

Ambient Support Limited

118 Widmore Road

Inspection report

118 Widmore Road
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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

118 Widmore Road provides a respite accommodation and personal care for up to 10 people with learning disabilities at any one time. At the time of our inspection 2 people were on a respite placement at the service.

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

Right support

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. People's independence was promoted. Their care and support needs were assessed before they started to use the service. Risks to people had been assessed to ensure their needs were met safely. People's medicines were managed safely. 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.

Right care

People received kind and compassionate care. Staff understood and responded to people's individual needs. Staff supported people to achieve their aspirations and goals. Staff supported people to take part in activities and pursue their interests in their local area. There was a complaints procedure in place in formats that people could understand. People had access to health care professionals when they needed them.

Right culture

People received good quality care because staff were trained in areas related to their individual needs. Staff received regular supervision from the manager. People and those important to them were involved in planning their care. Staff protected and respected people's privacy and dignity. People, their relatives and staff views were considered through surveys and meetings.

The provider had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs. Staff followed government guidance in relation to infection prevention and control.

The manager and staff worked in partnership with health and social care providers to deliver an effective

service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff said they received good support from the manager.

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

Rating at last inspection and update

This service was registered with us on 13 May 2021, and this is the first inspection.

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 until we return to visit as per our re-inspection 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 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.

118 Widmore 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.

Inspection team

One inspector carried out this inspection

Service and Service type

118 Widmore Road is a respite care service. It provides people with respite accommodation and personal care. People receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The current manager had applied to CQC to become the registered manager for the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service and 4 people's relatives about their experience of the care provided. We spoke with 2 members of staff, the manager and the locality manager. We reviewed a range of records. These included 3 people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service. This key question has been rated 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. One person told us they felt safe when they stayed at the service. A relative commented, "My loved one is very safe when they go there."
- The provider had safeguarding adults and whistle blowing procedures in place and staff had received training on these procedures. A staff member said they would report any safeguarding concerns they had to the manager, and they were confident the manager would take appropriate action. They also said they would report safeguarding concerns to the local authority safeguarding team and CQC if they needed to.
- Another staff member told us they would use the providers whistle blowing procedure if they observed poor care practice.
- The manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- People's care files included risk assessments in relation to, for example, medical conditions, eating and drinking, travelling and accessing the community.
- Staff had received training on how to support people with specific health conditions, for example seizures and diabetes.
- Records confirmed that people had received support from health professionals such as speech and language and occupational therapists to support them with their needs. We saw guidelines had been drawn up by these professionals which guided staff on actions to take to keep people safe.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely. Staff had also received training on fire safety.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. Where people were prescribed medicines, these were supplied to the service by family members or the hospital. A relative told us, "My loved one's medicines are very well managed. The staff make sure everything is checked in and right before I leave my loved one in their care. The service is very strict on medicines."
- We saw records of medicines received into the service for each person along with special instructions on how the person liked to receive their medicines. The manager told us they contacted the persons GP to make sure the persons prescription was up to date.
- Medicines were stored in a locked medicines room. People had individual medicine administration records (MAR) that included their photograph and details of their GP and any allergies they had. They also included details on any medical conditions and how they were supported to take their medicines

- Records showed that staff responsible for administering medicines had received training on the administration of medicines and they had been assessed as competent by the manager to administer medicines safely. MAR records were audited monthly to make sure they were completed in full and there were no gaps in recording.

Staffing and recruitment

- The manager showed us rotas and told us staff numbers were arranged according to the number of people on respite and people's care and support needs. They told us if there was an emergency placement, they would always make sure extra staff were available before they accepted the placement.
- We observed there were enough staff available at the service to support people with their needs. We saw staff supporting people to access the community. A staff member told us, "We always have enough staff; the manager will book extra for emergency placements."
- Staff recruitment records included Disclosure and Barring Service (DBS) checks, application forms, employment references, health declarations and proof of identification. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. We observed the premises was clean and hygienic.
- Staff had received training on infection control, they told us they had access to plenty of PPE for use when providing people with personal care and cleaning.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- The manager and staff learned lessons and acted when things went wrong. The provider used an electronic system for reporting, recording, and monitoring accidents and incidents. They used the system to analyse information, learn lessons and take appropriate actions.
- Records showed that when an incident or accident occurred the manager investigated the incident and took action to reduce the likelihood of the same issues occurring again. For example, in response to an incident where poor moving and handling practice had been carried out by staff the manager arranged additional moving and handling and dignity and respect training for all staff.
- The incident was discussed at a team meeting with staff to reflect and prevent this from happening again. The providers occupational therapist reviewed and updated the persons care plan and moving and handling risk assessment.

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.

This is the first inspection for this service. This key question has been rated 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 respite service. Health and social care professionals provided referral information to the service and the manager carried out assessments to consider if the service could meet people's needs safely.
- Assessments covered people's needs in areas such as medicines, health care and regular social activities. Assessment information was used to draw-up individualised care plans and risk assessments.
- People, their relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff had completed training that was relevant to people's needs. This training included on medical conditions specific to people's needs, introduction to learning disabilities, diversity and inclusion, health and safety, manual handling, fire safety, food hygiene, safeguarding adults, medicines administration, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff completed induction training 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.
- Records showed that staff received regular supervision with the manager.

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

- People were encouraged to maintain a healthy balanced diet. Care records included assessments of people's dietary needs, food allergies and the support they required with eating and drinking. A person using the service told us, "The staff ask me what I want to eat, and I get what I want." A relative commented, "My loved one's diet is always well managed."
- People received support to eat and drink in a way that met their assessed needs and preferences. We saw that speech and language therapists and dietitians had put plans in place advising staff on supporting people with eating and drinking.
- A staff member said, "When people are admitted I always read their care plan. This tells us how to support them. For example, I follow people's individual guidelines from the speech and language therapist. For one person I support, I don't leave them alone, observe them while they are eating, and make sure they do not eat too fast."

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

- The manager and staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.
- A social care professional told us, "The manager often goes out of their way to meet our client's needs. If there are any issues the manager would request additional support to enable staff to meet people's needs safely."
- People had hospital passports which outlined their health care and support needs for professionals. This information was available and shared with health care services such as hospitals when this was required.

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

- The service was designed to meet people's needs. The entrance to the service was accessible to people living with a physical disability. People had access to adapted bathrooms, dining rooms, quiet areas with suitable furniture to support people with limited mobility.
- There was an easy to access garden. The manager told us the service had won a grant from the local authority and people had chosen to purchase gym equipment for use in the garden.
- There was a sensory room available for people to use if they wished.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- We saw the manager was working with the supervising body (the local authority) in assessing where people required applications to be made under DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

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.

This is the first inspection for this service. This key question has been rated 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 received kind and compassionate care. Staff understood and responded to people's individual needs.
- We observed staff supporting people with their daily activities and people appeared relaxed and comfortable in their presence. One person told us, "I like coming here, the staff are very nice." A relative commented, "The staff are lovely, they love me and my loved one. The staff are hard-working, I take my hat off to them. They are very patient and caring and keep me up to date with everything." Another relative said, "All of the staff are very kind and caring. My loved one is always very upbeat when they go there."
- A social care professional told us, "I have observed staff to be helpful, caring, and willing to help our clients. The manager and staff go over and beyond to support all our clients. Another social care professional commented, "The staff have always been amazing when I visit, and people using the service look very happy."
- Training records confirmed staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs and preferences. A staff member told us, "We support people from different backgrounds and beliefs, and we treat people equally, we treat and respect people as individuals."

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

- People's views and choices about their care were sought and documented within their care records. This included evidence that staff considered people's preferences and promoted choice. For example, people's views were recorded about what food and drink they liked and the activities they liked to attend.
- Care records showed that people and their relatives had been consulted about the support they received. A relative commented, "My loved one has a care plan in place. I am involved in the planning, and I attend all the review meetings." Another relative said, "The manager asks me about my care needs. I am involved in the care planning, they [staff] work with us."

Respecting and promoting people's privacy, dignity and independence

- Staff protected and respected people's privacy and dignity. We observed staff supporting and speaking with people in a respectful and engaging manner.
- A person using the service told us, "The staff help me to get washed and dressed and look after me at night. They make sure everything is private for me." A member of staff told us they made sure people received personal care in private. They said, "I make sure the door is shut to protect the persons privacy and dignity. I always seek people's consent before I do anything, and I explain what I am doing as I provide the care."

- Information about the people was kept confidential. We saw information about people was stored securely in the office.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated 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 person centred care plans that described their support needs. A relative commented, "I am so, so grateful for this service, its good quality and good at meeting my loved ones needs."
- People's care plans were reviewed each time they attended the respite service to consider if their needs had changed since their last stay. Care plans reflected the principles and values of right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community.
- Care plans referred to people's needs and how they should be supported by staff. For example, there were guidelines in place advising staff how to support people out in the community, medical conditions and with eating and drinking.
- Staff had a very good understanding of people's care and support needs. For example, a member of staff told us how they supported a person with eating and drinking safely and another staff member told us how they supported a person with their mobility to reduce the risk of them falling.

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 and recorded in their care records. The manager told us some people could understand some of the information the service provided. If people required information in large print, a different language, audio, or visual aids this would be made available to them.

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

- Although people stayed at the service for short periods on respite, we saw they were encouraged to maintain their normal routines and activities. People's individual wishes for activities were recorded in their care plans. On the day of the inspection a person using the service told us they attended their usual day centre. Another person told us, "I am going to the pub for a pint of beer later."
- We saw information about external activities was displayed on a notice board for people if they wished to attend. These included a lunch club, keep fit classes, swimming, movie nights, pub visits and arts and crafts.
- Staff supported people to take part in activities and pursue their interests in their local area. A staff

member told us they regularly took people shopping, to the cinema and theatre, to cafe's, pubs, restaurants and out for walks. They also facilitated indoor activities such as puzzles, colouring and games.

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. Records showed that when a complaint was raised it was investigated by the provider and responded to appropriately
- A relative commented, "I know how to complain if I need to. I would speak with the manager, and I know they would sort things out."

End of life care and support

- Due to the nature of the service the provider does not support people with end-of-life care needs.

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.

This is the first inspection for this service. This key question has been rated good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 did not have a registered manager in post. The current manager had applied to CQC to become the registered manager for the service. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The manager told us they received regular supervision and support from the locality manager. They could contact the locality or the regional manager for advice and support when they needed it. The manager also attended the providers monthly managers meetings where they could discuss any issues they had and ask for other managers for support if needed.
- Staff were positive about how the service was run and the support they received from the manager. A staff member told us, "I am very well supported by the manager, she listens to staff. Last week I had training, my laptop went down but she helped me get it sorted." Another staff member said, "I like working here. The manager and staff look after the people that come to stay here. They really connect with people."
- The manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and took responsibility when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider sought people's views about the service through annual surveys and meetings. We saw an action plan from a recent tenant's survey. This indicated that people were happy with the service they received. We saw the minutes from regular meetings attended by people using the service. Issues discussed at the April 2023 meeting included people's view about the service and how things could be done better.
- Throughout the inspection we observed people being included and empowered to make decisions about their care. For example, we saw staff asking people what they would like to do or what they would like to eat. People spoke positively about the service. One person told us, "I like coming here. A relative commented, "This is my loved one's second home. The manager will go out of their way to help me if needed, even at short notice."
- Regular team meetings were held to discuss the running of the service and to discuss areas of good practice. A staff member told us, "We have team meetings every month. The manager asks staff if we have

any issues and we talk about them. We talk about what the people we support need and any incidents or accidents that have happened, so they don't happen again." Another staff member said, "The team meetings are open, we discuss people's needs, we look for areas to improve and we support colleagues."

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. They undertook regular audits that covered areas such as people's medicines, care planning, incidents and accidents and complaints.
- We saw a service improvement plan. This included evidence of actions taken to improve the service, for example improvements were made for reviewing people's care records, holding regular staff meetings and ensuring that regular fire evacuations were carried out at the service.
- Regular unannounced spot checks were carried out at the service. The manager told us these checks were to observe if staff engaging with people and to check if they were completing observation forms correctly in line with people's care plans.

Working in partnership with others

- The manager and staff worked with health and social care professionals to provide people with consistent care. The manager told us they welcomed the professional's views on service delivery.
- The 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 meeting they were provided with contacts and resources for activities for people with learning disabilities.
- A social care professional from the local authority told us, "The service has been through some management changes over the past few years. The current manager has provided some stability to the service, and they are responsive and keen to get things right." A social care professional commented, "The manager has made it easy to book my clients in, sometimes very last minute. The flexibility they provide is fantastic and communication is always brilliant."