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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ambleside Bank Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is situated close to Wigan town centre and is registered to provide accommodation for up to 40 people who require personal care and support. At the time of this inspection 36 people were living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During the last inspection, although the home was rated as good overall, it was rated as requires improvement in the key line of enquiry (KLOE) effective, as we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff training. During this inspection we found the provider had addressed the previous regulatory breach and was now meeting all requirements of the regulations.

The service had a registered manager. 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.

People told us they felt safe living at Ambleside Bank Care Home. Relatives were also complimentary about the standard of care provided. We saw staff had received training in safeguarding and were clear about how to report concerns.

People, relatives and staff all confirmed enough staff were on duty to safely meet needs. Staffing levels were based on people's dependency levels and rotas viewed confirmed the required number of staff had been deployed at all times.

Care files contained detailed risk assessments, which had been reviewed regularly to reflect people's changing needs. This ensured staff had the necessary information to help minimise risks to people living at the home.

We found medicines had been managed safely. The home had effective systems in place to ensure medicines were ordered, stored, received and administered appropriately.

The provider used a training matrix to monitor the training requirements of staff. Training had been developed over the last 12 months, with the introduction of e-learning alongside practical training sessions.

We found staff received appropriate training, supervision and appraisal to support them in their role.

People living at the home were encouraged to make decisions and choices about their care and had their choices respected, whilst being supported in the least restrictive way possible; with the policies and systems in the home supporting this practice. People's consent to care and treatment was also sought prior to care being delivered.

People's nutrition and hydration needs were being met, with clear guidance in place for staff to follow. Meal times were seen to be a positive experience, with people being provided with a choice of meals and alternatives facilitated should they not like or want what was on offer.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect.

Care files contained detailed, personalised information about the people who lived at the home and how they wished to be cared for. Care plans provided staff with clear guidance on how to meet people's needs, and risk assessments helped ensure their safety was maintained.

The home had a complaints procedure in place and whilst people told us they had no cause to complain, they knew how to do so, should they need to.

Peoples' social and recreational needs were met through the provision of a comprehensive activities programme. Alongside in house activities, the home arranged visiting entertainers as well as group outings to places people had chosen to attend through discussion or meetings.

The provider had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans were drawn up, to ensure any issues had been addressed. Feedback of the home was sought from people, relatives and staff through completion of surveys, which was used to drive continued improvement.

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 remains good.

Is the service effective?

Good

The service has improved to good.

Staff reported they received regular training and supervision to enable them to carry out their roles successfully.

All staff spoken with had knowledge of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

The dining experience was positive and we saw nutritional needs were being assessed with appropriate care plans in place.

Referrals were made to medical and other professionals to ensure individual needs were being met.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Ambleside Bank 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 26 April 2018. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

The inspection was brought forwards, in line with guidance to re-inspect services with a breach which are rated as good. As a result we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke to the registered manager, deputy manager, chef, administrator and three care staff. We also spoke to eight people who lived at the home and four visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included; five staff files, four care files, six Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection we found the service continued to be good.

Each of the eight people we spoke with told us they felt safe living at Ambleside Bank Care Home and described the care they received as "very good". People and their relatives told us there was enough staff on shift to meet peoples' needs, with staff responding promptly when required. Comments included, "I have never had to wait more than five minutes for anything" and "I only have to touch the buzzer and they are there". Staff reinforced these views, confirming enough staff were deployed throughout the day and night and they felt able to respond to people in a timely way.

The home used a system for working out the number of staff needed per shift to meet people's needs. We found the number of staff recommended by the system, matched the rotas we looked at. This along with our observations during inspection and feedback received demonstrated enough staff were on shift to support people safely and appropriately.

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file which contained a copy of the home's policy along with the local authorities reporting procedure. We noted only two safeguarding referrals had been made in the last 12 months. Reviews of accident and incident information, along with discussions with staff members confirmed this was accurate. We saw staff had all received training in safeguarding and those we spoke with, where able to clearly explain how they would report concerns.

We looked at accident and incident information and found these had been documented as necessary. Monthly reviews of accidents had been completed, which included what action had been taken and helped look for trends to prevent future risks.

Care files we viewed contained a range of personalised risk assessments, covering areas such as falls, moving and handling, mobility and personal emergency evacuation plans (PEEP). A PEEP is a document that details peoples' individual support needs to ensure the safety of a person in the event of an emergency evacuation. Each risk assessment included details of how assessed risks would be minimised. The home had a smoking room within the building; we saw this had also been risk assessed with details on how risks of people smoking indoors had been mitigated.

We looked at five staff files to check if safe recruitment procedures were in place and saw evidence references, Disclosure and Baring Service (DBS) checks and full work histories had been sought for all staff. These checks ensured staff were suitable to work with vulnerable people.

Throughout the course of the inspection, we found the home to be clean and free from offensive odours. We saw detailed cleaning schedules were in place and environmental audits had been carried out to ensure these had been followed. Bathrooms and toilets contained hand washing guidance, along with liquid soap

and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. We found gas and electricity safety certificates were in place and up to date. Call points, emergency lighting, fire doors and fire extinguishers were all checked to ensure they were in working order. Hoists, slings and the lift had been serviced within required timeframes, with records in place evidencing this. This ensured this equipment was safe to use and protected people from harm.

We found medicines had been managed safely. Staff had received the necessary training and supervision to administer people's medicines safely and as prescribed. We found medicine administration records (MAR's) had been completed accurately and consistently and all medicines checked had been administered as prescribed.

Each person had an information sheet alongside their MAR, which contained their name, date of birth, photograph, allergy information and how they liked to take their medicines. We saw 'as required' (PRN) protocols in place for people who took this type of medicine, for example paracetamol. These provided staff with information about what the medicine was for, when and how to administer. This ensured staff administered medicines to the correct people, when necessary and in the way the person wanted.

At the time of the inspection nobody required their medicines covertly, which means without their knowledge or consent. This is usually done when a person who lacks capacity, regularly refuses to take them when offered.

Good

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in August 2016 when we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff members had not received appropriate training and professional development to enable them to carry out the duties they were employed to perform.

At this inspection we found the provider had made improvements to their training programme and was now meeting the regulations. Staff spoke positively about the changes and told us the introduction of e-learning had made a big difference, as they could complete sessions in their own time and ensure they remained up to date. We saw computers had been supplied at the home by the provider to facilitate training. One staff said, "We now do e-learning. I have found this really useful and interesting."

Staff continued to receive a comprehensive induction, consisting of both e-learning and practical sessions. A competency assessment had also been introduced, which was completed over a 12 week period, with a review after six weeks. This was used to observe and assess the competency of new staff in all aspects of care. For those staff without a background in care, we noted the care certificate had also been completed. We saw training completion was monitored via a matrix, to ensure all staff remained up to date.

The matrix had also been used to track completion of staff supervision and appraisals. Staff told us supervision was completed quarterly and appraisals annually, which was in line with the providers new policy. Staff told us they found the meetings useful as it gave them the opportunity to meet with the manager and discuss areas of improvement, training needs and anything else they wanted to raise.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. MCA assessments had been completed in relation to the making of day to day decisions and potential restrictive practices, wherever a person lacked capacity. We found DoLS applications had been submitted for anybody deemed to lack capacity to consent to their care and treatment and/or where a restriction had been identified. Referrals and outcomes had been tracked via a whiteboard in the registered manager's office. Staff confirmed they had received training in MCA and DoLS and demonstrated a good understanding of the main principles.

We looked at how staff sought consent from people living at the home. Staff told us they always asked people prior to engaging in care tasks, as well as explaining what they intended to do. Throughout the course of the inspection we observed this being done.

People had been supported to access medical and healthcare professionals as needed, which included GP's, district nurses and speech and language therapy (SaLT). Care files contained specific sections to

document involvement, to ensure an accurate record of treatment received had been maintained.

People's weights had been monitored in line with their needs with the Malnutrition Universal Screening Tool (MUST) being completed monthly. MUST is a five-step tool used to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. People at risk of developing pressure sores, had care plans and risk assessments in place along with pressure relieving equipment, such as mattresses and cushions.

We saw staff had access to clear guidance to ensure people's specific nutritional and hydration needs had been met. For people who required their drinks thickening, instructions on how to achieve the necessary consistency were located on the drinks trolley and by the kitchen. Similarly for people who required a modified diet, such as fork mashable or pureed meals, information was located in their care file and within the kitchen. At point of service, meals had been clearly labelled to ensure people received the correct meal.

We saw two staff had completed the Care Home Assistant Practitioners (CHAPs) course. These staff were able to carry out simple medical checks such as blood pressure monitoring, which reduced the reliance on visiting professionals to complete such tasks as well as reduce unnecessary hospital admissions.

People spoke positively about the food. Comments included, "Good meals" and "The food is smashing". One person explained that they required a specific diet and that the staff were always careful to make sure they received the correct foods and advised them on what they could eat. People were also appreciative that an alternative would be found if they didn't like the option on the menu. On the day of the inspection, we observed the chef going round mid-morning and asking people, in a patient and compassionate manner, what they would prefer for lunch.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be good.

All the people we spoke with living at Ambleside Bank felt the staff were kind, caring and always helpful. Comments included, "They're good these girls", "Staff are beautiful, can't say nothing about the staff" and "The staff are nice to you; I'm quite happy and they treat me alright". A family member told us, "The girls are lovely with [relative's name], nothing is too much trouble".

Throughout the inspection we observed positive interactions between staff and people living at the home. The atmosphere was relaxed and staff were seen to be polite and patient, whilst also having a laugh with people as they were walking from one area to another or providing care. In the afternoon of the first day of inspection we observed staff sitting and chatting with people in the lounges. It was clear from observations, staff knew each person well and people felt comfortable in staff's presence.

Each person we spoke with told us staff respected their dignity and privacy, for example, by knocking on bedroom doors before entering. People also said staff took time to listen to them and they all knew at least one member of staff with whom they felt they could talk to about important issues or if anything was worrying them. One person commented they were confident any issues they discussed with staff would be dealt with sensitively and discreetly.

Staff understood the importance of promoting people's independence and encouraged people to do as much for themselves as possible. People were also encouraged to make as many choices as they were able to, such as what they wore, how they spent their time and what they ate. During a meal time, we observed a staff member showing a person with limited communication abilities the choices of desert, to enable them to decide which they would prefer.

In regards to communication, care files contained detailed information for staff about how best to communicate with each person, as well as other information of note, for example one person had explained how due to being 'hard of hearing', they could be slow to respond, so asked for staff to give them time to answer.

People's spiritual needs were supported with a local minister visiting the home to provide communion to those who wished to receive it on a monthly basis. People had also been supported to attend mass.

We saw people's views, along with those of their relatives, had continued to be captured via resident and relative meetings and annual satisfaction surveys. Newsletters were also produced quarterly which provided people, relatives and staff members with information about the home including any planned changes and what had taken place over the last period, such as outings and activities.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be good.

People living at the home told us care continued to be responsive to their needs. They confirmed they had sufficient choice in their daily routines and were "listened to" by the staff. Many people were independently mobile and told us they could get up and go to bed when they liked and move around the home as they chose. People could have their bedroom doors open or closed and visitors were welcome at any time.

The home continued to complete a detailed pre-admission assessment, before people moved into the home. This helped ensure they could meet the person's needs and provided information to make sure care provided was person centred.

We found the home continued to provide personalised care, which was focussed around each person's needs and wishes. Care files had been re-designed since the last inspection and contained detailed information about people's life history, likes and dislikes, what they wanted staff to know about them, things which upset or worried them and what made them feel better. Care plans were also detailed and provided staff with clear guidance on how each person wished to be cared for.

Care plan reviews had been completed monthly, to ensure people were happy with the support they received. These included an action plan, should any changes need to be made. We saw evidence people had been involved and those with capacity had signed to confirm their agreement with the current or revised care plan.

We saw people's social needs were encouraged and promoted. The home employed an activities coordinator who worked five days per week. The weekly activity schedule was clearly displayed and advertised a range of activities including music and movement, art and craft, remembrance sessions, quizzes, along with visiting entertainers. The home also had their own mini-bus, which they used to facilitate outings for groups of up to eight people with accompanying staff. People told us they had recently been to Blackpool but also went out to restaurants for meals or "tea and cake". People told us they valued the opportunity to visit the local and wider community.

The home had a complaints procedures in place, including posters on display detailing the complaints process. The home had a dedicated complaint file; however we saw none had been received since the last inspection. Conversations with people and their relatives confirmed they had not had cause to complain, but would feel happy speaking to a staff member or the manager if they had an issue or concern to raise.

At the time of inspection, no-one living at the home was receiving end of life care. The home had documentation in place to capture people's wishes when nearing the end of their life, should they be prepared to discuss these. We saw the home worked closely with GP's and district nurses, to ensure people who wanted to remain at the home when approaching the end of their life, could do so safely and

respectfully.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be good.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection a new manager had been appointed. People and their relatives spoke positively about the manager, comments included, "[Manager's name] is wonderful, a lovely woman" and "[Manager] is very good to me." Staff told us the manager was strict, with high standards and had made it clear the home was run for the residents and not the convenience of the staff.

We saw the home continued to have a clear management structure in place, with the registered manager being supported by a deputy manager, who had worked at the home for many years. Similarly the senior carers were also long standing members of staff which helped ensure consistency.

All the staff we spoke with told us they enjoyed working at the home and felt supported in their roles. Comments included, "Best home I have worked in", "I'm very happy here, I think the care is second to none" and "You are encouraged to voice your opinion, makes you feel valued."

Staff we spoke with told us regular meetings had also been facilitated, which provided an opportunity to discuss any issues of concern and be updated on information about the home. We looked at minutes from meetings and saw these had been held with each designation of staff, such as domestics, kitchen staff and carers, to ensure everyone had input and the content of the meetings was relevant to the staff attending. A staff member told us, "The manager attends meetings at head office every two to three months; we have a staff meeting following this where information is passed on." We also saw an annual staff survey had been completed to capture staffs views on working at the home.

We saw there were a number of audits and monitoring systems in place to monitor the quality and effectiveness of the service. These were completed by both the registered manager and the provider, following a schedule to ensure all areas had been completed. The audits in place included areas such as medication, care documentation, pressure care, cleanliness and infection control. For any issues identified, action plans had been completed, which explained how these would be addressed.

Policies and procedures to guide staff were in place and were updated at provider level to recognise any changes in legislation. Staff we spoke with were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding peoples', health and safety and infection control.