

Ambient Support Limited

65 Charlton Road

Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

65 Charlton Road is a residential home for up to 7 adults with learning disabilities. At the time of the inspection, 7 people lived at the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The service supported people to make choices and be independent. The staff focused on people's strengths and promoted what they could do for themselves. People were supported to pursue interests and have meaningful lives. People were supported in a safe, clean, well-equipped, well-furnished and well-maintained environment. People were supported to be involved in their care. People accessed specialist healthcare services when needed. People were supported to take their medicines in a safe way.

Right Care: The staff promoted equality and diversity. They provided kind and compassionate care. Staff respected people's privacy and dignity. They understood people's individual needs and responded to these. There were systems designed to protect people from abuse. Staff had training and knew how to recognise and report abuse. There were enough appropriately skilled staff to meet people's needs and to keep them safe. Staff supported people with their communication using a range of techniques, which reflected people's individual needs and best practice. People were supported to pursue a range of activities. Risks to people's safety were assessed and planned for.

Right culture: There was a positive culture, where people felt safe. They had good relationships with staff and each other. People received good quality care and support. Staff understood best practice for supporting people with learning disabilities and autistic people. Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

Rating at last inspection

The last rating for this service was good (Published 9 December 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

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.

65 Charlton 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 conducted by 2 inspectors.

Service and service type

65 Charlton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 65 Charlton 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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had about this location, including notifications of significant events.

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.

During the inspection

We met 6 of the people who lived at the service, the registered manager and 2 care workers. We observed how people were being cared for and supported. Our observations included, the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records the provider used for managing the service, including the care records for 3 people, how medicines were managed, records of meetings, complaints, incidents, and audits.

We had feedback from the family members of 3 people.

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

- There were systems to help safeguard people from the risk of the abuse. The provider had suitable procedures and staff were aware of these. Staff received training about safeguarding and knew how to recognise and report abuse.
- There were system to help manage people's money in a safe way and to minimise risks of financial abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. The risk assessments included information about how to promote people's independence and positive risk taking. These were regularly reviewed and updated.
- We saw people were encouraged and supported to take risks and be involved in some potentially risky activities, such as cooking, preparing food, gardening, and cleaning. These were well managed and there were measures to help keep people safe.
- People were supported to move around the house safely and use the equipment they needed to do this. Staff undertook training to make sure they knew how to support people in a safe way.
- The staff did not use any form of restraint or restrictive practices.
- The environment and equipment were safely maintained. There were regular checks on these to make sure they were safe. There were suitable fire procedures and information for staff to help support people in the event of a fire or another emergency.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The staff team had worked at the service for a number of years and knew them well. Staff absences were covered with familiar workers to make sure people received consistent care.
- There were systems to ensure only suitable staff were recruited. These included checks on their identity, suitability, and competencies. All staff completed assessments throughout their induction to make sure they demonstrated the skills and knowledge to care for people well.

Using medicines safely

- People received their medicines safely and as prescribed. Staff undertook training and understood about the safe management of medicines.
- Medicines were stored in a safe way and staff completed checks to make sure temperatures and storage met required standards.
- There were records to show when medicines had been administered and any problems with

administration.

- People had their medicines regularly reviewed by doctors to make sure they were suitable.
- People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- There were systems to help prevent and control infection. Staff had training in these and understood good practice.
- There was enough personal protective equipment (PPE) and staff were using PPE effectively and safely.
- The provider promoted safety through the layout and hygiene practices of the premises.
- The provider's infection prevention and control policy was up to date. They carried out suitable audits and checks on infection prevention and control.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There were processes for reporting, investigating, and responding to accidents, incidents, and complaints. The staff had regular meetings to discuss adverse events and learn from these together.
- The staff were able to describe incident, how they had responded and learning from these.

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

- There were procedures to ensure people's needs were assessed before they moved to the service. However, people living at the service had lived there for many years. The staff had regularly reviewed and reassessed their needs. Reviews involved the person and their representatives to make sure their views were heard.
- Care plans were developed to reflect assessments and reviews. When people's needs changed the staff had created new care plans and updated information.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. New staff undertook an induction, which included training, shadowing experienced workers and assessments of their skills and competencies.
- The staff completed regular training updates. They explained this was useful and helped them in their roles. They also told us how they supported new staff to learn about the job.
- Staff told us they felt well supported. They had regular meetings with their line manager as a team and individually. They explained they could approach the registered manager for support at any time and had the information they needed to do their jobs.

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

- People had enough to eat and drink. They were involved in planning, shopping for and preparing their meals. No one living at the service had special dietary needs at the time of our inspection. However, their preferences and information about healthy eating was included in their care plans.
- The staff knew and understood people's dietary preferences well. They helped people to prepare meals to eat as a group as well as catering for different tastes. We saw staff presented meals in different ways for people to match the way they liked their food.
- The kitchen was well stocked with fresh food. Meals were prepared from scratch and staff used a range of different flavours, herbs, and spices to provide different cultural experiences. There were fresh fruit and vegetables for people to help themselves as snacks. We saw people being offered, and supported to make their own, snacks and drinks.

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

- People's health needs were planned for, monitored, and met. Care plans included details about these needs. The staff had a good understanding of people's individual needs and when they presented as unwell. One staff member gave us examples of how they had identified subtle changes in people's wellbeing, and

how this had triggered medical intervention.

- The staff worked closely with other healthcare professionals to share information and follow their guidance. The GP visited the home every week to review everyone's health. This meant they could identify and act on any changes in health quickly, making referrals to other professionals when needed.

Adapting service, design, decoration to meet people's needs

- The building was suitably designed, decorated, and equipped. People had their own bedrooms which were personalised. They had a range of equipment to meet their needs, such as ceiling track hoists, specialist chairs and equipment to support people in the bathrooms.
- The corridors were wide, well-lit and clutter free. There was a lift to both floors and rails to support safe use of the stairs. The home was decorated tastefully throughout, including displays of people's artwork, photographs and items which were meaningful for them.
- There was a well-maintained garden with seating and table. There were areas for people to sit in the sun or shade. Throughout the day of the inspection, people spent time in the garden as well as in communal areas in the home. People had been involved in planting vegetables in raised beds and they told us about this.

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.

- The provider was acting within the principles of the MCA. They had assessed people's mental capacity and made applications for DoLS when needed.
- The provider had obtained information about people's legal representatives and involved them in decisions when necessary.
- Staff undertook training about the MCA and demonstrated an understanding of how to apply this.
- People were asked to consent to different aspects of their care. Staff understood how to present choices in a way people understood. They offered people choices and respected these.

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

- People were well treated and supported. They had good relationships with staff. People and staff spoke to and about each other fondly. The staff reassured people when they were upset. They used gentle and positive touch to support communication.
- People's cultural and religious needs were recorded in care plans and staff knew these. Staff supported people to attend places of worship when they wanted. People's birthdays, national celebrations and festivals were special events in the home and people enjoyed activities for these, which they and staff organised.

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

- People were supported to make choices and express their views. There were regular meetings where people helped to plan menus and activities. People were also offered choices each day about what they wanted to do. We saw examples of staff showing people different items to help them visualise choices. Staff allowed people to take their time to consider different options.
- People's choices and known preferences were recorded in care plans to help staff plan personalised care which reflected these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We saw staff supporting people to prepare and plan for personal care, for example getting items ready for a shower. They offered people choices and supported them to be independent where they were able. Intimate care was provided in private.
- All the people living at the service were women and the provider had a female only staff team.
- Staff spoke with people respectfully, using their preferred names. They knocked on bedroom doors and made sure they addressed people politely and in a way the person understood.
- People were supported to be independent where they were able. This was recorded in care plans. People were involved in planning, shopping for and preparing food, tasks around the home and gardening.

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 received personalised care which met their needs and reflected their preferences. The staff knew them well. There were clear and detailed care plans which described people's needs. These were regularly reviewed and updated.
- Each person had a key worker who helped them to review their care and plan goals for the future. They helped coordinate people's care and liaised with other staff to make sure they were aware of any changes or specific needs.
- People told us they were well cared for, and staff met their needs. Their relatives also spoke about this, commenting that people's personal care needs were met, they were supported to stay healthy and took part in a range of activities.
- We saw people were given choices and treated respectfully during our inspection. The staff provided sensitive and personalised care and people were happy and looked well cared for. Staff supported them to do things for themselves, with guidance, prompting and reminders.

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 met. Most people could communicate their needs in English. They could understand and be understood by staff. One person did not use words to communicate. We saw staff were experienced in their communication with this person. They used a range of techniques, including touch, pictures, objects of reference and body language. They interpreted what the person was communicating and checked back their understanding.
- Staff also used visual clues to help reinforce verbal communication with others. Showing them different items to help them make choices. They spoke clearly and made sure people had heard and understood them.
- There was a range of pictorial and 'easy read' information throughout the home to help people to understand procedures, such as the fire procedure, keeping safe and to help them understand where things were kept in the house.

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 pursue a range of different activities. At home, people took part in group and individual activities which they enjoyed. They told us they enjoyed cooking and gardening. We saw people use toys, games, puzzles, and art equipment.
- People also visited the local community, for shopping, eating out and other leisure activities.
- People had planned regular activities, which included one person accessing a day centre. They also were able to make choices about additional ad hoc activities.
- People enjoyed socialising with each other at home and going on trips together. The staff were helping people to plan a holiday. People were also supported to stay in touch with friends and families. Special events, such as birthdays, were celebrated, inviting those who were important to people.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints and concerns. People using the service, their relatives and staff knew who to speak with if they had any concerns.
- Records showed that concerns had been investigated and dealt with appropriately.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture. People had good relationships with staff and each other. There were respectful and kind interactions. People spoke about how much they liked the home with one person telling us, "This is my favourite home." Staff spoke positively about working at the service and fondly of the people they cared for. One of the staff commented, "I love the service users. There is a bond between the staff, and we get on well. The service users and staff are like my extended family." Another member of staff commented, "My favourite thing is getting to know the residents and helping them with their lifestyle."
- People's relatives told us they felt people received good quality, personalised care. Some of their comments included, "We are very happy with the care", "It is a happy, welcoming place, the staff are friendly and kind" and "The atmosphere is always friendly. All the staff are welcoming, and the residents are happy. It is very well run."
- People were supported to be independent and learn skills and to keep as healthy and mobile as possible.

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 provider understood their responsibilities under the duty of candour. There were procedures relating to this.
- The provider had notified the Care Quality Commission of significant events. They had kept in touch with families, and other stakeholders when things went wrong, apologising and telling them how they would put things right.

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

- Managers and staff understood their roles and responsibilities. The registered manager was experienced and suitably qualified. They had a good knowledge of individual people, staff, and the systems for managing the care home.
- There were a range of policies and procedures, these reflected legislation and best practice. Staff had suitable training and regular meetings to help them understand about good practice and legal requirements.
- Staff and relatives spoke positively about the registered manager. They told us they were supportive and available when needed.

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

- People were supported to express their views and were involved in the service. There were regular meetings and people were able to discuss their views with the registered manager and staff. Some people living in other services were recruited as 'quality checkers'. They visited the home and liaised with people living there to make sure they were receiving a good service.
- Relatives and other stakeholders were asked to complete satisfaction surveys. They also told us they were regularly contacted and felt able to contribute their views at any time.
- The provider had procedures to ensure people's protected characteristics were respected and there were good processes for valuing equality and diversity. The staff undertook relevant training and understood how to promote this.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included audits and checks by the staff and managers. The provider's senior managers and quality team also visited and audited the service. The registered manager helped to develop and monitor action plans when improvements were needed.

Working in partnership with others

- The staff worked in partnership with others to help meet people's needs. They regularly liaised with doctors and other healthcare professionals.
- The registered manager met with other managers and representatives of the local authority to discuss different aspects of running the service and changes in guidance or legislation.