

Grace Care Homes Limited

Ambleside Residential Care Home

Inspection report

122 De La Warr Road
Bexhill On Sea
East Sussex
TN40 2JL

Tel: 01424219821
Website: www.amblesidecare.co.uk

Date of inspection visit:
12 February 2019

Date of publication:
16 May 2019

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

About the service:

Ambleside Residential Care Home provides personal care and support for up to 20 older people living with dementia, who may have behaviours that are challenging. At the time of the inspection there were 20 people living in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service

- Management processes were in place to monitor and improve the quality of the services offered and the provider promoted an open and empowering culture, which ensured people were at the centre of the service.
- People told us they were comfortable and relatives said people received the care and support they needed, from a committed team who respected people's privacy and dignity. This included the provider, registered manager and staff; who showed a good understanding of people's preferences and assisted them to make safe decisions and choices about their day to day lives.
- Staff had completed relevant training and demonstrated the skills and knowledge to understand people's individual needs. There were systems in place to manage medicines and protect people from harm and abuse.
- Staff had developed positive relationships with people, relatives and friends and there was a community atmosphere in the home. This reflected the 'open door' management style and showed how involved people were in decisions about their care.
- Conversations about how the service should move forward were encouraged for the benefit of people and feedback showed changes had been made. For example, the introduction of pets for people to enjoy spending time with and caring for.

Rating at last inspection:

Good. (Report published 19 August 2016)

At this inspection we found the service remained Good.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Ambleside Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Ambleside Residential Care Home provides accommodation and support with personal care for older people who need support with mental health issues or were living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced and the visit to the home took place on the 12 February 2019.

What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we reviewed the information provided, spoke to people and staff and gathered information about the management of the service.

This included:

- Notifications we received from the service
- Staff recruitment files
- Training records
- Four people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with five people using the service and seven relatives.
- We spoke with 8 members of staff, including the provider, registered manager, care staff, activity staff and housekeeping staff.

After the inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm; legal requirements were met.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People told us they were comfortable living at Ambleside and a relative said, "The staff know how much help the residents need and if they are at risk, they are very good."
- Risk had been assessed for each person and reviewed regularly. This included people's mobility, communication, nutritional needs and skin integrity. One member of staff told us, "We assess everyone's needs and know which area they are at risk, but we don't want to restrict them."
- Records showed assessments clearly identified people's specific needs. For example, one person was at risk of falling out of bed as they rolled over. The assessment had identified that bed barriers were not appropriate and they contacted the occupational therapist for advice. A low bed was obtained with a crash mat, this reduced the risk of injury if the person rolled out of bed.
- This showed that staff learnt from incidents and changed their practise to ensure people were as safe as possible.
- Staff said and we saw that sensor beams were also used to inform staff if a person at risk had got out of bed, so that staff could support them promptly and reduce the risk of falls.
- Staff had completed moving and handling training; they were observed in practise to ensure they used aids and equipment to assist people safely and, we saw they used these correctly.

Systems and processes to safeguard people from the risk of abuse

- Relatives said their family members were safe and protected at the home. One relative told us, "I have no concerns about their safety and I think if there were any problems they would let us know and tell the relevant body."
- Staff confirmed that they had completed safeguarding training and knew what action to take and who to inform if they had any concerns.
- One member of staff told us, "I would check that the resident was ok first and then tell the senior or manager. I would have thought it would be sorted out but if I had to would ring the safeguarding team, the number is on the notice board."
- There were clear safeguarding policies and procedures for staff to refer to and staff said they had read these as part of the training, including the whistleblowing policy.

Staffing and recruitment

- Robust recruitment procedures were followed to protect people by ensuring only suitable staff were employed at the home.
- Checks had been completed, which included Disclosure and Barring (DBS) checks, to show they were able to work with vulnerable people.

All new staff completed the providers induction and were assessed as competent during their probationary

period.

- One member of staff told us all the checks had been completed before they started working at the home and they were up to date with all their training.
- There were enough staff working for the service to support people and provide the assistance and care they needed.

Using medicines safely

- There were systems in place to monitor and manage medicines. They were ordered monthly and there were clear processes for staff to follow if additional medicines were prescribed, such as a course of antibiotics.
- Staff gave out medicines to people individually and signed the medicine administration record (MAR) when they had taken them.
- Risk assessments had been completed to see if people needed assistance with their medicines or if they wanted to be responsible for their own medicines. Staff told us people living in the home were supported with their medicines.

Preventing and controlling infection

- Staff had completed infection control training and demonstrated a good understanding of safe practise to ensure people were protected.
- Personal protective equipment (PPE), gloves and aprons, were available and we saw staff used them when needed to protect people.
- Staff told us they completed infection control training as part of their induction and staff responsible for preparing, cooking and giving out meals had also been trained in food hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

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 Act 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 with appropriate legal authority. In care homes this is usually through MCA application procedures that are called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).
- People were involved as much as possible in decisions about their care and staff understood fluctuating capacity and, the appropriate procedures to follow to make sure decisions were made in people's best interests.
- Staff had completed relevant training and their knowledge and practise reflected the requirements of the MCA.
- The provider had policies and procedure in place for staff to refer to when they completed mental capacity assessments and care was planned based on each person's needs.
- Staff said they asked for people's consent before they assisted them. We saw staff talking to people about where they wanted to sit, if they wanted to join in an activity and discretely, if they needed to use the bathroom.
- DoLS referrals had been made to the local authority when needed. Staff explained why these had been made and they notified CQC when they had been agreed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into Ambleside Residential Care Home.
- Senior staff visited people and talked to them and their relatives or friends to understand people's expectations and explain the support provided at the home. One member of staff said, "We have to make sure we can meet people's needs and they will be happy here."
- The information from the assessment was used to develop care plans; which were personalised, with information about people's preferences and choices and information to guide staff to provide the support people wanted and needed.
- Policies were in place, with clear guidance for staff to follow, to ensure staff identified changes in people's moods and reduce risk of behaviour that may challenge people's safety. For example, we observed staff offered one person a cup of tea when their mood changed and they became more relaxed and smiled as

staff talked to them.

Staff support: induction, training, skills and experience

- Staff were competent and had a clear understanding of how to support people living with dementia to make choices and decisions.
- New staff said they worked with more senior staff and were observed and assessed, to ensure they developed the skills and knowledge to provide the support people needed.
- An ongoing training programme was used to ensure staff were up to date with current good practise and staff said they were required to complete this. Staff, who had no previous experience in care, completed the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Regular supervision meant staff had opportunities to discuss their roles and responsibilities and all staff said they were supported by the management to develop their skills. Records showed that 22 of the 25 staff employed at the home had started or completed national vocational qualifications in health and social care and catering.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy and nutritious diet. Choices were offered for each meal and we saw people had alternative meals if they preferred. One person said they food was very good and relatives joined people for meals when they wanted to.
- Meals were a sociable time for people as they sat chatting at the dining tables or in their armchairs in the lounge. Staff said people decided where they sat, this changed depending on how they felt and we saw staff asking people where they wanted to sit.
- Staff assisted people with their meals if required and specific dietary needs were met, including soft and pureed meals.
- People were offered a range of snacks and drinks mid-morning and mid-afternoon. These included cakes, biscuits, crisps, nuts, fruit and soft drinks, as well as tea and coffee. Staff said they could have what they wanted, some people had a small amount of each snack and clearly enjoyed them.
- Records were kept of how much people ate and drank and if there were any concerns staff contacted the dietician for advice.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People were encouraged to maintain and improve their health and well-being and staff assisted them to access the services they needed.
- Health and social care professionals visited when needed and referrals were made through the GP to specific services. For example, the speech and language team, if staff were concerned about a person's ability to swallow or if they were at risk of choking.
- Chiropodists visited regularly and appointments with opticians and dentists were arranged as required. Records were kept of each visit and care plans and guidance for staff were updated if people's needs had changed.

Adapting service, design, decoration to meet people's needs

- The layout and decoration of the home supported people to be aware of their surroundings, relaxed and comfortable.
- A framed picture of each person, with their name and areas of interest or hobby had been put on their bedroom doors. Staff said it helped people know where their bedroom was and if they were not sure staff could remind them by talking about the pictures. One person had flowers on their door and another had

details of the football team they supported.

- The building was well maintained and the facilities were checked regularly to ensure they were safe to use. This included the lift and kitchen equipment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People said the staff were, "Lovely" and "Care for us." Relatives said they were very happy with the support their family member received; they thought staff were kind and caring and treated people with respect.
- Relatives told us, "The manager and all of the staff are very good, they know exactly how to look after each of the residents", "The staff are brilliant" and "So much better since moving in, mixes with other residents and enjoys life."
- We saw people enjoyed their time with staff, they were laughing together and people responded to staff as they chatted and held their hands or stroked their arm.
- Staff were sensitive to people's needs and knew how people communicated using facial expressions and body language. One person smiled and licked their lips and staff knew this meant they wanted a cup of tea and made one for them. Another person spent time in the hall waiting for their relatives to arrive, they showed no signs of being upset or distressed. Staff said this was how they chose to spend their time and they respected people's choices.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives or representatives were involved in writing and reviewing their care plans and records had been signed to show they were consulted. A relative told us they had read their family members care plan and agreed with the information it contained and the support provided.
- We saw people made decisions about their care throughout the inspection and if required were supported to communicate their needs. Staff understood the Accessible Information Standard [AIS]. People's communication needs were identified, recorded and highlighted in care plans. They were shared appropriately with others so people could talk to external professionals and when they attended appointments. For example, staff had developed picture cards which enabled one person to point out what they wanted, staff said they worked very well and gave the person more independence.
- Staff asked people where they wanted to sit, some people sat in the armchairs in the lounge, others chose to sit at the dining tables and some preferred to remain in their bedroom. A member of staff said, "We always check what people want to do, even if they usually want to stay in the room, just in case they change their mind."
- Information about advocacy services were available if required, although staff said they were not needed at the time of the inspection. Advocacy services are independent of the service and can support people to express their wishes and make decisions about the care and support offered.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Staff had a good understanding of equality and diversity and protecting people's human rights. Staff talked to people and their relatives about their lives before they moved into the home, who was

important to them, their interests and hobbies, how they liked to dress and their spiritual needs.

- One member of staff said, "We are all individuals who like different things and the best way to understand what people might like and how to support them is to talk about their preferences. We get to know people very well and they get to know us as well."

- There was a community atmosphere in the home, relatives and visitors chatted to everyone as they came in and people were clearly comfortable responding and smiling. A relative told us, "It is like a family, we have got to know all the residents and they all seem really pleased to see us when we visit." Another relative said, "Residents and staff are really pleased to see us, which just shows how relaxed things are here and how well the staff look after everyone, including us."

Staff spoke to people in a kind and caring way.

- Staff were kind and caring, if people were in the lounge or dining room they spoke to people quietly when they asked if they needed help with personal care needs. Relative said staff always protected people's dignity and we saw staff asking people if they could enter their room to provide support.

- People's personal information was secure and staff understood the importance of confidentiality. Staff said, "We don't talk to residents or relatives about another resident's needs" and "Information is shared with relatives and health professionals privately, so no-one else can hear and we protect resident's privacy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support and with their relatives or representative were involved in planning and reviewing the care provided. Relatives said the staff contacted them if their family members needed additional support or there had been any changes in their health. One relative told us, "I have seen the care plan and agreed with it, the staff always ring me and as you can see we have a chat every time I visit, so I know the residents all get very good planned care."
- One person told us the staff looked after them very well and we saw staff had a good understanding of people's preferences and offered support and care when needed.
- People's information and communication needs had been assessed and staff understood the Accessible Information Standard [AIS]. People's communication needs were identified, recorded and highlighted in care plans and were shared appropriately with others. There was evidence that the identified information and communication needs were met for individuals and if needed additional systems were available. For example, picture cards had been developed to ensure one person, who was unable to verbally communicate, could tell staff what support they wanted.
- Staff had a good understanding of people's interests and hobbies and a range of different activities were offered for people to participate in if they wished. Staff said they continually looked for different activities people might enjoy and an external activity provider had worked with staff to develop introduce different activities.
- Hutches for chickens, rabbits and guinea pigs had been installed in the garden and people joined staff to feed the animals and clean them out as needed. Staff said one person had been very nervous when they first saw the chickens; as they had got used to them they had become more relaxed and we saw them smiling as they offered food from their hand.
- Another person had a guinea pig sitting on their lap and they smiled as they stroked and chatted to it.
- Staff said they supported people to do what they enjoyed. Two people had manicures, one person was reading the paper, another sat with staff looking at magazines and people responded well when visitors brought a puppy in to see them.
- People were supported to do craft activities based on celebrations and festivals they enjoyed before they moved into the home. People had made the sign for the chicken hutch; they had started to make decorations for Valentine's Day and relatives would be joining people for a meal, with appropriate decorations to reflect the celebration.
- Staff said they spent time with people who preferred to remain in their rooms and we saw they offered activities on a one to one basis. Staff told us they sat talking to people and could take pets in if they wanted to see them.

Improving care quality in response to complaints or concerns

- The providers complaints policy was clearly displayed and a copy had been given to people and relatives

when they moved into the home as part of the information package about the services provided. It included who to complain to and the timescale for the complaint to be investigated.

- Staff asked people continually if they were comfortable and if they had everything they needed. Staff said they knew if people were not happy by their expressions and body language, but it was usually easily resolved with a cup of tea, a snack or supporting them with personal care.
- Relatives told us they were very happy with the care and support their family members received. They said, "We don't have anything to complain about, we think residents are very well cared for" and "I think if I have any worries they would get sorted out immediately, but can't think of anything now."
- The registered manager and staff all said they concerns and complaints were taken very seriously. If someone pointed out something they were concerned about it would be looked at immediately. A member of staff said, "Sometimes there are little niggles, like about the meal, but we can sort that out straight away and if there is anything else we talk to the manager, but I haven't had that happen."

End of life care and support

- Staff had attended training and demonstrated a good understanding of supporting people as their health needs changed.
- People's choices had been discussed with them and their relatives and end of life care was recorded in their care plan.
- If appropriate additional advice and support was available from the community nurses, the palliative care team and GP. Staff said, "So we can work together to make the best decisions for residents" and "People have asked to remain here and we can put systems in place so that they don't have to move. It is their and their family's preference."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management and staff worked together to deliver person-centred care and support that reflected people's individual needs.
- Care plans were based on each person's life, preferences and choices and ensured staff provided the support people wanted.
- The registered manager and provider to deliver high quality care; there was a positive culture within the staff team and they all worked in line with the providers values.
- Our feedback and the provider's own surveys showed that people and relatives were very satisfied with the care and support their received.
- Relatives were very positive about the management of the service and felt involved in decisions about how the service developed.
- The provider and registered manager were aware of their responsibilities to be open and communicate with people and others involved in their care. Relatives said they were informed if there had been any changes in people's needs and if there had been any incidents, such as a fall. They also told us they, "Have no concerns, the manager and owner are very open about what happens and we know residents are safe."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager had an 'open door' policy, regular team meetings and relative's forums to encourage involvement in developing the services for the benefit of people living in the home.
- Staff said they had regular staff meetings to discuss the support and care provided and if this met people's individual needs. A member of staff told us, "We are kept up to date with any changes and can talk about anything during the meetings, but we can talk to the manager and owner at any time as well."
- A relative told us about the cheese and wine evening, planned for just after the inspection. They were looking forward to talking with other relatives and friends and, "We can make suggestions about things we think residents might like. I think we will be talking about new activities with the activity staff, which will be very good."
- The registered manager worked in partnership with other professionals outside the service.
- As part of their review of quality assurance the registered manager had contacted staff from East Sussex County Council for their support and guidance.

Continuous learning and improving care

- The provider had systems and processes in place to monitor the quality of the service.
- There were regular checks on all areas including care plans, medicines, daily records and infection control and staff were observed as part of the supervision process to ensure people received the care and support they wanted and needed.