

RS Care Limited

# Ambleside Nursing 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 Nursing Home is a residential care home providing personal and nursing care to up to 20 people. At the time of our inspection there were 17 people using the service. The home has four floors with a communal area and a dining room. People also have access to a garden area.

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

We were assured by the home's infection and control policies and procedures. However, we did observe a staff member not wearing their mask appropriately on more than one occasion. At the time of our visit one person's care plan was not available but was shared with us before the end of the inspection process. Care plans contained information about people's assessed needs and how staff could meet them. Risk assessments were in place for identified risks and guidance included for staff on how to mitigate those risks.

We have made a recommendation regarding the availability of people's care records.

Systems were in place to protect people from the risk of abuse. Some steps had been taken to help ensure the physical environment was safe. There were enough staff working at the home to meet people's needs. The provider had robust staff recruitment practices in place. Medicines were managed safely. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff who knew them well. People's dignity and privacy was respected, and staff understood the importance of maintaining people's independence. People, their relatives and staff told us the home was managed well. Staff enjoyed working at the home. The home worked in partnership with other organisations to provide safe, effective and consistent care.

We have made a recommendation regarding the provision of activities at the home. We have also made a recommendation regarding gathering feedback from people who use the service.

The management promoted a positive staff environment that was open and transparent. The registered manager demonstrated good visible leadership and understood their responsibilities. Staff were motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 18 October 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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

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

### **Is the service well-led?**

**Good** ●

The service was well-led.

# Ambleside Nursing 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.

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

The inspection was carried out by two inspectors with an Expert by Experience telephoning relatives. 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 Nursing Home 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 Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with the registered manager, five staff and five people on the day of inspection. The expert by experience spoke to two people and three relatives on the phone. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. This included people's care records, training records, staff recruitment records, health and safety audits and infection prevention and control records. We received feedback from two professionals. We considered all this information to help us to make a judgement about the home.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management

- At the time of the inspection the registered manager was not able to provide us with one person's care plan. This was subsequently provided, shortly after the inspection. Potential risks to people had been identified, recorded and guidance developed so staff knew how to mitigate the risk.

We recommend the registered manager ensures comprehensive care records are available at all times.

- Stair gates between floors were not always locked. The provider told us after the inspection they had assessed the use of stairgates.
- Environmental audits were reviewed monthly and regular health and safety audits were carried out to monitor the safety of the home. Cleaning audits were present and recorded cleaning undertaken in each person's room.
- Health and safety risks were managed appropriately. Audits had been carried out on a regular basis with regards to fire testing. Testing had been completed as forecast and the emergency evacuation planning record reviewed at the time of inspection was accurate.

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. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. Staff, relatives and the people we spoke with felt the home was safe. One person told us 'I am happy here I feel so safe'. Another told us "They are lovely, they treat me well'.
- People were supported by staff who knew how to identify concerns and how to report these. One member

of staff told us "The different types of abuse are physical, sexual and emotional, I would go to my line manager, the local authority and the safeguarding team."

- The registered manager monitored safeguarding incidents and recorded any actions or learning to prevent similar incidents from occurring again.
- Staff had enough knowledge regarding safeguarding. The staff we spoke with understood when people required support to reduce the risk of avoidable harm.

#### Staffing and Recruitment

- Sufficient staff were supporting people. People and staff told us there were enough staff on duty. People confirmed there were enough staff to support them with personal care. One relative told us, "Staff are very caring, if I compared to her last home, they are very kind. They take time to talk to her, the other home they just did what they had to do and didn't spend any time talking to her."
- Staffing was planned, a dependency tool was in place to plan staffing levels.
- Safe and effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using Medicines Safely

- At our previous inspection on 10 September 2019 we found shortfalls in the management of 'as required' medicines. At this inspection improvements had been made and people's medicines were managed safely. Staff undertook training, which included an assessment of their competence, before they were able to administer medicines. Medicines were administered by nursing staff.
- People's medicine records were reviewed regularly. The home used an electronic medicine monitoring system. Staff were able to check people had received their medicines as prescribed. The system alerted staff when medicines had not been given.
- Good systems were in place for medicine management. The registered manager and deputy regularly carried out medicine audits. They had access to the electronic system for monitoring purposes.
- Medicines were stored securely in locked, designated medicine cabinets. Medicines with specific storage requirement were stored separately.
- Medicines were administered and transported by a trolley; we observed on one occasion the key was left in the trolley. We highlighted this to the registered manager.

At our last inspection the provider had failed to ensure infection risks were identified and risks mitigated. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were somewhat assured that the provider was using PPE effectively and safely. One member of staff was observed not wearing their face mask appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting was taking place in accordance with government guidelines.

#### Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Any concerns were escalated to the manager on duty. Accidents and incidents were reviewed to ensure appropriate actions had been taken.

# Is the service well-led?

## Our findings

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

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

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

- During the inspection we noted people stayed in their rooms during mealtimes. Tables were not laid up in preparation for any people deciding they wanted to have a shared meal experience with other people. After the inspection the provider sent us information to confirm most people preferred to eat in their rooms.
- People stated that staff were approachable. People knew who the registered manager was and told us they were approachable.
- The registered manager was proud of the staff and the home. Staff felt that the working culture in the home was supportive. Comments include "The manager provides a lot of support".
- There was good communication between staff members. They knew people's care needs very well, we observed this at the time of inspection.

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 registered manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.

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

- Some quality assurance processes were in place to audit medication, health and safety, infection control and maintenance. They implemented action plans to address identified concerns and monitored the progress of actions taken.
- Systems were in place to monitor the quality and safety of the service. The provider visited the home at regular intervals and completed regular audits of the home to assess quality. A number of audits were also completed by the registered manager.
- Staff were clear about their responsibilities and lines of accountability. They said the management team supervised them in a supportive style. One staff member told us, "My manager is good at her job."
- Audits were regularly undertaken by the registered manager and deputy.
- Since the last inspection, governance systems including audits and regular checks of the environment had been carried out effectively, but they had not identified shortfalls in risk assessment in people's care records.
- Systems were in place to notify Care Quality Commission of safeguarding incidents. Records reviewed demonstrated that an effective system was in place to meet legal requirements.

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

- Residents meetings did not take place in the home. Some mechanisms were in place to gather feedback about the quality of the service. However, there was no information about how this feedback was used to improve the quality of the service provided for people.

We recommend the provider actively seeks out, records and acts on the views of people using the service on their experience of using the service.

- People were involved in some activities that took place at the home. The registered manager told us "We do have activities in communal areas as well as in residents' rooms for people who are bed bound and unwilling to be transferred to the lounge."

- Photos were provided of events in the home during the pandemic. One relative mentioned she was not sure what activities their relative did in the home. They visited daily but had not seen them take part in activities. When asked about activities, one service user said, 'They don't do a lot.' Professional feedback also highlighted concerns around the lack of activities taking place.

We recommend the provider seeks guidance from a reputable source to ensure people are provided with meaningful, person centred engagement.

- Communication systems were in place to help promote effective discussions between staff, so they were aware of any changes for people in their care. Daily handovers were undertaken at shift handover.

- Regular staff meetings took place to give them an opportunity to discuss any changes and raise any suggestions.

Continuous learning and improving care, Working in partnership with others

- Staff were also given opportunities to undertake additional training to expand their skills and knowledge.

- The home had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and Deprivation of Liberty Safeguards teams.

- The registered manager held refresher training on different topics on a monthly basis with staff to enhance knowledge.