

# Ambient Support Limited

## 4 Sandford Road

### Inspection report

4 Sandford Road  
Bromley  
Kent  
BR2 9AW

Tel: 02083131017

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

4 Sandford Road is a residential care home providing personal care. The home accommodates five people in one adapted building. The home specialises in providing care and rehabilitation to adults with mental health needs. At the time of our inspection two people were living at the home and one person was moving in.

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

At the time of our inspection there was no registered manager in post. The locality manager was overseeing the service and they and the regional manager supported the inspection process.

There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. However, we identified an incident that occurred in August 2022 where CQC had not been notified. The locality manager submitted a retrospective statutory notification to the CQC.

People told us they felt safe. The provider had safeguarding and whistleblowing procedures in place and staff had a clear understanding of these. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs. There were procedures in place to reduce the risk and spread of infections.

Assessments of people's needs were carried out when they started using the service. Staff received training and support relevant to people's needs. People were supported to maintain a balanced diet. People had access to a range of healthcare services when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring. They had care plans that described their health care and support needs and included guidelines for staff on how to best support them. The provider had a complaints procedure in place in formats that people could understand. People's preferences for their end of life care was sought and recorded.

The locality manager told us that the aim of the service was to improve people's wellbeing, develop their skills for example around cooking and budgeting so they could move to independent living. Two people had recently moved out into their own flats. The provider sought people's views about the service through annual surveys, house meetings and keyworker meetings. The provider and staff worked in partnership with health and social care providers to deliver an effective service.

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 (Published 16 December 2017)

### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# 4 Sandford 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

This inspection was undertaken by one inspector and a specialist nurse advisor.

#### Service and service type

4 Sandford Road is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 4 Sandford Road is a care home without nursing care. 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 the registered manager had recently resigned their post. They were no longer in charge of the day to day running of the service.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with one member of care staff and the locality and operations managers. We reviewed a range of records. This included two people's care records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits and 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. 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A person using the service told us, "I feel alright living here. I feel safe."
- The provider had a safeguarding adult's procedure in place and staff had received training on this. A staff member told us they would report to the provider if they suspected any abuse had occurred and they were confident they would take appropriate action. They also said they would report safeguarding concerns to the police, CQC or social services if they needed to.
- We observed information was available for people on how to report abuse. We saw safeguarding was discussed with people at a residents' meeting.
- The locality understood their responsibilities in relation to safeguarding and told us they would report any safeguarding concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- People's care records included risk assessments related to medicines, physical and mental wellbeing, going missing and self-neglect amongst others. Assessments included risk management plans with information for staff about the actions to be taken to minimise the chance of the risks occurring.
- People were involved in the risk assessment and management process. Each risk assessment included a summary of the person's needs and associated risks. This enabled people and staff to understand the risks and how to manage them.
- We saw information was available for staff about signs to look out for where people might be suffering a relapse in their mental health along with crisis management plans.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely. We saw records confirming that staff had received training in fire safety and people using the service had discussed fire safety at house meetings.
- We also saw records of weekly alarm testing and servicing of the alarm system. Regular routine maintenance and safety checks had also been carried out on gas and electrical appliances.

Staffing and recruitment

- Robust recruitment procedures were in place. Recruitment records viewed included a full employment history, employment references, health declarations, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing numbers reflected people's needs. The locality manager showed us a rota and told us staffing

levels were arranged according to the numbers of people and their care needs.

- A staff member told us, "The registered manager and some staff have left, and we have filled gaps with our bank staff. There are enough staff to meet people's needs now. We have a new deputy manager who should be starting soon."

#### Using medicines safely

- Medicines were safely managed. None of the people currently using the service required support from staff to administer or manage their medicines. One person told us, "I regularly go to a clinic where I receive my medicines. My mum usually come with me."
- There were facilities in place to make sure medicines were safely and securely stored in a locked cabinet in the office. People had locked cabinets in their bedrooms to use if they were assessed as safe to self-administer medicines, to ensure they were safely stored.
- A staff member told us, "No-one living here needs help with their medicines at the moment. However, I have had training and completed a competency assessment on administering medicines."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- There were no restrictions on visitors to the home.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, and lessons learned were shared with people using the service and staff. The provider held records of all accidents and incidents. We identified an incident that occurred in August 2022 where CQC had not been notified. (See the Well Led part of this report).
- The regional manager told us the provider had a serious incident panel where they discussed incidents, what could have been done differently and consider any lessons learned. The locality manager told us that incidents were discussed with staff at team meetings to reduce the likelihood of the same things reoccurring.
- We saw a lessons' learned report which included actions to be taken by staff following a fire at the home in February 2022.



# 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. The rating for this key question 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 care, and support needs were assessed before they started using the service. We saw referral information received from the Community mental health team (CMHT). This included information about the people's physical and mental health, social care needs, risks and relapse management.
- Assessments were carried out by the provider to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, health care needs and wellbeing amongst others. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People using the service contributed to these assessments to ensure their individual needs were considered and addressed.

Staff support: induction, training, skills and experience

- Staff had completed training that was relevant to people's needs. This training included mental health awareness, risk management, safeguarding adults, medicines administration, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) amongst others.
- The regional manager told us that staff new to care received training that was in line with the Care Certificate. 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.
- A staff member told us they were up to date with their training. They said they had completed training on equality and diversity, fire safety, medicines, mental health conditions and positive behaviour support amongst others.
- Records showed that the provider's bank staff received the same support, induction and training as regular full-time staff.

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

- People were encouraged to maintain a healthy balanced diet. They received encouragement from staff in preparing and cooking their own meals.
- The locality manager told us that, where required for promoting independence, staff provided people with cooking lessons. A person using the service told us, "I am happy just cooking my own meals, I like some microwaved meals, the staff offer me advice on healthy meals"
- People had designated locked fridges and cupboards where they could store their food. Fridge temperatures were monitored. We saw cookbooks and examples of healthy eating plates located in the kitchen and dining areas.

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

- People's care records included information about their mental health and medical needs and health conditions, and the details of health care professionals involved in their care.
- People had access to a GP and dental practice when they needed them.
- A person using the service told us, "The staff make sure I get the care I need. I can see a doctor if I need to."

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. 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.

- The locality manager told us the people currently using the service had the capacity to make decisions about their own care and treatment. If they had concerns regarding any person's ability to make specific decision they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

# 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. The rating for this key question 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

- Staff spoke warmly and caringly about people using the service. One person told us, "It's decent here, the staff are kind and understanding, they look after me."
- A staff member told us they had received training on quality and diversity. They said, "I am aware that I need to be sensitive when supporting people with their protected characteristics. I am very happy to support people with whatever their needs are."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care records seen evidenced that people had been involved in planning for their care needs.
- We saw records confirming that people's needs were discussed with them at keyworker meetings.
- A staff member told us people using the service were independent and could do most things for themselves. They might remind people to shave or change their clothing if they felt the persons personal hygiene was failing. They said they would do that in a dignified manner.
- A staff member told us "I always respect people's privacy and dignity. I don't go into people's rooms when they are not there. I knock on people's doors and wait for approval before entering. A person using the service told us, "I believe the staff respect my privacy. They always knock on my door and wait for my permission before they come into my room."

# 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. The rating for this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their mental and physical health and social care needs. The care plans included guidelines for staff on how to best support people.
- Care plans evidenced that people had been involved in planning for their care needs.
- Care records referred to people's risks to themselves and others and detailed how people needed to be supported with these risks. For example, there were guidelines in place advising staff how to support people with their medicines, relapse in mental health or going missing.

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 methods were assessed when they moved to the service. The locality manager told us information was provided to people in ways they could understand. For example, large print or audio. People also had access to translations services if needed.

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

- Staff supported people to take pursue their interests and hobbies. People had access to local community facilities such as the barbers, colleges, swimming pool, parks, clubs, restaurants, and a cinema.
- We saw an inhouse activities plan. This included games and movie nights, cooking sessions, a walking group and group meals.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- The locality manager told us they had not received any complaints. However, if they did, they said they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The locality manager told us that no one using the service required support with end-of-life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- People's care records included a death and dying section for people record their wishes during illness or death if they wished.

# 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. At this inspection the rating has changed 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

- At the time of our inspection the registered manager had resigned their post. The locality manager was overseeing the service and they and the operations manager supported the inspection process. They told us they had recruited a deputy manager who was due to start working at the home shortly. The operations manager told us they were in the process of recruiting a new manager to run the home.
- A staff member told us, "The registered manager has left now, so we go to the locality manager for support. There is also an out of hours on call system in place where we can ask for advice support and guidance if we need it."
- The provider undertook regular audits that covered areas such as staff training, medicines, finances, incidents and accidents, infection control and complaints. We pointed out to the locality manager that a police incident occurred on 13 August 2022 and that CQC not been notified about the incident. The locality manager told us this had been an oversight by the registered manager. They submitted a retrospective statutory notification to the CQC.
- We identified during the inspection that staff were not receiving regular supervision from the registered manager. We saw a plan was in place for staff to receive supervision from the locality manager or deputy manager. A recent medicines audit had identified that three staff required medicines competency assessments. We saw an action plan confirming these staff were due to complete these assessments in December 2022.
- We saw a service improvement plan from September 2022. This identified staffing issues where appropriate action had been taken; and environmental issues which had been resolved following a deep clean of the home. The plan also referred to the, 'Bromley transformation Project'. This is the implementation of changes to the mental health and wellbeing pathway in the borough, to improve the client experience. The plan recorded how this would improve choice and civic rights for people living at Sandford Road.

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

- The locality manager told us they were always transparent with family members and professionals; they were honest and took responsibility when things went wrong.
- The operations manager told us that following any serious incident the provider's quality team checked to make sure the duty of candour had been followed.

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

- At the time of this inspection one person was living at the home, one person was in hospital and a new person was moving in. Two people had recently moved out into their own flats. The locality manager told us that the aim of the service was to improve people's wellbeing and develop their skills around, for example, cooking and budgeting, so they could move to independent living.
- The provider sought people's views about the service through annual surveys, house meetings and keyworker meetings. We saw an action plan from a recent residents' survey. This indicated that people were happy with the service. Actions planned for included ensuring people's physical health awareness topics were discussed in house meetings and life skills sessions were to be available for people to build self-confidence and self-esteem.
- We saw the minutes from a house meeting from August 2022. Issues discussed included safeguarding, house rules, security, managing bills, complaints, healthy eating and fire safety.
- We saw the minutes from a staff team meeting held in August 2022. Items discussed at the meeting included clarification on policies and practices at the home, monitoring contracted hours and the use of mobile phones. The locality manager confirmed with us they had arranged a team meeting for the week following this inspection.

#### Working in partnership with others

- The provider told us they worked closely with the GP and health professionals. The operations manager told us they were liaising with the CMHT on how to improve the outcomes for people living at Sandford Road.
- The locality manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. For example, at a recent forum they attended a discussion about what had been happening in care homes and the challenges for staff and clients. The discussion included the impact that COVID 19 had on care staff. An action from the discussion was to include twenty minutes at beginning of team meetings for staff to talk about their wellbeing and how they were getting on.