Care UK Community Partnerships Ltd

Ambleside

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 is a two storey residential and nursing home which provides care to older people including people who are living with dementia. Ambleside is registered to provide care for 60 people. At the time of our inspection visit there were 53 people living at Ambleside. Nursing and residential care is provided on the ground floor across two units, and the first floor supports people across two units living with dementia and who need residential care.

People in care homes receive accommodation and nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service Good overall. 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 on-going 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.

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At this inspection we found the service remained Good. This was because:

People felt safe living with other people in the home who were supported by a consistent and caring staff team. There were sufficient staff to meet people's needs. Staff had time to spend with people and to get to know them and what hobbies and interests they enjoyed.

Risk assessments enabled people to continue to live their lives as they wanted and people continued to receive effective care from staff who had the skills and knowledge to support them to meet their needs. Trained and competent staff ensured people received their medicines safely.

People's changing needs were responded to promptly by staff and other healthcare professionals were contacted when needed. People were treated with respect by staff who addressed them by their preferred names and who supported them in line with their personal preferences and wishes. End of life care was sensitively discussed and people's wishes were recorded so staff knew what and how to support people in their last days at the home.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported best practice.

People's nutritional needs were met and most of the people told us they enjoyed the food. Where people had specific dietary needs, such as vegetarian, soft and pureed foods, these needs were met.

The environment was clean and well maintained. Staff understood how to limit the risk of cross infection and followed safe infection control practices.

The service continued to be responsive to people's needs and had improved the activities and lifestyle choices available to people. Staff continually sought information from relatives and friends so they could get to know people better.

Since the last inspection a new management team were in place, including a new registered manager. The changes they introduced had a positive impact on the home. All of the staff team felt changes were made for the better although some staff raised concerns that communication could be improved. The registered manager and provider continued to work with the staff team to keep staff fully involved when changes were made.

The service was led by a registered manager who promoted a service that put people first.

Further information is in the detailed findings below.

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 remained safe	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service has improved to Good. The provider had improved systems and quality checks to effectively monitor the quality of service people received. Learning was shared by the registered manager who looked for continuous improvement through regular monitoring of clinical care. People and their relatives were encouraged and involved in providing feedback and sharing their views which helped improve the quality of service they received.	Good

Ambleside

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.

This inspection visit took place on 1February 2018 and was unannounced, and consisted of two inspectors, a specialist advisor who was a specialist nurse, and an expert by experience. An expert by experience is someone who has experience of this type of service. One inspector returned announced on 7 February 2018 so we could speak with the registered manager and review their quality assurance processes.

We reviewed the information we held about the service. We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing and talking with people in the communal areas of the home, or their bedrooms with their permission. This was to see how people spent their time, how staff involved them in how they spent their time, how staff provided their support and what they personally thought about the service they received. We spoke with 13 people who lived at Ambleside, four visiting relatives and a visiting friend. We spoke with an operations support manager, a regional director, the registered manager and a deputy manager. We spoke with one nurse, two team leaders, nine care staff and a lifestyle lead responsible for organising activities. (In the report we refer to these as staff). We also spoke with a visiting healthcare professional.

We looked at six people's care records and other records relevant to their support, such as medicines records and daily records. We looked at quality assurance checks, audits, people and relative meeting minutes, compliments, complaint records, training records, medicines, nutritional charts and incident and accident records. This was to see whether the care people received was recorded and delivered according to people's care plans.

Good

Is the service safe?

Our findings

Everyone continued to feel safe living at the home which was confirmed by those people we spoke with. One person told us they felt safe because, "All the people are about the home, it's very nice." Another person said, "There was a peaceful feeling (at the home)." Relatives were confident their family members were safe. Staff were trained and knew what to look for and how to raise concerns. One staff member said, "If their personality changes, if they are not normally aggressive and become aggressive or if they become withdrawn. Sometimes they can go off their food or drink. I would report it to my line manager." The registered manager had reported safeguarding concerns to us and the local authority when incidents had happened and had taken measures to learn and limit them from happening again.

People's risks were assessed and their safety was monitored to ensure they remained safe. One staff member told us they knew about people's risks because, "It is all in their personal files and it is also on the handover sheet team leaders have in the morning." Staff said the level of risk management in the home ensured people were safe. One person needed to be repositioned in bed every four hours to prevent their skin breaking down. Staff checked regularly and records showed this was being done as required. Staff were aware of people walking around the home who were at risk of falls. They guided and encouraged them to use their walking frames or gave them their arms to hold. One staff member explained, "One lady walks better with a stick so we remind her…It is keeping a close eye when they are moving about."

People enjoyed their environment. One relative told us their relation, "Loves the open spaces here, the wide corridors and big bedrooms. He feels like he is on holiday." Corridors were wide which meant people who had space for the equipment to help them mobilise and were not in each other's way which helped limit falls or people becoming frustrated with others.

Equipment that helped people with limited mobility was checked to ensure it remained fit for use. We checked a selection of equipment such as bath chairs and hoists and saw they had been serviced by an external contractor in October 2017. Pressure mattresses were not always set to people's correct body weight. We found two set incorrectly and recommended they had a formal method to check settings remained suitable, although for those two people, we could not identify any impact on their health as they had no pressure areas.

There were enough staff to provide safe care. Some people raised minor issues that on the odd occasion mainly weekends, they felt staff levels were not as responsive. However, they said whenever they needed help and support, this was received with limited delays. If people felt staffing levels were low, they said it meant they did not always have time 'to have a chat with staff'.

We saw staff were not rushed and were able to respond to people's requests for assistance and support. Call bells were answered promptly. One staff member said that it was very calm on the unit for people living with dementia. Staff said because of their approach, which was, "We are calm and we give them time", this helped keep people more relaxed and less anxious.

Staff told us the shift had run smoothly because there was an experienced staff team who worked well together. However, a small number of staff told us this was not always the case. They told us there had recently been a significant level of sickness and staffing levels were often lower at the weekends so they went below assessed staff levels. The registered manager said they were confident staff numbers were right across the whole week. They regularly reviewed people's dependency and said, "At the moment we are staffing to 60 people." The registered manager said this was continually monitored, they walked the floor on a daily basis and visited over the weekend and random nights to assess staff levels met people's needs. They said if extra staff were needed, this would be provided. If additional staff were needed on shift, staff called the on call number to seek support. The registered manager was not made aware of any staff concerns or concerns from people and relatives that staff numbers were not sufficient.

The provider's policy and procedures protected people from the risks of infection. The home was clean and the décor was well maintained, which made it easier to keep clean. There were no unpleasant odours in any areas of the home. Good hand hygiene was encouraged and there was hand sanitiser in each person's bedroom. Staff told us they washed their hands before serving people their lunch.

People received their medicines as prescribed, from trained and competent staff. One person said they were pleased staff gave them their medicines, "Being here stops me worrying about forgetting to take my tablets, the worry is on them (staff) instead." Systems ensured medicines were ordered, stored and administered safely. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly and for some people who had medicines on an 'as and when' basis, protocols included when to administer, the reasons and safe dosage limits. Time critical medicines were given to people at the specified times. Medicines were being stored correctly, and service users at end of life had anticipatory medicines in place. Where people received their medicines via a peg site, (A tube directly into the stomach that allows a person to have medicines and food and fluids) staff told us there was easy to follow guidance on how to administer those medicines safely.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. A relative said staff provided effective care because staff knew people and how to care for them. They said staff knew their family member well, saying, "I liked that everyone addressed my husband nicely, by his actual name and always treated him with dignity."

New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. We spoke with one staff member who was new the home and provider, but not working in care. They said, "I heard Care UK were good to work for. I'm on induction so I am meeting new people, getting to know them." They told us their first impressions of the staff were, "Polite, caring and they take their time (when supporting people)."

Staff told us they received regular training to meet the needs of people living in the home. One staff member told us, "The training is brilliant. The fire training is the best. The trainer brought in a smoke machine which he set up in one of the bedrooms." This staff member went on to say they had recently received basic life support training and would feel confident to take action if someone had an emergency such as a cardiac arrest.

Detailed pre-admission assessments were completed before a person moved to the home. This meant the registered manager could be assured they could meet people's needs and appropriate equipment was in place, before support was provided.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. We saw staff offer people choices, even if some people could not always say. Staff said asking people what they wanted, empowered them to be involved. We saw staff routinely sought people's consent.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection visit, seven people were subject to a DoLS authorisation.

People were positive about the food and received support to maintain their nutrition. People were involved in the menu planning at the home. We spoke with one person who told us they had meetings with the chef and requested some, "More interesting meals to eat." This was put into practice and now included pizza, Mexican and Chinese meals which they enjoyed. They said, "The food generally has improved."

We saw people could choose to eat when they wanted to. One person had a late breakfast because they were tired after a trip out the day before. Another person was just finishing their breakfast and told us, "I

have just had a very lovely breakfast." Lunches were served on each floor, with a choice of main meals or a 'light option'. People could help themselves to cold drinks throughout the day as there were cold drinks dispensers in the dining areas on each unit. At lunch time people were given a visual choice of orange, mango, apple or cranberry juice. One person had a double handled mug to help them to drink independently.

Overall, people were satisfied with the meals and choices provided and their views were included when menus were put together. Lunch was served on each unit across both floors at the same time and on one unit, lunch was served slightly later than planned. Staff knew who had a prescribed thickener in their drink however, in one dining room, one person's thickener was empty and staff used another person's prescribed thickener without thinking to go and get the person's own carton. We followed this up and we were told this was not normal practice.

Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was monitored, in some cases more frequently to ensure their received the right levels of foods and fluids to maintain their weight. Weight loss was reviewed regularly and other interventions, such as dietician or speech and language therapist (SALT) were sought. We spoke with a SALT who was satisfied that staff followed their advice when food and fluids were given in a different format.

Good

Is the service caring?

Our findings

People continued to be cared for by staff who treated them with kindness and compassion. One relative said they had seen a care staff member show affection to their family member. "The carers (staff) giving him a kiss and a cuddle which I know they enjoy." They said all staff were kind and caring. One person felt staff cared about them because of what they did for them. They said, "It's that first kind word in the morning that sets you up for the day."

Staff told us they enjoyed working at Ambleside and caring for the people who lived there. One staff member told us, "I love it here. I come in and they [people] give me so much enjoyment. It is helping them and being here for them. Every day is different." Another said, "We have got quite a few good staff who have been doing this job a long time. It is the sort of job you learn something new every day. Anybody who does the job has to have a naturally caring nature." One member of staff said, "I care about the people I look after, they are like family. Every day they can be (act like) different people. I won't rush anybody because it will upset them and spoil their day."

During our visit we saw staff continued to have a caring approach and supported people in a relaxed and unhurried way. Staff knew people's names and referred to them by name whenever they met them in corridors or communal areas. We saw one member of staff link arms with a person and guide them to lunch because they were a little confused. The staff member chatted to the person in a friendly and comfortable manner as they walked along at the person's pace.

People looked clean and well-groomed. Staff had spent time and made sure clothes co-ordinated, glasses were clean and hair and nails were clean and tidy. Staff respected people's privacy. They knocked on bedroom doors before entering and put signs outside when they were delivering personal care to reduce the opportunity from unwanted visitors. During our first inspection day, it was 'Dignity in care' day and people were encouraged to sign up to promote dignity, as well as reminding people and staff about the importance of treating people as individuals and with respect.

Staff welcomed families and friends and recognised their importance in people's lives. "We have got a lot of family who come and spend time with them. Families are very involved." Staff told us how they worked with families to ensure the best outcomes for people. They told us about one person who had been reluctant to receive personal care from staff that morning. Their relative had visited and staff sensitively shared this information and discussed the benefits of why this person needed their support. As a result, the person's relative persuaded the person to have a shower which supported a good outcome.

One staff member told us how they supported families whose relative was living with dementia. "They know they can come to us and ask anything and we can give them hints and tips." Posters and the provider's website informed people about upcoming events. The next planned event was a talk on dementia on 20 February 2018 for families, friends and people living at the service. The providers website said, 'A senior lecturer from the association for dementia studies at the University of Worcester, would be sharing their knowledge on dementia as well as offering practical advice to improve people's understanding and

approach to caring for someone who is living with dementia'.

Lifestyle leads responsible for promoting activates, hobbies and interests told us they were working with families to get more information about family members living at Ambleside. They said this was useful in helping get to know people and what was important to them.

People felt valued by staff and said staff knew them and the things they enjoyed. One person said, "They (staff) bring me cappuccino and latte coffee's as they know I like them." Another person and a relative said they were very pleased with the quality of care they received. They said one aspect of the service which was good, was, "Every member of staff knows my name, even the cleaners."

Good

Is the service responsive?

Our findings

People continued to feel involved in their own care decisions and people said they were able to share their ideas and feedback to the provider to improve their overall experiences.

Staff read care plans that detailed the support they needed to manage their physical, emotional and social needs. One person had diabetes. There was a detailed care plan of the care to be delivered and the action staff needed to take in an emergency situation such as if the person's blood sugar levels dropped.

People with more complex needs had comprehensive care plans showing how care needs were to be met along with communications with the person and where appropriate their relatives. For example, we looked at a care plan for a person who had a percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Care plans recorded how the person should be supported and it was apparent that the nurse in charge knew the care needs for the person well. Staff knew how to ensure this person ate and drink well, safely. However, fluid and food charts for the person who had a peg site, needed to be clearer. One chart recorded fluid intakes and daily inspections of the PEG site, however it was unclear whether the PEG tube was advanced and rotated at least weekly (this prevents the peg from becoming embedded in the stomach wall). Fluid intake was being recorded; however, more accuracy was necessary to prevent duplication. The deputy manager agreed to ensure records were improved to show consistency of care.

Staff told us it was important to know people well so they could be responsive to their behaviours. "You need to get to know your residents well and that helps because some certain behaviours may have an underlying reason." They gave the example of one person who was continually swinging their walking frame and they discovered the person used to play a lot of golf and was practicing their swing. In the garden area, a mini golf course had been set up for the person to use once the weather improved. Consistent staff knew people well and newer staff were getting to know people, with help from families and those living at the home. A staff member explained why this was important, "The more you know, the better you can look after them."

Each person had a communication support plan which informed staff of any physical problems people had, that could adversely affect their ability to communicate. For example, for one person their support plan stated staff may need to re-orientate the person to conversations because they may become confused. Such as, "We were just talking about lunch." "Use a clear, loud tone and make sure he can see your face" because the person was also partially deaf. For other people who wore glasses or hearing aids, information reminded staff to ensure people had those aids to assist them with daily living.

There was a verbal and written handover between shifts. The written handover contained a snap shot of the key risks to people's health so staff could respond appropriately. For example, their allergies, nutritional needs, skin integrity, continence care, what equipment was needed for manual handling, falls risk and any information regarding medicines and DNACPR (do not attempt cardio pulmonary resuscitation) status. Staff

said this was useful.

Staff told us the provision for activities had improved recently. "They did bird watching the other day." "They are very good. They do try to cover an array of things." One person's relative ran the gardening club. Each person had a timetable for the week's activities in their bedroom so they could plan what they wanted to do that week. Activities offered included flower arranging, pet therapy visits, RSPB talk, art club, baking club, crossword club and seated exercise. During our second inspection visit, some people did arts and crafts in readiness for Valentine's day. One person told us they enjoyed horses and they said, "On the first day at the home there were visiting Shetland ponies. One of the ponies was bought to see me which I enjoyed." Staff took a photo so they had a keepsake of their first day at Ambleside. A garden club run by a relative was popular for some and in poor weather, this was done inside. People were involved in a Care UK project to win £10,000 for the home. People's feedback was they wanted a sensory garden if they won the prize.

Improvements had been identified to better support people living with dementia to ensure people had the opportunity to participate in everyday activities that were meaningful to them. For example, a lifestyle lead (responsible for activities) had introduced a memory box for people where relatives could put small items that were meaningful to the person and would provoke memories and prompt conversations. One member of staff felt the environment could be improved with more colour and rummage boxes which could engage people and encourage memories. When we asked how this could improve outcomes for people they responded, "I think they would bring a smile to their faces. It would give them a purpose and something to do." The regional director told us they had spoken with the provider who had agreed to decorate parts of the home with people's chosen colours and colours and textures that supported good dementia care practice.

People received end of life care so people could spend their last days at the home if that was their choice. Staff told us they had received training in end of life care and ensured people had a dignified and pain free death. One staff member told us, "As long as you can still maintain their dignity. You also have to be very sensitive to the family. We have to make sure we are there for them and handle their loved ones with care and respect." Another said, "I would never go and leave somebody. It is important to me, the person and their families. If they have a bad death, that is what the relatives remember. You are not just caring for the person but their family as well."

The provider had systems to record, investigate and resolve complaints in line with expected timescales. There had been 18 complaints recorded for 2017, all had been responded to with satisfactory outcomes for the complainants. Discussions were held at senior staff meetings, to see what had happened and if preventative measures could be taken to prevent further complaints reoccurring. The complaints policy was displayed in the reception area. People felt able to raise and share any concerns, confident they would be heard.

Good

Is the service well-led?

Our findings

At the last inspection this area was rated Requires Improvement because the governance and audit systems were not always effective. Audits such as care plan reviews and risk assessments that were reviewed monthly were not always accurate or detailed. People and staff said the management was not always effective and the home was supported by high agency staff use. At this inspection, we found improvements had been made in these areas and the rating has changed to Good.

Since the last inspection there had been a change of registered manager. The registered manager had been registered with us since February 2017. The registered manager understood their legal responsibilities to submit statutory notifications and had done so when important events had occurred. The provider had displayed the rating on their website and the ratings poster was displayed in the communal entrance from our last inspection visit, which they have a legal duty to do. The registered manager completed a PIR which provided us with an accurate reflection of what the service did well, and where development was needed over the coming 12 months.

There were improved systems of audits and checks that the provider had oversight of. Action plans from each individual audit was compiled into a master 'service improvement plan'. The regional operations director visited and checked this action plan to ensure improvements were made and that it was reviewed and updated monthly so it was clear to see what improvements were still required. Regular monitoring visits were made to ensure the improvements worked. We checked the registered manager's latest action plan, February 2017. We found some actions had been addressed, such as improvements to recording medicines totals at the end of each day and ensuring staff received their training at the right intervals. Environmental, health and safety and fire checks ensured the premises and equipment remained fit for use and these checks helped keep people safe and protected from unnecessary risk.

Regular meetings with clinical staff and heads of units reviewed people's needs and analysed those people whose health conditions were monitored more closely. Audits of weights, pressure areas and risk of falls were reviewed and discussed to ensure the right actions were taken to provide people with the right support and treatment. The deputy manager assured us they would improve the pressure area audit to look at ensuring mattresses were set at the correct settings.

Agency staff were no longer relied on which meant the staff teams were more consistent and worked better. The registered manager said, "I am proud of our recruitment, its stable. I am so pleased. I support the team and they support each other. Previous recruitment and inductions were fragmented and more staff have signed up for NVQ's." People, staff and relatives were complimentary of the registered manager. The registered manager said, "I have been here 12 months and I love it. The feedback I get for me is I'm approachable and I know what's going on."

The registered manager told us they addressed staff concerns when they came into post. They were available to have discussions with staff but the provider also arranged separate HR clinics so staff could discuss any concerns anonymously. A report was produced which addressed some of the concerns and

documented what improvements had been made and next steps.

The registered manager told us, "My focus for 2018 was to develop the team, to look at training, improve dementia training and build on the recruitment and induction programme." Other plans included improving links with other health professionals around end of life care. The registered manager said, "I have been to Myton Hospice to look at pathways for end of life care. I want to work towards Gold Standard Frameworks and ensure nurses take a lead responsibility and have a specialism." They said with nurses having a specialism, "They can teach the staff and now we have the time to do it." They felt this was consolidate staff learning and help develop the team to best support people.

The registered manager ensured people and relatives of the service participated in how the service was delivered to them. A 'residents committee' was arranged and regular meetings provided opportunities for people to share their views and opinions. Regular meetings with the chef helped people co-ordinate new menus and this allowed people to exchange ideas with the kitchen team to say what was well received and what was not so alternatives could be provided.

The registered manager said activities and supporting people with interests was much improved. "Previous activities staff did what they wanted, now it's what people want." They said, for example people and relatives led a project within Care UK to fund a sensory garden which people at Ambleside voted for. The registered manager said the home was down to the final seven with a chance to win £10,000 prize money towards its funding. The regional director said the provider from 1 March 2018 was looking at improvements in one to one activities for people, as well as improving links with the local community. They said one initiative was, "Working closer with schools to look at the young and older age groups being closer together." They said studies had shown this had advantages and they wanted to explore this further as a provider.