

Ambient Support Limited

17 Edward Road

Inspection report

17 Edward Road
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13 April 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

17 Edward Road provides personal care and support to people with severe and enduring mental health needs including dual diagnosis. The service focuses on providing support to people living within a supported living environment and works to help people gain the necessary skills to lead independent lives. People shared communal areas and had their own bedroom personalised to their preferences and needs. At the time of our inspection 11 people were using the service.

People's experience of using this service

People spoke positively about staff and told us they felt safe and were happy living at the service. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures and the actions to take if they had any concerns. Risks to people were assessed, documented, reviewed and monitored to ensure their needs were safely met. Medicines were safely managed, administered and monitored. Recruitment checks took place before staff started work and there were enough staff to meet people's needs safely. The service had procedures in place to reduce the risk of the spread of infections and Covid 19 and staff had enough personal protective equipment to help keep them and people using the service safe.

There were effective systems in place to assess and monitor the quality of service that people received. The provider took people's views into account on a regular basis and feedback was used to help drive improvements. Staff told us they received support from the registered manager and provider. The service worked well with health and social care professionals to ensure people's needs were safely met.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 December 2020) there were several breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 17 Edward Road on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

17 Edward Road

Detailed findings

Background to this 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 was carried out by one inspector.

Service and service type

This service provides care and support to people living in supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection site visit took place on 13 April 2021 and was unannounced.

What we did before the inspection

Before the inspection we checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with the registered manager, acting deputy manager and two support workers. We spoke with two people using the service to seek their feedback on the service. People using the service had varying levels of communication, so we also spent time observing the support they received in communal areas and their interactions with staff. We reviewed a range of records including three people's care plans and records, staff recruitment and training records, safeguarding records and records used in managing the service for example, policies and procedures, monitoring records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection of the service systems and processes in place to safeguard people from the risk of abuse were not robust enough to demonstrate safety was effectively managed and this placed people at risk of abuse or harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of Regulation 13.

- There were effective systems in place to protect people from avoidable harm. People told us they felt safe and well supported by staff. One person said, "I feel safe, the staff are friendly."
- Policies, procedures and audits in place to help keep people safe were up to date and staff knew how to identify any safeguarding concerns and how to act on them appropriately. Records we looked at showed that where safeguarding concerns had been identified and raised, the registered manager, staff and provider worked effectively with local authorities and health and social care professionals to address concerns promptly.
- The registered manager and staff understood their responsibilities to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC promptly when required.

Assessing risk, safety monitoring and management

At our last inspection of the service we found risks to people's physical and mental health support needs were not always safely assessed, monitored and reviewed to ensure their safety and well-being. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of Regulation 12.

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met. People spoke positively about the support they received. One person commented, "The staff are very good really, they are always around if you need them."
- Care plans contained up to date assessments of risks to people's physical and mental health well-being. This ensured that staff were provided with up to date information on how best to support individuals to manage identified risks ensuring their safety.
- Risk assessments covered areas of risks including, nutrition and diet, medicines management and non-concordance, self-neglect, constipation and bowel management and anxiety amongst others. Where risks were identified, for example with poor diet and or constipation due to medicines taken, appropriate risk

assessments, plans and regular monitoring was in place.

- Risks to people were monitored and reviewed on a regular basis to ensure their safety and well-being. For example, staff documented individual's dietary needs and intake to ensure good nutrition and health. We saw that when required staff worked with health care professionals to ensure people's well-being and health. Staff we spoke with knew people well and understood their needs and risks and how best to support people to monitor and reduce the risk of avoidable harm.

Using medicines safely

At our last inspection of the service medicines were not always managed safely and PRN 'as required' medicine protocols were not always in place. This meant that staff did not always monitor and know when to administer these medicines. We made a recommendation to the provider that they refer to current best medicine's practice and guidance to ensure the safe management of medicines and staff practice.

At this inspection we found the provider had made the required improvements.

- Medicines were managed, monitored and administered safely.
- Staff managing and administering medicines were trained and had been assessed as competent to manage medicines safely.
- Care plans documented how people should be supported and monitored when taking their prescribed medicines. PRN 'as required' medicine protocols were in place and staff knew in what circumstances PRN medicines should be given. PRN protocols were reviewed on a regular basis to ensure individual needs and risks were met and these were updated when required.
- Records showed staff supported people to seek medical support and intervention and to attend health care appointments when required.
- Audits and checks were conducted on a regular basis to ensure safe medicine systems and processes were followed. Any errors and or discrepancies were discussed with staff to reduce the risk of repeat occurrence.

Learning lessons when things go wrong

- Accidents and incidents were monitored regularly to identify themes and trends as a way of preventing reoccurrence. Any lessons learnt were shared with the staff team to ensure any improvements required could be effectively implemented.
- There were systems in place to support learning from accidents, incidents and safeguarding. Staff had identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents. Records demonstrated that staff took appropriate actions to address accidents and incidents including seeking support from health care professionals and referring to local authorities and the CQC where required.

Preventing and controlling infection

- People were protected from infection risks.
- Throughout our inspection we observed the service was clean and free from malodours.
- Staff received training on infection control, related Covid 19 training including the use of personal protective equipment (PPE). We observed staff wore appropriate PPE and kept to social distancing rules.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- Throughout our inspection, we observed there were enough staff to meet people's needs when required in a timely manner. One person told us, "Yes, the staff are helpful and there's always someone around when you need them."
- Staff we spoke with told us there had been lots of changes in staffing with experienced staff leaving and

new staff joining. We spoke with the registered manager about the staff turnover. They told us that there had been new staff joining the service who did not have extensive experience with working with people living at the service, however they had ensured that experienced staff who knew the people using the service were redeployed to the service to ensure a good staff skill mix. Staffing rotas we reviewed were consistent and matched the number of staff on duty.

- Safe recruitment procedures were in place. Staff recruitment processes included application forms, full employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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; continuous learning and improving care

At our last inspection of the service we found audits and checks in place to help support management oversight in ensuring good service delivery were not effective or robust to protect people's safety and well-being. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of Regulation 17.

- The quality and safety of the service was routinely monitored by the registered manager; staff and the provider and improvements were made to audits and checks in place where required. Audit systems and checks in place covered areas such as, care plans and care records, medicines management, accident and incidents, safeguarding and frequent provider visits amongst others. Audits we reviewed were up to date, conducted frequently and actions were taken when necessary to ensure care was provided safely and appropriately to people using the service. We saw identified learning for the staffing team had been addressed and improvements implemented where required. For example, risks to people's physical and mental health support needs were monitored, documented and reviewed on a regular basis by staff and staff had received appropriate training in response to individual's needs.
- The service had a staffing structure in place and although staff retention and recruitment had been an issue the provider had taken appropriate actions to ensure an experienced and consistent team of staff were working within the service. Staff told us they felt supported by the registered manager and provider. One member of staff said, "The manager is very approachable and supportive."
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout our inspection we observed positive caring and supportive interactions between people and staff. People received personalised care from staff experience to carry out their roles and responsibilities. One person commented, "I like them [staff], they are friendly and supportive."

- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they had access to support and advice from management when needed and at staff meetings.
- There were systems in place to ensure the service sought the views of people using the service through regular reviews of their care, key worker meetings, house meetings and surveys that were conducted.

Working in partnership with others

- The service worked effectively in partnership with health and social care professionals and key organisations including local authorities, GP's and community mental health teams amongst others to ensure people received a good standard of care. Records showed that staff contacted health and social care professionals when required to ensure people's needs could be appropriately met.