Care UK Community Partnerships Ltd

Ambleside

Inspection report

Evesham Road
Dodwell
Stratford upon Avon
CV37 9ST
Tel: 01789 206580

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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?	**Requires improvement**

Overall summary

This inspection took place on 27 October 2015 and was unannounced. A further visit was made on 3 November 2015 so we could speak with more people about their experiences of living at Ambleside.

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 there were 50 people living at Ambleside.

At our last inspection in November 2014 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a lack of effective systems to monitor and assess the quality of service people received and people were not always supported by staff who were competent to complete certain care procedures. The provider sent us an action plan telling us the improvements they were going to make by May 2015. At this inspection we found improvements had been made.

There was a registered manager in post at the time of our 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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All of the people we spoke with told us they felt well cared for and felt safe living at Ambleside. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent, before any care was given.

Care plans contained information for staff to help them provide the individual care and treatment people required, however not all records supported people's changing needs. The provider had recognised this was an area for improvement and was taking action to address this. Examples of care records we saw reflected people's wishes in how they wanted their care delivered. We found people received care and support from staff who had the clinical knowledge and expertise to care for them.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained, qualified and experienced staff. Where medicines errors had been identified, swift action and advice was taken to ensure people received their medicines safely.

Staff understood they needed to respect people's choice and decisions. Assessments had been made and reviewed to determine people's capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interest' with the involvement of family and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, three applications had been authorised under DoLS for people's freedoms and liberties to be restricted. The registered manager had contacted the local authority and completed applications for other people living at Ambleside to ensure their freedoms were not restricted unnecessarily.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received however people, relatives and staff did not have confidence that issues they referred would be resolved to their satisfaction.

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 safe.

People received care from qualified staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines from staff at the required times.

Good

Is the service effective?
The service was effective.

People received support from staff who were competent and trained to meet their needs. People and relatives were involved in making decisions about their care. Where people did not have capacity to make certain decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs and staff made sure people received timely support from other health care professionals.

Good

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences, how they wanted their care delivered and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People and relatives were involved in care planning reviews which helped make sure the support people received met their needs. Staff had relevant information which helped them to respond to people's individual needs and abilities. There was a system that responded to people's concerns and complaints and most of the complaints had been resolved to people's satisfaction.

Good

Is the service well-led?
The service was not consistently well led.

We received mixed responses from people and staff about leadership within the home. Some people and staff spoke positively about it. Others did not feel supported by the registered manager and the management team as they felt

Requires improvement

Summary of findings

their concerns were not always listened to. There were processes that checked the quality of the service such as regular checks, meetings, surveys and quality audits. Appropriate action had not always been taken when a need for improvements had been identified.

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 took place on 27 October 2015 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience, who is a person who has experience of using or caring for someone who uses this type of service. We also took a specialist advisor who was a specialist in nursing and clinical governance. Two inspectors returned on 3 October 2015 to speak with more people to get their experiences of the service they received.

We reviewed the information we held about the service. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority was aware of the concerns identified at the last inspection and had no additional information to share with us.

We spoke with nine people living at the home and three visiting relatives. We spoke with 11staff that consisted of unit lead managers, team leaders, nurses, care staff, a cook, kitchen staff and a clinical lead. (In the report we refer to these as staff). We spoke with a deputy manager and the registered manager. Before we returned on 3 October 2015 we spoke with the regional director who was newly appointed. We looked at six people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

People we spoke with felt they received their care when they needed it. One person said Ambleside was, "A1 and my judgement is they try very hard to make everything work properly. I am very satisfied with what they do." Another person said, "It's a very good home to be in and the staff look after me very well." During our visit we were told there were occasions when people did not always receive support when they wanted it. From talking with people, we found where people had waited for assistance, it was usually isolated incidents rather than a regular occurrence. One person said, "It depends what other jobs they have got. If we all ring at the same time, you have had it, but they are reasonably quick." We asked if staff responded quickly if they were in pain and needed pain relief, they said, "Oh yes." We reviewed the call alarm logs from 28 October 2015 to 3 November 2015 and found most call alarms were answered quickly. There were a few examples where times exceeded five minutes but staff told us they had contacted those people to make sure they were okay, and would return when they had finished supporting someone else. Speaking with relatives in one unit, they shared similar concerns about staffing levels. One relative said afternoons were more of a concern because staffing numbers reduced in the afternoon.

Staff gave us mixed views about staffing levels on the first day we visited. Some staff said there were enough staff on duty to meet people's needs whilst others said it was not always possible to meet people's needs, particularly in certain units in the home. One staff member said, "We are so busy on this area in the mornings. We don't have time to chat with people" and another staff member said, "People needs are different upstairs because more people are doubles (need two care staff to assist). When we returned on 3 October 2015 we arrived at 07:00am to speak with night staff to seek their views about staffing levels. Whilst staff felt there were enough staff to meet people's needs safely, there were times when they felt they did not have time to sit and talk with people as they wanted. Staff said unplanned absences did have an impact on their abilities to provide care. We were told there were occasions when additional staff could not be provided at short notice and it was difficult to get staff from other floors to cover. In this situation, one staff member said, "We are all a team, you have to pull together."

All the staff we spoke with said they supported people safely and people received the care they needed. Our observations on the day showed staff were busy, yet staff supported people and cared for people at the pace they required. The registered manager explained how staffing levels were organised and deployed within the home. They told us they used a dependency tool which identified individuals care needs and they completed staff rotas to meet those needs. The registered manager said they used this tool because it helped identify when people's needs had changed. They told us people's needs were regularly reviewed to make sure staffing levels continually supported people's changing needs. The staffing rota was completed and took into account people's nursing and clinical skills and new staff were supported by more experienced staff. The registered manager told us if occupancy levels within the home increased, the staffing levels would be reviewed and levels adjusted to support the dependency needs of the people.

The registered manager told us they continued to be reliant on agency staff for nurses and night staff whilst care staff had been recruited to all vacancies. The registered manager said they tried to use the same agency staff for continuity and said if agency staff did not meet the expected standards, those staff were not called back. For example, the registered manager gave us an example where an agency nurse made a medicines error and they brought this to the attention of the agency to follow up with the staff member.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people's individual care needs, for example pressure care management, behaviour that could cause concern to people or others and wound care management. Some people who needed repositioning regularly to prevent skin damage where supported by staff who understood the importance of repositioning people to minimise any potential risks to their health. However, we saw some examples where plans to manage people's wound care of people's wound care management had not always been followed. For example, one wound required the dressing to be changed twice weekly and records showed that it had not been changed since 18 October 2015. We were concerned that not dressing the wound in accordance with the care plan may have affected the healing process. We spoke with the clinical lead about this

Good

Is the service safe?

who told us they had identified the current process did not always work efficiently. They said they had implemented a system to simplify and centralise all records for people with wounds across all four units. This meant there was now one central register that nurses could refer to ensure wounds were checked and dressed in accordance with people's individual wound management plans. This would help make sure people continued to receive the necessary support and treatment to manage their wound care safely.

People told us they felt safe and enjoyed living in the home. One person said they felt safe because, "The staff make sure I don't fall over when I have my shower and walk with me if I'm unsteady." Another person told us living at Ambleside made them feel safe because, "It's a good caring home with good staff to look after me. Staff are very careful when looking after me by keeping me safe when moving from my bed into the arm chair."

We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff completed training in safeguarding people and knew what action they would take if they had concerns about people. For example, one staff member told us, "I would report it to CQC and safeguarding." This staff member said they had seen an incident once and did report it to the team leader. We were informed about this incident at the time. The registered manager knew how to make referrals in the event of any allegations received so people were protected from harm.

People told us they received their medicines when required, one person said, "They (staff) give me my medication and stop with me until I have taken it." We checked medicines administration records (MAR) and found people received their medicines at the prescribed times. Arrangements were in place for monitoring medicines that needed to be carefully checked to ensure the correct dose was given, such as controlled drugs or medicines that thinned blood. We checked two people prescribed a medicine that needed careful monitoring and they had been given their medicine as prescribed.

Medication administration record (MAR) were completed by staff when they gave people their medicines. Records seen of administration of medicines such as 'when required' medicines, dosage and frequency, and stock checks were not always recorded consistently. This meant staff could not accurately demonstrate people had received their medicines, although staff assured us they had. We brought this to the attention of the clinical lead and the registered manager. They acknowledged improvements were needed and they had improved frequencies of medicines audits to minimise further errors being made. Nurses and clinical leads now held daily audits of stocks and balances to ensure people's medicines were given as prescribed and a recently completed audit from an external pharmacy, had not highlighted any concerns.

Good

Is the service effective?

Our findings

At our last inspection in November 2014 we found staff were not appropriately assessed to make sure they provided effective care to people. This was because some staff who completed certain invasive procedures had not been competency assessed, so the provider could not be sure people received effective care from suitably trained staff. We asked the provider to send us an action plan outlining how they would make improvements in this area. When we inspected Ambleside this time, we found improvements had been made. The registered manager told us following the last inspection, only trained nurses carried out invasive treatments which meant people received care from suitably qualified and trained staff when clinical procedures were required.

People were complimentary about the staff and they told us staff knew how to care for them and that the service they received met their expectations. One person told us, "I think the staff here are immaculate. They are really helpful and really positive. They rise to the occasion and try to turn things round to make it worthwhile."

Staff told us they completed an induction which involved shadowing experienced staff members before they provided care on their own. One staff member told us about their initial training, "The third day you are paired with somebody. For three days you are fully supervised." Staff said the training enabled them to ensure people's health and safety needs were met. For example, staff told us they knew how to move people safely and understood how to use equipment which suited people's individual needs. However, whilst we did not see any evidence of poor moving and handling techniques, we were told about one staff member who moved a person with a technique that may put people and themselves at risk. The registered manager told us this had been brought to their attention and they had spoken with the staff member concerned to ensure they moved people safely and with the necessary equipment where required.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. We found staff understood and had knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what this meant for people. Staff we spoke with had received training in the MCA and DoLS and through our observations were working within the principles of the legislation. We saw staff provided choice to people throughout our visit. Staff said the home was focussed on maintaining and promoting choice and independence to enable people to lead independent lives so people, where possible, made decisions for their everyday living. Where people lacked capacity, families were involved and some decisions were made in people's best interests. Staff told us if people's capacity fluctuated, they always helped people make decisions by offering them choices. One staff member said people's ability to make decisions varied day by day and said, "I always ask people what they want, I show them which helps."

The provider understood the requirements of the Mental Capacity Act and DoLS and made sure people who lacked mental capacity to make certain decisions were protected. The registered manager told us they had recently submitted a number of applications to the 'Supervisory Body' to make sure people's freedoms were effectively supported and protected. At the time of our visit, three people had applications approved to restrict their freedoms.

People told us they enjoyed the food and they were given choices on the day. Throughout the home there were a variety of snacks and drinks available so people could help themselves. People were involved in how menus were designed and people were able to regularly discuss their own food preferences with kitchen staff. Comments people made about meals were we have, "Three meals a day. We have a starter, a main meal and a pudding at dinner time", "You couldn't do better, I couldn't wish for better.

Care staff told us if people did not want the choices on the menu, alternatives would be provided and this was supported by people we spoke with. One person said, "I do like the food that they give me, hot and tasty, but if there wasn't anything on the menu that I wanted staff would always find something else for me to eat." People who had risks associated with eating and drinking had their food and drink monitored to ensure they had sufficient to eat

Good

Is the service effective?

and drink. Where risks had been identified, care plans were in place to minimise the risk and provide guidance to staff. Staff completed food and fluid charts and people were weighed regularly to make sure their health and wellbeing was supported. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that continued to meet their needs. We spoke with the chef and kitchen staff who showed us the system they used which helped them prepare people's meals and drinks in line with their individual needs. One kitchen staff member said, "When people's needs change, we are told so we can prepare people's meals correctly." We saw people who had difficulties with eating, drinking or swallowing were reviewed and guidance was sought from dieticians and Speech and Language Therapist (SALT). Following this advice, some people had pureed food and thickeners in their drinks to help reduce any potential risks to their health.

People told us they had access to and used services of other healthcare professionals. One person we spoke with told us, "If I need to see my doctor staff arrange this for me and the chiropodist comes on a regular basis. I know the staff are arranging for me to have my eyes tested." Records confirmed people received care and treatment from other health care professionals such as their GP, occupational health and district nurses. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained.

Good

Is the service caring?

Our findings

People we spoke with were happy living at Ambleside and were satisfied with the care and support they received from staff. One person said, "It's a good caring home with good staff to look after me." People received care from staff who knew and understood their personal history, likes, dislikes and how they wanted their care delivered. Staff gave people choices about how and where they spent their time and what they wanted to do. For example one person liked to go out for walks around the garden. We spoke with this person who said, "I love it outside. I need to exercise and they (staff) help me if I need it." During our visit we saw other people spent time doing things they wanted to do. Some people sat in the garden area, others watched television, spent time reading or resting in their room or in communal lounges listening to music.

One person explained to us how staff made them feel well cared for and said the staff were very kind and thoughtful. They told us, "I see my doctor every now and again and have to go the hospital. If I'm there over lunchtime staff put a drink and a sandwich in my bag to eat at the hospital. That's how good the care is here."

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. Staff were friendly and respectful and people appeared relaxed in the company of staff. For example, in one unit we observed one person was doing a word search and having difficulties. The member of staff assisted them in a manner that promoted the person's independence and made them feel they had achieved something when they found the word. Staff encouraged people to be involved in making their own decisions. For example, we saw a staff member ask a person if they wanted a drink. They gave this person choice by saying, "Would you like a drink, pineapple juice. Would you like a cold drink or a hot drink." One person became slightly confused about what drink they would like and the member of staff said, "Would it be easier if you showed me. Would you like to come to the kitchen and show me" This person happily went off and decided they would like a cup of coffee.

We saw staff were caring and compassionate towards people who were unable to do some things for themselves.

One staff member gave us an example of how they cared for one person who had temporarily lost the use of movement in their hand, but who wanted to overcome this setback because it affected how they communicated with their family. This staff member said, "This person used to text their [relative] but couldn't as they had lost the use of their fingers." This staff member recognised the negative effect this had on this person. The staff member said they helped this person for weeks by, "Helping them pop bubble wrap with their fingers to improve their hand and finger movement." As a result they were able to text and communicate again with their family member." This staff member told us, "Seeing this really moved me, it's what I come to work for. I never had that sense of job satisfaction before."

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay and took people to their rooms so that it was carried out discreetly. One person said they felt comfortable when receiving personal care because, "They (staff) close the doors and windows when they give me a bed bath and they always ask what I want doing, but they will only do the parts that I can't reach." Staff also said keeping people's 'sensitive' records out of sight and not discussing people's health needs helped protect people's rights to privacy and dignified care.

During lunchtime we checked to see how people were cared for and to see if the mealtimes were an enjoyable experience for people. People told us their experiences at mealtimes was, "Very pleasant." People were able to sit where they wanted for their meal, some ate in communal dining rooms whilst others chose to eat in their own room. People who were assisted to eat their meal were able to eat at their own pace and were not rushed by staff. We saw staff supported people at their preferred pace and helped people who had limited mobility move around the home, limiting any potential risks to their safety.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. One relative said they could visit their relative as if it was their own home because, "I have the code to the door so I can come whenever I want to."

Good

Is the service responsive?

Our findings

People told us staff's attitudes and approach helped them live their lives in the way they preferred. For example, one person said, "I do like this home with friendly staff who are nice and kind. They treat me as a person not just someone who lives here." People told us the care they received was respectful of the decisions they chose to make such as wanting to continue living as a couple. The provider supported married couples to share a room and live their lives as they wanted with each other. We spoke with one couple who told us this was important to them and they said, "The staff know what our needs are and what care we need them to do." They also said, "What's nice is that we can share a bed room and have our own little lounge."

People said they were unsure if their care needs were written down but said this was not a concern because staff knew what their needs were. Comments people made were, "Staff have talked about the care that we need" and "I don't know if I have a care plan or if it's written down but they have talked to me about what care I need, that's how they know what I need doing." Relatives we spoke with felt involved in their family members care decisions and where kept informed if there were any changes. Staff said when care records were reviewed, relatives were asked to read and agree them, especially for people who had limited capacity to understand.

We looked at six people's care files and found care records and assessments contained detailed and relevant information. Staff told us the care plans provided them with necessary information to meet people's needs, such as what people liked and how people wanted their care delivered in a way they preferred. From talking with staff we found staff had a good understanding about people's needs and how they supported them to meet their needs. Staff said they were updated about people's needs from a handover at the start of each shift. They said this information helped them to be more responsive to meet people's immediate needs.

However, we found two examples where there was conflicting information between the care records and the support people received. For example, one person's wound management plan had not been followed. Another person's mobility plan recorded they used a walking frame to stand however staff told us this person's mobility had reduced and was now being hoisted. From speaking with staff we were assured staff were supporting people in line with their changing needs. One staff member said, "People do get the care" but we found records did not always reflect the decisions made and how staff should continue to support people responsively. One staff member said, "The electronic care records are not right. The wound care plans are the worst." The registered manager told us improvements had been made following the last inspection and they were continuing to update everyone's care plans. We were told a resident of the day programme had been put in place which identified at least one person's care needs would be reviewed and updated, which would help minimise care records not reflecting people's needs.

People told us they enjoyed pursuing their hobbies and interests and people said they were a variety of activities to keep them occupied. One person said, "I love knitting" and another said, "There is plenty of entertainment. We had a birthday party last Wednesday, the place had been open two years. It was full, you couldn't move and it was really good." Staff provided a weekly plan of activities for people within the home, however we were told people were supported to be involved in a range of hobbies they wanted to pursue. We spoke with staff involved in activity planning. We found staff were enthusiastic about their role and how they could keep people physically and mentally stimulated. Staff recognised activities were important for everyone, especially for people living with dementia. One staff member recognised, "Touch and smell is important." They told us how they planned to involve some people in planting in the garden, choosing plants such as, "Roses and lavender that could trigger memories we can talk about and encourage birds." They also said this would help people identify with seasons and times of the year." Staff told us they had recently introduced poetry sessions and used specific poems for events such as Halloween, bonfire night and Christmas. On the second day of our visit, 'pet therapy' visited people at the home. Two dogs were escorted around the home to see people and people expressed happiness in seeing and touching the dogs. We were told about plans to introduce a cookery club and other people took part in knitting clubs, hairdressing and pamper sessions.

Relatives and residents' meetings were advertised for people to attend so they had an opportunity to talk about any issues or concerns they wanted to raise. Minutes of these meetings had been kept and we saw concerns people had raised had been discussed, although some

Good

Is the service responsive?

people felt their concerns were not always acted upon, for example additional staff at key times. The regional director told us they had arranged for another residents and relatives meeting post our inspection so people could share any concerns and take this opportunity to introduce themselves.

People who used the service told us they had not made any complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the manager, although some people were unsure who the manager was but knew how to make contact. One person said, "If I needed to complain I would talk to my family who would talk to the manager." Information displayed within the home informed people and their visitors about the process for making a complaint.

Staff knew about the complaints procedure and said they would refer any concerns people raised to senior staff or the registered manager if they could not resolve it themselves.

We looked at how written complaints were managed by the provider. The registered manager told us the home had received seven written complaints in the past 12 months. We looked at examples of these complaints and found five had been investigated and responded to in line with the provider's own policies and procedures. Two complaints were currently being investigated and had not yet been concluded but we were told if any lessons could be learnt to prevent further similar complaints, this would be taken. The registered manager told us complaints were taken seriously and they told us the provider reviewed them regularly to ensure appropriate measures and learning was undertaken.

Requires improvement

Is the service well-led?

Our findings

At our last inspection in November 2014 people and staff said the registered manager was not always approachable and if they raised any concerns, these were not listened to and acted upon. We also found systems that monitored the quality of service were not effective. Following the provider's action plan we returned to see if they were meeting the regulations. At this inspection, we found improvements had been made however we found some concerns had still not been fully addressed. Speaking with people and relatives, we found they were satisfied with the levels of care provided however some relatives told us they if they raised issues, they were not satisfied with the actions taken. For example, one relative we spoke with said they had raised a concern about staffing levels on Shakespeare unit and said, "It goes up to head office and nothing ever happens." We saw minutes of residents and relatives meetings dated 7 October 2015 that also raised concerns with staffing levels on the nursing unit. Although the issue was discussed, there was no result or action taken to substantiate or allay people's concerns.

We spent time with the registered manager and asked them what challenges they have faced at the home following our last inspection. The registered manager said, "The last inspection was a real wake up call." They told us the last inspection made them look at their systems and processes closely to make them more effective and how they themselves could be more approachable and responsive in responding to people and staff's concerns. For example, in the provider's action plan following our last inspection, the registered manager said they would hold weekly 'clinics' so staff could discuss their concerns. The registered manager said they had only held two 'clinics' as staff did not always attend the 'clinics'. We saw records that showed what had been raised at these 'clinics'. Speaking with staff, most staff said they were unsure if these 'clinics' were being held, although posters displayed advertised their frequency. Some staff who attended said they would not attend again following the registered manager's response to their concerns. Other staff we spoke with said the registered manager was approachable any time.

From speaking with a number of staff, we found mixed opinions about the effectiveness and leadership in the home. The registered manager was surprised that staff continued to feel they could not be approached in light of the measures they put in place. We asked the registered manager if they felt supported by the provider. They said, "In the last few months I have felt isolated. I have had four regional directors since I started two and a half years ago." The registered manager said they had not had a provider visit this year and said after the last inspection they were told to, "Focus on medication and to drop the daily audits." The registered manager said although the daily audits was in their action plan, they were not completing them based on the advice given to them by the previous regional director. The registered manager said with the improvements they have implemented, "I feel the green shoots in the home are starting to grow." For example, they said they had sought advice regarding medication and had requested an external medicines audit. This had been completed October 2015 and showed positive results. They said they increased medicines checks to reduce medicines errors and were implementing additional processes to ensure care plans and reviews supported people's changing needs.

The registered manager said the home had experienced a high number of staff leaving across all grades and the high use of agency staff had made progress more difficult to have a settled team. The registered manager said they had now recruited to all nurse and care staff vacancies and only had vacancies for night staff. They said they had a new clinical lead and a deputy manager in post which would help them with the management and delegation of specific tasks, such as clinical governance checks, medicines management and staff supervision.

The registered manager said they had completed all their weekly and monthly audits and had combined all the action plans in to one 'Service Improvement Plan'. They said, "It is much easier to follow. I know what needs doing and what has been done." We checked this action plan and found where a concern had been signed as completed, action had been taken. We found some care plans had not been reviewed in line with the registered manager's expectations and they agreed outstanding care reviews would be completed as a priority. Improvements had been made in safe medicines management following increased auditing of records and one to one meetings with staff.

Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed

Requires improvement

Is the service well-led?

incidents for any emerging patterns and took measures to reduce the potential of further incidents. The registered manager said incidents and accidents were also reported to the provider and they would be analysed to see if there were any concerns or emerging patterns. This analysis made sure necessary measures could be taken to help keep people safe.

Before we revisited on 3 November 2015, we spoke with the regional director who was recently appointed. They told us they recognised some of the areas for improvement. They told us they planned to hold a staff clinic early November 2015 so staff could attend and share any concerns they had. They said they requested HR support to attend so staff had access to more specialist support if required. They also told us they had arranged a meeting with people and relatives early November 2015 so they could share any concerns and to also use the meeting to introduce themselves as a senior representative of the provider.

People and relatives told us they were involved in making suggestions at the home and we found people's views were sought at meetings and part of 'resident of the day'. Kitchen staff took this opportunity to seek people's views about the choice and quality of food. People's views were also sought by completing a quality survey. We saw the survey results from 2014 that secured Ambleside 3rd place within the provider's 108 homes and represented some comments made to us. Comments people made included, "Excellent quality of care", "More staff at weekends", "Requests to staff usually result in no action undertaken. Have to follow up requests on every visit" and "The quality of care is amazing."

People's personal and sensitive information was managed appropriately. Records were kept securely in the staff office on each floor, so that only those staff who needed it could access those records. People could be assured their records were kept confidential. Staff updated people's records daily, to make sure that all staff knew when people's needs changed. However some required further improvement to ensure they remained accurate so people continued to receive the right levels of support and treatment.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.