they provided freshly made soups, sweets and cakes they worked extra hours or were restricted in what they could achieve within the hours they worked. Staff employed to provide care and support told us there was no cook in the evening and they prepared the evening meal and cleaned up afterwards.

The manager said the staffing levels were flexible and would be increased when people's needs changed. However, there was no evidence that people's needs were taken into account when determining staffing levels. The staffing levels were not flexible and had not been reviewed to ensure that staff could meet people's needs.

People's medicines were managed so they received them safely. The Medication Administration Record (MAR) charts had a photograph to identify each person, and there was a record of all staff who were trained to administer medicines. Body maps were in place to indicate where lotions and creams should be applied.

We observed medicines being administered at lunchtime. Medicines, including eye and ear drops were stored safely in a locked cabinet in a locked room. The senior staff member administered each medicine individually, locking the cabinet and room between each person, and the MAR charts were signed when the medicine had been taken or administered. People were prescribed 'as required' (PRN) medicines, which people take only if they are needed, for example for pain. PRN assessments and instructions for staff were in each MAR chart. One resident had had their medicine increased to three times a day, but this had not been changed on the chart, although staff were aware of the change. This meant they may not have received the prescribed medicine, which may put them at risk. We noted that PRN medicines, eye and ear drops were administered during lunchtime. This meant that people had to leave their food, which may get cold.

We found that people were as far as possible protected from abuse. Staff had a good understanding of how to protect people. Staff were aware of different types of abuse and said if they had any concerns they would report them

## Is the service safe?

to the registered manager, provider or the local authority, if they thought action had not been taken. Staff said they had read the safeguarding and whistleblowing policies and were confident they would follow them if they had any concerns. They were aware that if the registered manager or provider did not take action, they could contact the local authority or Care Quality Commission (CQC). However, they were sure the manager would address any concerns they had as soon as they spoke to them. The registered manager said they were aware of the Sussex Multi-agency safeguarding procedures and these were available to refer to. One staff member said, "I haven't seen anything that concerns me, we all know how to keep people safe, and we work as a team to make sure they are."

Recruitment procedures were in place and there was evidence in the staff files that these had been followed. We looked at two staff files and found all recruitment processes were evident; these included completed

application forms, two references and Disclosure and Barring System (police) checks. This gave assurances that the provider employed people who were suitable to work at the home.

There was ongoing maintenance of the home and environmental checks ensured that the home was clean and safe for people to walk around. The registered manager said maintenance checks were ongoing and included electricity and gas, call bells and electrical appliances, and there were audits to support this.

There were plans in place to deal with an emergency, which meant that people would be protected. There was guidance for staff on what action to take and an evacuation plan to move people to ensure their safety if they had to leave the home at short notice. The registered manager said they ensured only people who could manage the stairs were in rooms on the first floor.

# Is the service effective?

## Our findings

People told us the staff were lovely. One person said, “The food is very good. Another person told us, “The food on the whole is good, at least it is served hot. I’ve never had a meal I didn’t like.” People said they were very happy with the way staff looked after them. One person told us, “If you are unwell, they are very good, get a doctor if necessary.” However, we found several aspects of care that were not effective.

The manager and staff were not aware of the changes in legislation with regard to the assessment of people’s capacity to make decisions and when a Deprivation of Liberty Safeguards (DoLS) application should be made. We looked at the training plan, which listed a wide range of training available for staff. However, 13 of the 20 listed had not attended Mental Capacity Act (MCA) 2005 and DoLS training. Staff said the assumption was that people had capacity to make decisions and some people had more capacity than others. However, mental capacity assessments had not been completed appropriately and they had not been updated as people’s needs changed. Such as when one person needed assistance to make choices about their meals and how they spent their time.

DoLS protects people who lack capacity to make some decisions because of illness or disability. To ensure that one person was safe in the home, and for staff to provide the care and support they needed, a “best interest” meeting had been held with the involvement of appropriate social and health professionals. A DoLS had been authorised and a support plan had been developed and included in the care plan as part of the process, to ensure the person was enabled to make choices safely. The DoLS assessment clearly stated, in the care plan, the support staff were to provide with personal care, involvement in activities and limitations on leaving the home. From our observations we saw that staff supported this person at times, but had not involved them in activities or spent time talking to them. This meant the staff may not have been following the guidance provided by the local authority and the person may not have received appropriate support.

We found gates at the bottom of the stairs. Discussions and agreement to this restriction were not evident in the care plans we viewed, which meant people or their representatives may not have been involved in discussions

about this. There was no evidence this restriction was relevant to everyone who lived in the home. The registered manager said this was to protect people’s safety, but we observed they prevented people from freely accessing rooms on the first floor. The manager said people and visitors knew why the gates were in place and no concerns had been raised about their use.

From the training plan we saw none of the staff listed had attended training in supporting people living with dementia. Staff demonstrated an understanding of people’s daily needs; in terms of supporting people with personal care, to move around the ground floor safely and assisting them to sit where they chose. However, staff were unable to discuss people’s individual support needs in detail; their understanding of how to support people to live with dementia was limited, and there were long periods when staff were not interacting with people. We saw one staff member observing people when they were sitting in the lounge area to ensure they were safe. They stood just in the doorway of the dining room several feet away, with their arms crossed instead of talking with people or involving them in activities. We noted that the choice of biscuits at tea time was limited, and when asked why one member of staff said people had dementia so they could not tell the difference. The lack of training and skills means that people were not enabled to make choices or receive appropriate support to meet their daily living needs.

Staff told us they were not aware of the training plan or that their training was not up to date. They said, “Maybe we don’t have enough staff to allow for training.” They told us they would discuss the lack of training with the registered manager.

We asked staff about supervision and they told us they could not remember when they had last had it. We found the last supervision documented was September 2014. We discussed the process of supervision with the manager and provider, as a two way process between management and staff member. The registered manager said supervision was carried out “as and when”. There was no evidence of staff appraisals to assess if they had been provided with appropriate training and support.

The lack of training and supervision are breaches of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of



## Is the service effective?

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Questionnaires had been used to ask people what they preferred to eat. However, some of their recommendations had not been taken into account. Game pie was on the menu for the following day and most people had already said they did not like it. Staff said people had been asked for their preferences, but the final decision was made by the chef. The chef said choices were available for each meal; they said they spent time talking to people and asked them if they enjoyed the food and most of the comments were very positive. The chef and staff said people particularly liked puddings.

We sat in the dining room with people at lunchtime. 14 people were having lunch and staff told us they asked people what they wanted for lunch the day before. We saw that some people did not eat the main meal provided and staff did not offer alternatives. We asked staff if there was a system in place to give people alternative meals if they changed their minds when they saw the meal. Staff were not sure, they said again there was a choice and they asked people the day before. There was one main choice and people could have alternatives such as omelette and baked potatoes if they chose this when they were asked. We asked staff if they had considered people were living with dementia and may not have remembered what they had asked for, staff agreed this may happen. We asked one person if they wanted something else and they asked for a sandwich, the person waited 20 minutes, which meant they were eating their meal of choice when other people had finished theirs and were leaving the tables.

Several people needed support during the meal. People who sat together had not been given their meal at the same time and they had to wait up to 20 minutes after the main course for the sweet. This caused some people to become restless. One person tried to eat another person's meal, people were seen to pass food around, many people did not finish their meal and they clearly required more drinks. There were no staff to encourage people to eat their meals or monitor how much people had to eat and drink.

The lack of a nutritious diet and appropriate support for people are breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 (1)(2)(b)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New employees were required to complete comprehensive induction training. This included emergency plans, information on care planning, routines and preferences of people living in the home, the homes aims and objectives, training and development and staff roles and responsibilities. They were also required to sign they had read and understood the services code of practice and confidentiality agreements. The registered manager told us new staff were expected to sign up to start the Health and Diploma in health and social care as soon as possible after starting work at the home. Staff said the induction training was good; it gave them an understanding of supporting people with dementia and senior staff were always available to answer questions.

Staff said they had been supported to develop professionally and most of the staff had completed National Vocational Qualifications Level 2 and 3 in care or were working towards this. An apprentice health care assistant (HCA) was working at the home during the inspection and was working towards a Health and Social Care diploma with the local college. They said they received good support from more experience staff, although an individual staff member had not been allocated to act as their mentor; to provide ongoing support and guidance and take responsibility for assessing their competence.

Staff checked the blood sugar levels of people with diabetes before meals, and based on these readings people would be offered appropriate puddings. These had been taken before lunch and recorded in the care plans. Staff explained people should be able to have the same meals, just smaller portions if necessary. This showed that staff were aware of the dietary needs of people with diabetes and how to support them.

There was evidence in the care plans healthcare professionals were contacted in a timely manner, including GP, district nurse (DN), chiropodist, optician and dentist. DN visiting during the inspection told us they were, "Happy with the home and staff are good. Although access to the home could be more responsive as only one person has a key," which meant they had to wait for the member of staff with the key to let them in. We spoke with a DN and GP following the inspection. The DN visits the home regularly and told us one person with mobility problems had been transferred to a shared room on the ground floor to ensure their safety; the home had addressed concerns with

## Is the service effective?

people's weights and they were happy with the way people were cared for. A GP told us they were called out, "Whenever there was an appropriate need." They said the nurses and carers were supportive of the patients, the patients and rooms were clean and they had no concerns.

## Is the service caring?

### Our findings

People said the staff were very kind and one person said, “The interaction with people is good.” Staff said they worked with people seeking their wishes and co-operation rather than imposing the way staff want to do things. One person said, “The staff have all been exceptionally helpful.” Another person said their privacy was respected and they were treated with dignity, “They knock on the door.”

The atmosphere in the home was relaxed and comfortable. People’s dignity was maintained and their privacy was protected when staff offered to support them with personal care. People were well dressed in clothes of their choice and treated with kindness. Staff said people were treated as individuals and staff spoke quietly to each person using eye to eye contact and taking time to listen to them. One person said, “I would like to say that all the staff on today are good and deserve a gold star.” Staff demonstrated some knowledge of people’s preferences and they asked people where they wanted to sit. Staff used a hoist to assist one person to sit in an armchair in the conservatory. Staff spoke with them quietly explaining what they were doing and made sure they were comfortable before they assisted other people.

Staff promoted people’s independence. They supported people to walk around the home if they wished to, but we also saw them asking people to remain seated as they were at risk of falling. This meant some people’s choices were limited; staff had not supported these people to move safely, offer an activity or sit and talk with them if they were unable to stand. Staff told us several people liked to walk around the home and staff would walk with them and talk

about things that interested each person. We observed staff speaking to people as they walked along the corridors. Conversations were friendly, with some banter and laughter, which people and staff clearly enjoyed.

Some people remained in bed or their rooms due to their health related conditions or general frailty. Staff said they checked these people regularly and ensured they were comfortable and made choices about how they spent their time. One person sat in a chair in their room for part of the day and we saw staff sitting with them talking quietly. We observed staff supported one person who remained in their room with their lunch; staff sat next to them and spoke gently while encouraging them to eat.

Staff said they knew people’s likes and dislikes. One staff member said, “People have their own preferences about where they sit in the lounge and the dining room. We know some people like to sit in the lounge after lunch and others have a lie down in their rooms.” Another staff member told us, “We like them to make choices about everything they do, we might make suggestions but we don’t make decisions for them unless what they want to do is unsafe. Like going out for a walk on their own.” We saw that a staff member accompanied one person to go for a walk and staff sat with people who wanted to spend time in the garden.

Staff said relatives and friends were able to visit at any time. Visitors told us there were no restrictions on when they could visit and they had been made to feel very welcome by the staff who, “We get to know very well.” One visitor told us, “The staff interaction with residents and visitors is very good. As soon as I come they serve me tea and biscuits, recently they have started serving it on a tray.”

# Is the service responsive?

## Our findings

People were involved in decisions about the care and support they received, although they had not been involved in reviewing their care plans. The manager said people's care needs were discussed with people and their relatives on a regular basis and when they changed. This was supported by the relatives who said the staff kept them informed of any changes and they did not have any concerns. One person told us, "Well fed and well looked after, and it's nice and clean. No complaints about how I'm looked after." Another person said, "We do different things each day if we want to."

Guidance for staff had been included in the care plans and was based on people's support needs and their preferences. However, from observations we saw the support provided was not personalised to the individual. During the afternoon people sat in the lounge area for over an hour and there was no interaction with staff, who we observed to be sitting in the dining area and walking around the home. One staff member walked through the lounge into the conservatory, they said hello to people and skipped across the floor. People responded to this by smiling, laughing or saying hello back, but this occurred once only and staff did not support people to take part in activities or simply sit and talk. We asked if people were offered activities in the afternoon and a member of staff responded by putting a film on at teatime. A musical which most people enjoyed; they sang along or tapped their feet to the songs, but staff did not sit with people and encourage them to watch the film or join in the singing.

The registered manager told us they used the Pool Activity Level Instrument (PAL) to ascertain the most appropriate activity for each person. PAL is used to create an environment where people living in a home are not restricted by their memory impairment or frailty. It looks at the person's life history, assesses how they person carries out everyday tasks or responds to sensations, and the activities they have been or have become interested in and enjoy. PAL for each person was recorded in the care plans. In one person's care plan we found the activity plan stated they preferred one to one social interaction and staff were required to provide this when the person wanted. We saw staff talked to this person, but this was not part of an

organised activity for them. In another care plan we found that normal activities were to be encouraged with flexibility, as the person needed encouragement and prompting for all aspects of their daily care and support.

The activity person had left a month before the inspection and staff were required to provide activities in addition to providing care and support. On the morning of the inspection one staff member spent time with people in the conservatory offering activities. They told us that a member of staff was allocated to provide activities every day, these included skittles, exercises to music, singing with a karaoke machine, Lego and baking. However, the activity session lasted about 10 minutes and only involved people sitting in the conservatory. There was no structure to the activities and people were not offered minibus outings as the provider thought this would be unsafe; risk assessments had not been completed to support this. Activities had not been tailored to meet people's wishes and preferences.

We found although people were not isolated, as most sat in the lounge areas; interaction between people was minimal and staff did not follow the guidelines in the care plans. There was no evidence that staff regarded activities as an important part of people's wellbeing, that taking part in an activity may reduce feelings of loneliness and may give purpose to people's day. The support provided did not follow current published guidelines with regard to providing care for people living with a dementia type illness.

The lack of appropriate guidance for staff, based on current published guidelines, was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed before they moved into the home and care plans had been developed from this information. The registered manager said further assessments were completed after people moved in and the registered manager said these were reviewed and updated as staff identified people's needs had changed. However, these reviews and updates were not always evidenced in the care plans we viewed.

Daily records viewed recorded basic information about how people spent their time. They did not evidence how people were encouraged to be independent and supported

## Is the service responsive?

to make decisions about their daily living. There were records of two hourly checks in the night and day care plans. However, these consisted of initials to indicate the activity undertaken, such as T for toileted. There were no signatures, which would have identified the staff member responsible for the care and could be checked against other records. Such as record of falls, this would enable management to identify if falls occurred at specific times, which staff were responsible for their care at the time, and prevent re-occurrence through additional staff training or the provision of aids. There were activity records available and these were up to date, with activities carried out on the day of the inspection included. However, these notes had not been transferred to the care plans in a timely manner; there were gaps of approximately a week in the core care plan. This meant that staff could not easily access information about how people had been supported.

Where people displayed behaviour of concern staff gave them space and observed them discretely until they became calmer. However, staff did not attempt to distract people or speak with them; and there was no evidence that attempts had been made to ascertain what had triggered the behaviour. We looked at one care plan where it clearly stated the person may need additional support if their behaviour may affect their safety and that of other people. The guidance for staff was to encourage the person to make choices and choose their own clothes; prompt them with personal care and enable them to eat when they wished throughout the day, with finger foods if required. From our observations we did not see staff supporting this person as stated in the care plan. Staff were required to observe the person's mood and record the food and fluids they had eaten; these forms were not consistently filled in. It was not clear if staff did not have the time or they did not understand the person's needs.

The lack of accurate and up to date records was breaches of Regulation 20 of The Health and Social Care Act 2008 (Regulation Activities) Regulation 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that relatives had been contacted to inform them of any changes, such as alterations to medication. Discussions with other representatives, for example solicitors had also taken place for issue related to financial affairs.

The registered manager used the Braden Scale to assess people's risk of pressure damage. This evaluation is based on six indicators; sensory perception, moisture, activity, mobility, nutrition and friction or shear. We found in the care plans viewed this scale was used for each person in the home to assess their need. One person had been identified as at risk of pressure damage, a pressure relieving mattress and cushion were in place to reduce the risk, and the DN had visited regularly to support the person and staff. Staff said the pressure relieving mattress setting was based on the person's weight; this was recorded in the care plan and linked to their weight. Staff told us this was also checked by DN when she visited; the checks ensured the appropriate setting was used to reduce the risk of pressure sores.

A complaints procedure was in place and displayed in the hall and available in the statement of purpose, which was given to people and their relatives when they move into the home. People said they would talk to staff if they had any complaints, but they did not have any at the time of the inspection. One person told us they would talk to their friend, who visited regularly. The provider and registered manager said they had not received any complaints for, "over a year, perhaps longer". We looked at the complaints folder and found no records of concerns or complaints, although there were several positive comments in the compliments folder. Staff said if people complained about something, like where they were sitting or their drink, they dealt with it at the time and if they were unable to do so they would talk to the manager. This means systems were in place to enable people to raise concerns if they wished.

# Is the service well-led?

## Our findings

People told us the home was well run and the provider and registered manager were easy to talk to and were, “Around all the time”. One person said, “It is very good and calm.” Another person told us, “I am very happy here.” Relatives and friends said the registered manager’s door was always open and they never had problems talking to them.

The registered manager said audits were used to assess all aspects of the service and a different area was assessed each month, although they had been reviewing the system they used as they did not think it was effective. Medicine audits were carried out quarterly, and the one in May 2014 found no issues. Care plans audits had been carried out in October 2014, but this was limited to a tick list of contents of 25% of the notes, which may not identify improvements needed. Kitchen and food questionnaires had been carried out, but there was no clear evidence they had been used to develop the menu. Overall the audits were limited; they did not demonstrate that the service was monitored and assessed on a regular basis, to ensure that the staff provided the support and care people needed.

The lack of quality assurance monitoring was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Questionnaires were given to staff and people living in the home to encourage suggestions for improvement. Four people completed the questionnaire about meals, and the

feedback was very positive about some of the new meals the chef had introduced. Two people completed a questionnaire about the care provided in September 2014. The feedback was positive, comments included, “Your home is very happy, which makes it pleasant,” and “No, quite happy with care received no issues.”

Eight of the 14 staff questionnaires were completed. The suggestions included the provision of additional training; such as training to provide appropriate activities for people, and one person said they did not feel supported by senior staff. There was no evidence that action had been taken to address the issues raised.

The management and staff spoke confidently about their values and how important it was to involve people and their relatives in decisions about the services provided. Staff said their aim was to provide support in such a way that people living with dementia were involved in decisions about their care and, “Made choices about everything.”

Staff told us the registered manager had an open door policy and they, and the provider, were readily accessible. Staff said the registered manager was always visible on the floor; was aware of people’s changing needs and spent time with them every day. One staff member told us, “Our aim is to provide the support and care people want and need. In a relaxed and comfortable way, so they feel this is their home.” Staff said they felt supported by the management to do this; all of the staff we spoke with said they enjoyed working at Ambleside and felt they could, as a team, work together to develop and improve the service with people and their relatives.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The support provided did not follow current guidance in relation care and treatment. Regulation 9(3)(a)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Staff had not received appropriate training and supervision. Regulation 18 (2)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

**A nutritious diet and appropriate support for people with their meals was not provided.**

**Regulation 14 (1)(2)(b)(4)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Accurate records were not in place in relation to the care and treatment for all people. Regulation 17(2)(c)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Action we have told the provider to take

There was not an effective system in place to assess and monitor the quality of service. Regulation 17(1)(2)(a)(b)(e)(f).