

Ambient Support Limited

73 Repton Road

Inspection report

73 Repton Road
Orpington
Kent
BR6 9HT

Tel: 01689836661

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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

About the service

73 Repton Road is a care home providing personal care support and accommodation for up to 5 adults with mental health and complex needs including dual diagnosis. At the time of the inspection, 5 people were using the service.

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

People told us they felt safe. Staff knew what action to take if they had any concerns. Risks to people were assessed and safely managed. Accidents and incidents were managed and acted on in a timely manner. Medicines were stored, administered and managed safely. There were enough staff to support people safely. Safe recruitment practices were in place. People were protected from the risk of infection.

Staff were supported through training and supervision. People's needs were assessed, to ensure they could be safely met. Staff understood the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy diet and had access to health care professionals when required.

People told us staff were kind and respected their dignity and independence. Care records were reflective of individuals needs and preferences. People were aware of the complaints procedures and knew how to raise a complaint. The provider had effective quality assurance systems in place to monitor the quality and safety of the service on a regular basis. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and 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 Good (published 21 November 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link 73 Repton Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

73 Repton Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

73 Repton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who was in the process of registering with the CQC to become the registered manager for the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also 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 all this information to plan our inspection.

During the inspection

We met and spoke with 2 people living at the service to gain their feedback and experience of the support they receive. We carried out observations of support provided to people in communal areas. We met and spoke with 2 members of staff and the providers locality manager. We reviewed a range of records, including two people's care and medicines records, staff records in relation to recruitment and training and other records relating to the management of the service such as policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. A person told us, "Yeah I feel safe, the staff are here if I need them."
- Safeguarding policies and procedures were in place and up to date to help keep people safe.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff understood the different types of abuse, and the signs to look for. Staff we spoke with were aware of the provider's whistleblowing policy and how to report issues of poor practice.
- There were provider systems in place to oversee any learning from safeguarding and accidents and incidents.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. Risks to people were identified, assessed and reviewed to ensure their safety and well-being.
- Risk assessments and risk management plans were completed and contained guidance for staff on how best to support people to manage and mitigate identified risks. For example, detailed guidance for staff on the indicators, triggers and preventatives for a person with risks of self-neglecting and non-concordance with medicines management.
- People received support from health and social care professionals working within a multi-disciplinary team model to enable them to manage and minimise risks and to meet their needs and aims.
- There were systems in place to deal with emergencies. People had personal emergency evacuation plans in place, which provided guidance to staff and emergency services on the support they would require, should they need to evacuate the property.
- Environmental and equipment safety checks were conducted on a regular basis to ensure the safety of the premises and appliances within.

Using medicines safely

- People received support to manage their medicines safely as prescribed by health care professionals.
- Staff completed up to date medicines training and had their competency to administer medicines assessed.
- Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- Medicines audits were conducted on a regular basis to ensure safe medicine management and that any errors or discrepancies could be promptly addressed.

Staffing and recruitment

- We observed there were enough staff available to support people safely and appropriately. A person told us, "Staff are always around if we need them, there's enough."
- Staff told us they felt there were enough staff to meet people's needs safely. They told us management support was always available if needed and there was on-call management support out of hours if needed.
- Robust recruitment procedures were in place to ensure people were protected from harm. Recruitment records included, applications, employment histories, references, health declarations, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were monitored to identify themes and trends as a way of preventing reoccurrence and to support learning from them.
- Records showed staff identified risks and understood the importance of reporting and recording incidents. Staff took appropriate actions where required to address incidents, and sought support from health and social care professionals when required.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider had visiting arrangements in place that was in line with government guidance. Visitors were supported to follow government guidance on hand washing and sanitising.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they used the service to ensure they could be met.
- Assessments evaluated people's needs, wishes and preferences. Assessments covered areas such as physical and mental health, medicines management, nutrition and hydration and family and social networks amongst others.
- People were central to the development and review of their care plan. Records documented people's involvement and where appropriate the involvement from family and health and social care professionals.

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

- People were encouraged to maintain a healthy balanced diet.
- People's nutrition and hydration needs and preferences were documented and supported by staff, where this was part of their plan of care.
- Staff were aware of people's dietary needs and risks and supported them with shopping, meal planning and preparation where required.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with health and social care professionals to assess, plan and deliver an effective service to people.
- People's health needs were recorded in their care plans detailing any support required from staff to meet their needs. Records showed multi-professional working, such as, GP's and community mental health teams, ensuring people's needs were met appropriately.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted and empowered people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made about their care.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. A member of staff told us, "We have regular training which is good and there is always management support if we need it. I have regular supervision."
- Training records confirmed that staff completed training that was relevant to people's needs. Training included safeguarding adults, medicines management, health and safety, learning disability and equality and diversity amongst others.
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that treated them with kindness and respect. A person told us, "Yes, the staff are nice. They treat me well; I like it here."
- Staff had built respectful relationships with people and understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- People's diverse needs were assessed and supported by staff where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. Care plans recorded information about people's diverse needs, including personal relationships, cultural preferences and religious beliefs.

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

- People and their relatives where appropriate, were involved and central to making decisions and choices about their support.
- Care plans documented keyworker meetings that were held on a regular basis. These recorded discussions between individuals and staff about their wishes, plans and goals and how they could best be supported to achieve them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. A person told us, "Staff are respectful to me, I can do what I want and go where I want."
- We observed that people's independence was respected and encouraged with people coming and going as they wished and attending social events and activities of their choice.
- People were supported to personalise their rooms and were consulted about changes made to shared living spaces within the home, through residents meetings that were held.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. This meant people's needs were met through good organisation and delivery. At this inspection the rating has remained Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's support needs were planned, documented and reviewed to ensure their needs and wishes were met. A person told us, "We have meetings to make sure I am happy with things."
- Care plans were person centred and documented people's physical, emotional and mental health needs including their life stories and the things that are important to them.
- People had choice and control over their day to day lives and staff respected and supported their decisions.
- At the time of our inspection no one using the service required end of life care and support. However, the provider had an end of life care policy in place and people were supported to discuss and document their end of life care wishes if they so chose.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the provider produced information in different formats that met people's needs where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to achieve their goals and to maintain and develop relationships with those close to them.
- People had weekly planners detailing their preferred activities and social networks. For example, visits to family and friends and group activities to local clubs and events.

Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.
- The provider had up to date policies and procedures in place for managing complaints and these were

accessible to staff, people and their relatives. A person told us, "I go to any of the staff if I have any issues. They are helpful and sort things out."

Is the service well-led?

Our findings

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

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

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

- We observed people received personalised support and had positive relationships and interactions with staff. A person told us, "I like it here, the staff are good and I have my own space."
- The locality manager demonstrated a clear understanding of their responsibility under the duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Throughout our inspection management and staff acted with openness and transparency.

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

- The service had a manager in post. They were in the process of registering with the CQC to become the registered manager for the service. They were aware of their responsibilities regarding the Health and Social Care Act 2008. Management demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a staffing structure in place and staff understood their roles, responsibilities and contributions to the service. Feedback from staff about management support was positive. Comments included, "The manager is very good, very supportive", and "I am well supported. The manager is always available if we need them and we have regular meetings to discuss any issues we may have."
- The service had an on call system to ensure staff had support outside of office hours. Staff confirmed support was available to them when needed.

Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service on a regular basis.
- Checks and audits in place monitored areas such as, care records, medicines management and accidents and incidents amongst others.

Staff were committed to working effectively in partnership with other agencies and services to achieve positive outcomes for people. Staff worked closely with health and social care professionals such as local authority commissioners and community mental health teams.

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

- The provider sought people's views about the service through surveys and meetings that were held on a

regular basis.

- People told us they had reviews of their support and key worker meetings where they could discuss things that were important to them.
- Staff told us they had supervision meetings, appraisals and regular staff meetings which provided them with opportunities to share and learn. A member of staff told us, "I like working here. The house is friendly and everyone gets on and works as a team. I am very much supported and have regular meetings and good training."

Working in partnership with others

- Staff worked with health and social care professionals and organisations to ensure they followed best practice. Records showed they maintained regular contact with health and social care professionals, and the local authority to share information and best practice.
- Staff worked effectively with health and social care professionals such as, GP's and community mental health teams to ensure people received good care and support.