

K & K Ambler

Ambler Way Support Services

Inspection report

Rough Nook, West Lane
Haworth
Keighley
West Yorkshire
BD22 0EN

Tel: 01535645751

Date of inspection visit:
31 October 2018
05 November 2018

Date of publication:
04 December 2018

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

This inspection took place on 31 October and 5 November 2018. The inspection was announced.

Our last inspection of this service took place on 16 March 2016. At that time, we found the provider was meeting all legal requirements and the service was rated as good in all areas. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults and younger disabled adults. This service also provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home 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.

A registered manager was in post and had worked at the service for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service, relatives and staff provided very positive feedback about the effectiveness of the registered manager and deputy manager. They told us they were approachable, caring, proactive and committed to continuously improving the quality of care.

Staff were kind, caring and treated people with dignity and respect. People could choose which staff worked with them. The matching process was effective and ensured staff developed positive relationships with the people they supported.

The service continued to effectively manage potential risks to people's health, welfare and safety. Staff provided training to people using the service to help increase their understanding of key areas to keep people safe, maintain their health and protect them from the risk of abuse.

Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people. There were enough staff to ensure a reliable and consistent service was provided to people. Staff received effective support and training to undertake their role.

Medicines were safely managed and people were effectively supported to access healthcare services and

received ongoing healthcare support.

People told us staff involved them in planning menus and we saw people received a balanced diet which met their individual needs and preferences.

People continued to receive highly personalised and good quality care. In one case the care delivered was not fully reflected within the persons' care records. We recommended that the provider ensures all care records accurately reflect the specific actions staff are required to take to ensure people maintain good health and to manage potential risks.

There was an open and inclusive culture. Staff regularly involved people in making decisions about their care and used peoples' feedback to ensure they provided a personalised and responsive service. Effective systems were in place to log, investigate and respond to complaints.

Staff continuously sought new ways to communicate with people and ensure everyone had the opportunity to consent to the care they received and express their views. Staff worked in line with the requirements of relevant legislation such as the Deprivation of Liberty Safeguards (DoLS).

The provider had clear values which put the people using the service at the heart of everything; staff were true to these values in their day to day work.

A new supported living house had been purchased which provided care to older people. This gave people the option to continue to be cared for by Ambler Way staff as they grew older. The registered manager was working to improve care planning around end of life care and was involving people using the service in this process.

The registered manager operated effective systems to monitor the quality of care provided and ensured people were fully involved in the running and future development of the service.

We found all fundamental standards were being met. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Ambler Way Support Services

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 31 October and 5 November 2018 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 31 October and ended on 5 November 2018. On 31 October we visited the office location on to see the manager and office staff; and to review care records and policies and procedures. We also visited three of the private houses to speak with people using the service and staff and to review some care records. On 5 November we spoke with a health professional and some relatives of people using the service over the telephone.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with 15 people who used the service and two relatives. We received letters

addressed for the attention of CQC inspectors from three other relatives of people who used the service which were given to us during the inspection. We also spoke with the registered manager, the deputy manager, four support workers and a team leader. We looked at three care plans, two staff recruitment files, medication records, audits, meeting notes and surveys. We also spoke with one health professional about their experience of working with the service.

Is the service safe?

Our findings

The service continued to operate effective systems to protect people from abuse. People using the service received training in recognising and reporting abuse to increase the chance they would speak out should they be poorly treated. Staff understood safeguarding matters and how to identify and report concerns. Safeguarding incidents had been thoroughly investigated and action taken to improve the safety of the service.

The service helped some people manage their money. Systems were in place to ensure the risk of financial abuse was minimised. This included keeping thorough records of all balances, transfers, transactions and a system to audit people's finances. We identified people would benefit from the creation of personal spending plans to plan how they wanted to manage their money long term. The registered manager was addressing this.

There were enough staff to ensure safe and appropriate care. People told us there were always enough staff available. Staffing was organised in a way to maximise people's control over their lives and daily activities. There were no vacancies in the service and a waiting list for staff. The manager told us the service never used agency staff and the management team would cover shifts if necessary should support workers call in sick.

There was a low staff turnover. Where new staff were recruited we saw appropriate safety checks were completed to ensure they were suitable and safe to work with vulnerable people.

Staff continued their proactive approach to risk management. They understood the specific support people needed to promote their independence whilst ensuring potential risks were reduced.

Incidents and accidents were recorded, analysed and action taken to reduce the likelihood of them reoccurring. There was a strong focus on ensuring lessons were learned and this included learning from adverse events which had occurred in other services. For example, the registered manager learned of a serious incident at another service involving continence issues. They enlisted the support of the local continence team to complete continence awareness training with staff. This resulted in the service developing new guidelines and policies to improve the safety of the service. People who used the service were fully involved in this process and received awareness training to help them manage risks associated with continence.

Medicines continued to be managed safely. Clear records were kept which showed medicines had been given as prescribed. We also saw minor improvements highlighted during our last inspection had been made to the management of medicines prescribed on an 'as required' basis and medicines to be given before food. Staff competency to give medicines safely was assessed on a regular basis. One person had chosen to take their own medicines. We spoke with this person and the staff who supported them. Both clearly described how they safely managed their own medicines. However, there was no risk assessment about this within the person's care file. The registered manager addressed this whilst we were on site and said they would ensure risk assessment were immediately put in place should any other people take their

own medicines in the future.

Staff had access to personal protective equipment whilst caring for people. Our discussions with people and staff led us to conclude staff followed appropriate hygiene techniques.

Is the service effective?

Our findings

People continued to receive effective nutritional support. People told us they were involved in planning weekly food menus. Nutritional risk was well managed. One person told us they were trying to lose weight and staff were helping them by going with them to a local slimming club, arranging additional exercise and ensuring they planned healthy meal choices. Each Friday staff ran a healthy eating club where people across the service who needed to manage their weight met to choose a new recipe from healthy eating books. They went to the supermarket to buy the ingredients, made the meal together and reviewed it. One person told us, "I really like it; I get ideas and support from others and it helps me stay on track."

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 when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection.

Staff continued to work in line with the requirements of relevant legislation such as MCA and DoLS. The registered manager had made several DoLS applications which were awaiting approval by the supervisory body. The service assessed people's capacity to manage aspects of their own care and we saw evidence peoples' choices and views were sought and respected. Staff had a good understanding of the MCA and DoLS and used personalised communication techniques to offer people choices and to seek consent. The registered manager completed best interest processes and involved independent advocates where appropriate.

Staff continued to provide effective support to ensure people's healthcare needs were met. People had health action plans which were reviewed annually. A health action plan helps support people with learning disabilities to stay healthy. One person had a personalised protocol to enable staff to manage an ongoing health condition. Staff had a good knowledge of this protocol and how they detected and responded to changes in the person's health.

Another person's health had begun to deteriorate. Staff had quickly recognised this change and sought advice and support from other health and social care professionals. Staff were able to tell us about the specific actions they took to maintain this person's overall health. However, when we looked in their care file we saw the information within care plans and risk assessments did not always reflect what was happening in practice. We showed this file to the registered manager and they agreed it could be more specific. They said the service had only recently started to care for people with more complex healthcare needs. They said they would ensure all care files were reviewed to ensure this was not the case for any other people using the service. We recommend the provider ensures care records fully reflect the specific actions staff are

required to take to ensure people maintain good health and to manage potential risks.

Staff worked to best practice guidance. The registered manager worked with a network of health professionals, colleges and the local authority to ensure they provided care and support in fitting with latest guidance. We saw changes had been made to working protocols following training from health professionals. A project had been undertaken to improve peoples' diet following a national obesity campaign. People had been fully engaged and involved in this work to help improve their lifestyles and diet. One health professional who regularly visited the service told us, "Staff have really good communication skills and provide consistent and accurate information because they know people well. Staff always keep me updated and contact me if there were any issues, this gives me peace of mind if I cannot get to visit people because I know they are still getting good safe care. Staff are very responsive to changes in peoples' needs."

Staff continued to receive effective training and support. One staff member told us, "training is brilliant." Training was focused upon developing staff's skills in caring for people with learning disabilities. There was a person-centred approach to training whereby each staff members training programme was tailored to the needs of the people they supported. For example, some staff received dementia, autism and epilepsy training if they supported people with these needs.

Since our last inspection the service had introduced two staff quality assessors who had completed accredited qualifications to enable them to do their role. They observed staff practice in areas such as personal support, mealtimes and medicines to improve working practice. The findings of these observations were discussed with staff during staff supervision and appraisals to help ensure continuous improvement to working practices.

Is the service caring?

Our findings

Everyone we spoke with said staff were kind and caring and treated them very well. People were clearly fond of staff and had developed strong relationships with them. People described how staff were supportive and encouraged them to develop their confidence and independence. One person told us, "Staff are brilliant, they are kind and my mates." Another person said, "I love it, staff are kind and smiley." Relatives also spoke very positively about staff and the quality of care they provided. One relative told us, "Staff treat people with respect and treat people as individuals." Another relative said, "Staff are genuinely concerned about [my relative] and [their] welfare."

Staff continued to demonstrate positive caring values and a commitment to providing people with highly personalised care. A health professional told us, "Staff are excellent at supporting people above and beyond their role. I would recommend them as they provide an excellent service. The houses are such happy places, the comradery and banter between people and staff makes it feel homely, welcoming, warm, relaxed." Staff gave multiple examples of how they had gone the extra mile for people. For example, taking people to events in their own time and coming into work on their day off to attend peoples' birthday parties. One staff member said, "The staff, service users and management all work so well together and are like one big happy family." Another staff member explained that although staff shifts often finished at 10pm, if they were out with a person who wanted to stay out longer, they often worked over to ensure the person had maximum enjoyment of their night.

Staff were matched with people based on compatibility and shared interests where possible. This enabled them to build strong relationships with the people they supported. One-page profiles were completed for both people and staff, to enable effective matching. These profiles were available to people so they could become familiar with the staff who were supporting them. The service was also highly effective at promoting relationships both internally between people who used the service and with others that use similar services. People who lived separately were encouraged to mix and meet up during frequent activities that took place. The service was also working with local community organisations to arrange a speed dating event so people could meet service users living in other services in the local area.

There was a strong focus on increasing people's independence. People who used the service received regular training to support self-care and help develop their skills and knowledge of key topics such as safeguarding, house safety and continence. Where appropriate people were supported to move on from the service into other supported living accommodation with less staff support. This was done in a structured way to ensure people developed the skills and confidence to make the transition at their own pace. We spoke with a person who was planning to move. They praised the support they had received and said they were looking forward to living more independently. A staff member said, "It's our job to promote independence; we support them to boil the kettle, load the dishwasher, make a drink." They gave us several examples of people's success stories in achieving more independence. A relative also told us, "[My relative] is much more independent, [they] learned to cook, do [their] own laundry, understand the value of money and follow a budget, but most importantly [they] have become an independent adult and become a member of...a team in a place where [they] are happy and feel safe."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Our review of records and discussion with staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, support plans were in place to help one person maintain their faith. Another person communicated using Makaton (a type of sign language), so the service took steps to ensure staff were trained in Makaton so they could communicate effectively with this person.

People's choices, opinions and preferences were valued by the service. Everyone had their own living preferences and the service worked hard to accommodate these. People told us they were able to spend time doing the activities they wanted and following their own personal routines. People received regular reviews of their care throughout the year, including an annual review and regular reviews with their key worker. We saw multiple examples to show the feedback people provided during these reviews was acted upon. A relative told us, "Review meetings are really good, they really listen to me and my relative, they are so good at involving everyone and reflecting on what is going well and what can be improved on, they are really good at focusing on this."

Is the service responsive?

Our findings

Effective pre-assessment processes were in place and staff ensured the service was right for people before they began to use it. People visited supported living houses several times for meals and activities to check their compatibility with other people living there before moving in.

People continued to receive highly personalised care and support. One relative told us, "I am very pleased with how [my relative's] care is constantly monitored and support changed as their needs change." There was also a strong focus on increasing people's independence and confidence. We saw one person was affected by past trauma. The service had worked with other health professionals to develop a comprehensive and person-centred plan to help reduce the person's distress. This included a high attention to detail of their night routine environment to promote good sleep. We saw this had helped the person to become more settled.

The service met the requirements of the Accessible Information Standard (2016). Staff ensured information was available in a format that was appropriate for people using the service. For example, documents, training and quizzes for people were presented in an easy-read format to promote understanding. There was a clear philosophy of involving people in all aspects of the service and this included making sure documentation was accessible and understood by people. One person who used the service used Makaton (a form of sign language) to communicate. The person helped deliver training to enable staff to be aware of the individual way they used Makaton to help the staff team understand how best to communicate with them.

People had access to an excellent range of activities and social opportunities. This included meaningful occupation every day and most evenings. During the day many people spent time working voluntarily at projects in the local community and some people were in paid employment. In the evenings and weekends activities took place based on people's likes and preferences. This included nights out to the pub, sports, bowling and horse racing. People told us they were always kept busy and there was plenty to do. Staff considered people's changing needs when planning activities. One person previously enjoyed going to football matches and horse races. A change in their condition meant they were now unable to do this. Staff told us they arranged to play football matches and horse racing on the television and made this a big event for the person such as dressing up as if they were attending the event. This enabled them to enjoy their favourite pastime in an environment within which they felt safe and comfortable.

People were supported to go on holidays with staff, usually twice a year. Recent trips had included to Portugal, Kefalonia, Blackpool and Whitby. These were carefully planned with people involved to the maximum extent possible. The feedback from people and their relatives showed these were very much enjoyed by people.

The service had developed strong links with the local community. Each week the service ran a 'community hub group' where people engaged with the local community. People provided companionship to elderly members of the public, playing games and undertaking activities with them as well as assisting with any

small jobs they needed doing such as planting seeds or sweeping leaves. This was mutually beneficial; providing people with life skills and increasing their confidence as well as providing meaningful activity for older members of the local community. The registered manager told us "It has given our service users some worth, and it means they feel part of the community, our way of giving something back". Further plans were in place to expand on this and set up a wellbeing café.

The service undertook fund raising work to raise money for local charities. This fully involved people who used the service who helped plan and organise these events. A race night had recently been held which raised over £2500 for local charities. People clearly enjoyed this, and it provided an opportunity for people across the service, staff and relatives to socialise together.

People and staff said the management team were accessible, approachable and dealt with any issues they raised. One person told us, "I can go to staff with anything and they will listen to me and help me feel better about things." A relative told us, "You don't have to wait weeks if you raise something they fix it straight away, and they get back to you to let you know what they have done."

Complaints were appropriately recorded, investigated and responded to in a timely manner. Following complaints, clear actions were put in place including amending policies and procedures to help continuous improvement of the service. There was a low number of complaints with most people very satisfied with the service.

Following feedback from our last inspection the service now logged compliments so it knew the areas it exceeded expectations. Some recent compliments included:

"I just wanted to say thank you for your support over the past few months regarding my advocacy partner. We were both so grateful...you really went above and beyond."

"I have worked for Ambler Way for just over a year now and I just want to say a massive

thank you for having faith in me and for all your support I have never been so happy in a job."

"Well done for choosing someone who is able to understand [person] and is able to support at the right level. I can say for certain that the horse riding...had a positive impact on the state of [their] mental health."

The service had not cared for many people at the end of their life because as peoples' health deteriorated they usually moved into a home which specialised in caring for older people. The registered manager recognised this was not always appropriate for adults with learning disabilities so had sourced a landlord who provided a house specifically for older people. Ambler Way provided staff to care for people at this house who had the skills and experience to meet the specific needs of older people. This provided people with an additional care option as they grew older. The registered manager provided an example to show how a best interest meeting had been arranged for one person which showed their views and preferences for their future wishes had been listened to and respected. The registered manager recognised that end of life care planning could be improved. They said most people using the service were young adults so had not always wanted to talk about their future wishes. They said this was something they were looking to address and were planning to involve the service user group to develop future wishes care plans and where appropriate would involve peoples' advocates and families.

Is the service well-led?

Our findings

The service continued to be well led. The registered manager and deputy maintained an excellent oversight of the service and how it operated. They were able to clearly and confidently answer questions we asked them about the service. The registered manager remained committed to continuously improving the service. They constantly sought opportunities and feedback to help enhance the quality of care people received. During our last inspection we asked them to address some minor areas for improvement such as maintaining a compliments log. During this inspection we saw these had been fully implemented.

Feedback about the management team remained very positive. One relative told us, the management team "Really do listen, they sort issues immediately within days, they are very professional and approachable but also extremely caring and positive." Another relative said, "We cannot speak highly enough of [the service] ... and in particular the management team...who genuinely care about their residents' development and welfare through the culture they have created."

The service had clear values in place around independence, inclusion, choice and people's rights. These were monitored during staff observation and appraisal. We concluded staff were true to these values and delivered high quality person centred care.

Staff were happy in their roles and praised the provider. One staff member said, "Best thing I have ever done. Good company to work for, staff are brilliant, all work as a good team. Management are very approachable." Another staff member told us, "Really happy working here, I don't want to work anywhere else. The management team are so supportive."

Effective systems remained in place to check and monitor the quality of care. People who used the service were put at the heart of this work. Service user quality assessors visited each supported living house and undertook a series of audits and checks and their feedback was used to improve the service. Audits and checks were also undertaken by staff assessors and the management team. These focused on checking the environment, infection control, medicines and care plans to help ensure a high performing service.

People were fully involved in the running and future development of the service. People were involved in the recruitment of staff. Service user representatives called 'community officers' assisted developing links with the local community. People who used the service had also become service opportunity officers, tasked with planning and delivering activities and events. For example, the service opportunity officers had planned activities for the years ahead taking into account other people's preferences and views. They had helped plan the recent fundraising event which raised over £2500 for local charities. These initiatives gave people more confidence and life skills as well as providing an invaluable service for others and the local community.

Meetings were held by people who used the service. Once a year people met to review the service's policies and procedures. As well as influencing future policies it also gave people an awareness of why policies were in place, for example how the Control of Substances Hazardous to Health (COSHH) policy helped keep

people safe. House meetings and parent and carer meetings were also held where people's views were sought and used to influence how the service operated. One relative told us, "Parent Carer forum is very useful but we can never think of anything to improve the service as everything is so good! But the staff are always coming up with ideas and checking with forum about how to implement ideas and improve."

People and their representatives were encouraged to give feedback on the service on an ongoing basis. For example, when events such as the race day had been held, everyone had been asked to provide feedback on the event and the service in general. We saw responses from feedback forms were generally very positive with action taken address any negative comments raised. A Christmas questionnaire had been completed by people to help the service plan what would happen at Christmas time.

The service worked with a range of local organisations to co-ordinate care. This included community organisations where people visited for activities. Their feedback on the service was sought and valued to help ensure improvements could be made to these working relationships. There was a clear focus on working with local businesses and organisations so members of the local community were familiar with the service and the people that used it. This increased opportunities for people and helped ensure their safety when they were using the community. The service had shared easy read guidance and training they had produced for people who used the service with the local authority who had been impressed with their work. This demonstrated the service was contributing to best practice guidance in the local area.