

# Ambient Support Limited

## 17 Edward Road

### Inspection report

17 Edward Road  
Bromley  
Kent  
BR1 3NG

Tel: 02083133607

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05 November 2020

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 and what we found

People were not always safeguarded against the risk of abuse and harm. Safeguarding concerns were not always acted on and reported immediately as required in line with best practice. The service failed to report and respond appropriately where possible harm, abuse or an incident had occurred. Systems and processes were not operated promptly or effectively to investigate allegations of harm and abuse, to prevent abuse from occurring.

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. Risks associated with people's physical health needs were not always safely managed and monitored by staff to avoid possible harm.

Medicines were not always safely managed. PRN (when required medicines) protocols were not always in place. This meant staff did not monitor and know when to administer these medicines. Records and risk assessments did not clearly guide staff to know when medicines needed to be administered or what doses were required. Some records did not always clearly guide staff on the symptoms to look out for or when to administer medicines safely and appropriately.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service demonstrated they were underpinning the principles of Right support, right care, right culture.

Audits to help support management oversight in ensuring good service delivery were not effective in identifying the concerns we found during this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good report published (23 March 2018).

### Why we inspected

We received concerns in relation to a safeguarding incident. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from 'Good' to 'Requires Improvement'. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to managing risks to people safely; protecting people from the risk of abuse and; ensuring effective systems were in place to monitor the quality and safety of the service at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

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](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 17 Edward 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector who visited the service and a second inspector who supported the inspection remotely and spoke with people's relatives and visiting health and social care professionals.

#### 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 5 November 2020 and was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams 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 and or spoke with the registered manager, the provider's operations manager and locality manager, the deputy manager and support workers. We asked for people's views during the inspection but they declined to speak with us so we spoke with their relatives following the inspection. People using the service had varying levels of communication so we spent time observing the support they received in communal areas and their interactions with staff.

We reviewed a range of care records, including two people's care plans. We also looked at records relating to staffing, staff training and records used in managing the service, including policies and procedures, medicines management, safeguarding and monitoring records.

#### After the inspection

Following our inspection, we contacted three visiting health and social care professionals to seek their feedback on the service. We also spoke with two people's relatives to seek their feedback on the service.

We also asked for records to be sent to us for review, including policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate the evidence found.



# 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 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from avoidable harm. The inspection was prompted due to concerns received about the management of safeguarding people and responding to incidents. The registered manager failed to respond immediately following an incident in which one person required hospitalisation. They failed to report the incident to the local safeguarding team and had not recorded the incident in line with the provider's safeguarding policies and procedures, and best practice. This potentially placed people at risk of harm.
- The provider later raised a safeguarding alert with the local authority safeguarding team when we became aware of the concerns.
- 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 is in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the incident, staff took appropriate action ensuring the persons wellbeing and sought immediate medical attention.

Assessing risk, safety monitoring and management

- 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. Risks associated with people's physical health needs were not always safely managed and monitored by staff to avoid possible harm. For example, where people had known health risks these had not been appropriately assessed and regularly monitored to support, manage and mitigate the risks.
- One person's risk assessment, care plan, and physical and mental health records documented the risk of constipation on their physical and mental well-being. Their risk assessment guided staff to monitor them for signs of constipation and to support them to visit the GP if required. However, there was no guidance for staff to understand what the signs and symptoms might be or use of a monitoring tool to ensure staff provided on-going support and regular monitoring to mitigate the risks as guided.
- Risk management plans that were in place referenced the risk of constipation and how a poor diet could lead to poor mental well-being. However, whilst one person's nutritional care plan detailed dietary preferences to help manage this risk, the risk of constipation from medicines was not documented. We

spoke with staff on how they monitored the risk of constipation and bowel movement. They told us they discussed people's physical well-being informally on a regular basis but these discussions were not recorded and the monitoring of physical well-being risks such as constipation and bowel movement were not documented. This meant people were at risk of not receiving appropriate care and support to meet their physical and mental health needs.

This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Medicines were not always managed safely to ensure people's safety and well-being. PRN (when required medicines) protocols were not always in place for medicines such as laxatives. This meant staff did not always monitor and know when to administer these medicines. Records and risk assessments did not always clearly guide staff when medicines needed to be administered and what doses were required.
- Records describing potential medical intervention sometimes lacked detail and people's appointments with their GP's were not routinely completed. This meant staff may not be aware of how best to meet and support people's change in needs.

We recommend that the provider refers to current best medicine's practice and guidance to ensure the safe management of medicines and staff practice.

- Medicines were administered by trained staff whose competency was checked to ensure the safe administration of medicines. Medicines administration records (MAR) were completed correctly by staff. Medicines were stored safely and correctly so they were fit for use.

#### Learning lessons when things go wrong

- Staff knew to report any accidents and incidents which occurred and records showed they had taken appropriate action in response. Staff used the provider's reporting system which enabled accidents and incidents to be recorded for senior managers to review. Where required, accidents and incidents had been referred to health and social care professionals.
- The provider's oversight of safeguarding concerns to identify learning, required some improvement to ensure people's safety and well-being and to work effectively. For example, records showed a provider investigation report and a management debriefing report had been completed in response to a safeguarding incident. We will follow this up at our next inspection of the service.

#### Preventing and controlling infection

- People were protected from infection risk. The service was clean and free from malodours.
- Staff received training on infection control, related COVID 19 training and guidance on the use of personal protective equipment (PPE). 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

- During our inspection we observed there were enough staff to meet people's needs in a timely manner.
- Staff were recruited safely, and employment checks were completed before staff started working with people.



# 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 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Although there were a range of audits in place to help support management oversight in ensuring good service delivery, they had not been effective in identifying the concerns we found during this inspection. Their monitoring of the service had failed to ensure people were safeguarded against the risk of abuse and harm as safeguarding concerns were not always acted on and reported immediately as required in line with best practice. They failed to report and respond appropriately to an incident that had occurred. They had also not identified shortfalls in which risks to people's physical and mental health support needs had been assessed, monitored and reviewed or in ensuring medicines were safely monitored.
- Identified learning for the service to ensure people's safety and well-being had not always been implemented as a result of checks and audits carried out by the provider. Internal investigations were conducted where areas of concern had been identified and debriefings into serious incidents were provided to staff. However, at the time of our inspection no actions had been taken to address the concerns following a recent incident, despite action plans put into place. We will continue to monitor this.

This is in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During our inspection senior managers and the registered manager were open and receptive to any feedback.
- The registered manager told us they understood the duty of candour regulation and recognised the importance of being open and honest with people and their relatives.
- One relative commented, "I am very happy with the service. [Relative] is happy and likes living there. I have no concerns."
- Feedback from staff was positive stating they felt supported by the registered manager. Comments included, "I really enjoy working here. Staff are supportive and work well together, great team work", "The manager is approachable, good at listening and is down to earth", and, "We are a supportive team and the

manager is very good."

- Staff meetings took place on a regular basis providing staff with the opportunity to discuss work and the people they supported. Staff told us meetings took place regularly and they felt able to discuss any areas of concern or suggest improvements.
- Meetings took place with people living at the service. Meeting agendas included topics such as 'house rules', recovery exercise, key working, advocacy and activities.

Working in partnership with others

- The service worked in partnership with commissioners from the local authority and with health and social care professionals such as community mental health teams. Feedback from visiting professionals were largely positive. Comments included, "People are supported well by staff", and, "Communication on the phone is good."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's physical and mental health were not always safely assessed, monitored and reviewed to ensure their safety and well-being. Risks associated with people's physical health needs were not always safely managed and monitored by staff to avoid possible harm.</p>   |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not always safeguarded against the risk of abuse and harm as safeguarding concerns were not always acted on and reported immediately as required in line with best practice. The service failed to report and respond appropriately where possible harm, abuse or incidents had occurred.</p> |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider in some instances failed to ensure the effectiveness of their systems and processes to guarantee safe care and treatment and compliance with all regulations.</p>   |