

AmBience Healthcare Ltd

Sycamore House

Inspection report

10 Oakwood Road West
Rotherham
South Yorkshire
S60 3AB

Tel: 07805551242
Website: www.ambiencehealthcare.co.uk

Date of inspection visit:
16 October 2019

Date of publication:
18 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sycamore House provides personal care for up to five people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Systems were in place to ensure people were protected from abuse and investigate any concerns. Risks linked to people's care were considered and monitored. Environmental risks were considered. Staff recruitment was robust and people received care from staff who knew them well and had relevant experience. People were supported appropriately with their medicines.

People's care was based on an assessment of their needs and their choices. Staff had access to a range of training and support. People were supported to regularly access health care service to maintain their wellbeing.

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.

The service had regard for the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were well supported by staff who had a good understanding of their individual needs and preferences. People were supported to make day to day decisions and given meaningful opportunity to participate in care decisions. People's privacy and dignity were respected and supported.

People's care plans were person centred and contained detail about how they should be supported, and we witnessed staff following this guidance. Staff understood people's communication needs. People were supported to engage in a range of individual and group activities. There had been no recent formal complaints recorded. Information on people's end of life choices were recorded, as appropriate.

Staff and management were focussed in trying to ensure care and support was based on people's individual

needs and personal choices. Staff felt supported and said management were always available. Appropriate checks and quality audits were undertaken. People's views were sought to help improve the service.

Rating at last inspection and update

The last rating for this service was Good (published 19 April 2017)

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Sycamore House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection consisted of one inspector.

Service and service type

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

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

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

Before the inspection, we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one visiting relative to gain their experience of the care provided. We spoke with four members of staff including members of the management and support teams. We reviewed a range of records, including; people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Sycamore House. One person said, "Yes, I do feel safe." A member of staff told us they felt safe and comfortable with staffing levels.
- Managers understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the provider informed the relevant agencies. Staff were confident that the registered manager would take action if they raised any concerns.
- No concerns were raised with us by the local authority safeguarding team.

Staffing and recruitment

- Staff had been safely recruited. Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People were supported by a sufficient number of staff who knew them and their support needs.
- The registered manager had contingency plans in place to cover shifts should there be absences at short notice or the need for additional staff when people's needs changed.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and monitored. These were based on individual needs, for example, specific health conditions and behaviours that could pose risks to people and others.
- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills or enjoy experiences such as accessing community services.
- The provider managed risks relating to the premises with regular safety checks and assessments.

Using medicines safely

- Whilst people received their medicines as prescribed we found some minor issues regarding medication.
- Arrangements were in place for obtaining, safe storage, administering and disposing of medicines in accordance with best practice guidance. However, we found some gaps in the recording of the temperature where medicines were kept. Homely medicines were not always clearly labelled. Whilst these issues did not pose significant risk to people the provider committed to address them immediately through individual staff supervision and team meetings.
- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, protocols to guide staff were detailed and personalised.

- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment.

Preventing and controlling infection

- We saw that the home was clean and tidy throughout. People took some responsibility for keeping the house and their rooms clean and tidy. One person said, "I help to clean my room and make sure it looks nice."
- Paper towels and hand wash were available in communal areas.
- Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves.

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

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

- People's needs and choices were assessed prior to them moving into the home and regularly thereafter. Detailed support plans were developed from this information.
- Care was planned and delivered in line with people's individual assessments and support plans.

Staff support: induction, training, skills and experience

- The service provided a comprehensive induction programme for new staff. Ongoing training was kept up to date.
- Staff received a range of training opportunities to enable them to deliver effective care and support for people living with a learning disability; such as autism awareness, positive behaviour support and communication training.
- Staff received regular supervision and staff confirmed they felt well supported.

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

- People were supported to maintain a balanced diet and had enough to eat and drink.
- Staff knew people's food preferences and people received food of their choice. Where people had specific dietary needs, these were known by staff and well planned for.
- We saw that people had access to food and drink in the kitchen and were also involved in menu planning and shopping for food.

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

- The service worked with other agencies to achieve good outcomes for people and people were supported to access healthcare services and support appropriately.
- People's health needs were clearly recorded in their support plans and contained information from a range of health care professionals. Care records demonstrated that staff followed any guidance issued by healthcare professionals.
- Should people be admitted to hospital, staff told us they would provide written information about the person to the medical team, to help ensure the person's needs were known and understood.
- Staff worked well together to ensure that people received consistent, timely, coordinated, person-centred care and support.

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

- People lived in an ordinary house which is on a main road with regular access to public transport, the town centre and community-based facilities.
- People told us they were happy with their rooms and the house.
- One person showed us their bedroom. They said, "I chose the things I put in my room and on the walls."
- The environment met the needs of the people living at the service and encouraged their independence. People had access to all areas of communal space, such as the kitchen, garden and lounge area.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- We observed staff ask people for consent before supporting them and relatives confirmed that staff included people in decision making where possible.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had completed training and demonstrated a good understanding of the MCA. They had an in-depth knowledge of people's preferred communication methods and provided the support people needed with making daily living choices.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 effectively supported by staff and staff members had a good understanding of people's care needs, their personalities and preferences.
- We observed people looked happy living at the home and appeared well presented and cared for.
- People were treated well by staff who were kind and patient with them. One relative told us, "Staff do a good job." Staff interacted with people and allowed time to communicate their needs.
- Staff understood people's diverse needs and how best to support them.
- People's religious needs were considered during assessments and detailed in care plans.

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

- People were supported to make decisions and express their views on a day to day basis.
- There was some evidence that families were involved in care decisions and care reviews.
- There was evidence people had been given meaningful opportunity to be involved in care reviews.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported and encouraged. People had their own rooms and facilities and they could spend time alone if they wished.
- Staff understood about encouraging and promoting independence and were able to give some examples of how people's skills had been developed over time.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to receive personalised care that was responsive to their needs. One relative told us, "The staff all seem to know [person] well. All her likes, dislikes and preferences."
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were very knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were supported to achieve their goals. Goals were monitored and reviewed to ensure they were achieved where possible. For example, one person wanted to lose weight. We saw they had achieved this through healthy eating.
- Staff had a good understanding of how to provide person centred care and all staff we spoke with felt this was achieved at the service. One staff member told us, "Everything we do is aimed at promoting choice, independence and helping people achieve their goals."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's differing communication needs.
- People were provided with information in a way they could understand which helped them make decisions about their care. For example, some information was provided in an easy read format, for other people, pictures or objects of reference were used.

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 provided with opportunities to participate in a range of activities of their choice both within the home and on regular outings to the local community.
- Regular activities were planned with people and these included activities such as swimming, meals out and shopping. Other activities were planned in advance. For example, one person told us, "I went to Blackpool to watch a football game."
- A staff member told us one person was out on the day of our inspection. The person had a passion for outdoor pursuits and fieldcraft activities. The staff member said, "They [person] are always out and about in

the countywide camping and fishing."

- Birthdays and special occasions were celebrated within the home and shared with everyone living there. One staff member told us, "We arrange a parties and themed events. We include others from our other home."

Improving care quality in response to complaints or concerns

- A complaints procedure was available and provided in an easy read format for people.
- Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result. One relative told us, "I've never needed to complain, if I did, I would talk to [registered manager], I'm sure he would listen and act on any concerns."
- The registered manager confirmed that no formal complaints had been received in the last year.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our inspection.
- The registered manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

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 remained the same. 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

- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. We saw examples of how the service had successfully worked with people to achieve their desired goals.
- The registered manager knew people well and was a visible presence within the service.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff were visible within the service and knew each person well.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "The manager is very supportive and always available for advice."
- Staff told us morale was good as they had a strong team who worked for each other.

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 registered manager understood their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care.
- Any incidents or concerns had been shared with the appropriate local authority and/or CQC.

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

- Appropriate quality assurance systems were in place, various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high. Whilst these were regularly undertaken they had not always identified areas for improvement such as, medicines room temperatures not being consistently recorded. The registered manager committed to addressing this immediately.
- There was a clear staffing structure in place, the registered manager and senior staff operated a system whereby neither was on holiday at the same time to ensure staff always had access to managerial support.
- The senior team had good knowledge of their regulatory responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with health professionals and agencies to continuously improve the service. Improvements had been made as a result of partnership working in areas such as behaviours which may challenge.
- Links had been made in the local community. People attended local events and accessed amenities in the surrounding areas.
- The registered manager worked to involve people in all areas of their care and support. Relatives told us they spoke with staff and management when they visited the service and their views were sought. Staff supported people to be involved in decisions about their care and express their views.