

Ambient Support Limited

1 Devonshire Avenue

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

1 Devonshire Avenue is a 'care home' registered for 20 autistic people and people with a learning disability. There were 18 people living at the service at the time of our inspection. The service is provided on 1 site and consists of 2 different buildings.

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.

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

Right Support

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. Staff supported people to access health and social care services. People were supported to take their medicines in a safe way.

Right Care

Staff understood how to safeguard people from abuse and avoidable harm. People received care that was person-centred, and dignity and privacy was promoted. People received kind and compassionate care. Staff understood how to meet people's needs and responded to people in a timely manner. People's care plans reflected their needs and wishes. People's wellbeing was promoted and risks were managed.

Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People and those important to them, including healthcare professionals were involved in planning their care. The registered manager and staff team ensured people received support based on the values set out by the provider. These included Inspiration, Innovation, inclusive, integrity and impact.

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

Rating at last inspection

The last rating for this service was Good (published 14 February 2019).

Why we inspected.

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.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

1 Devonshire Avenue

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 carried out by 1 inspector and 1 expert by experience, who made calls to people's relatives after the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

1 Devonshire Avenue 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. 1 Devonshire Avenue is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 reviewed information we had received about the service since the last inspection. 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 used 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 made calls and spoke with 9 relatives of people who used the service. We spoke with 2 support staff, the deputy manager and the registered manager. We looked at multiple documents including care plans, risk assessments, Medication Administration Records (MAR), staff files, staff rota, training matrix and service monitoring documents.

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 received safe care and support. Relatives we spoke with told us their family members were safe. One relative told us, "I would say they are safe. We have never had any problems as they are very thorough." Another relative told us, "[Name] is definitely safe I have got to know the staff quite well."
- Systems were in place to manage and monitor safeguarding concerns. The registered manager reported safeguarding concerns to the local authority.
- Staff had completed safeguarding training and were confident to report any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and reviewed regularly. Support plans were comprehensive and covered a range of known risks including risks to people's health such as falls or nutrition. Information was included in people's care records about specific health conditions, so staff knew how to provide safe care.
- Everyone had a hospital passport in their care records. This meant essential and person-centred information could be shared if people were admitted to hospital. For example, one person's hospital passport included useful details such as, medication required in liquid form.
- One relative told us their family member had a positive experience when they had to visit hospital. They told us the person returned from their hospital visit quickly as staff were confident the person would receive good care at the service, as they have a good track record with infection and bedsores. This assured us risks were managed effectively.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. There was limited information on staff files kept at the service, however, management had easy access to detailed records such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide safe support to people. The registered manager told us they used the same agency staff for continuity of care. This meant people received consistent support from staff who knew them well. One relative told us, "A number of staff have been there quite a while and know my relative well." Another relative told us, "There are always 2 or 3 staff there, plenty of staff, and regular agency (familiar agency staff)."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and as required
- Systems were in place to support people with their medicines. Staff undertook medicines training and their competency was regularly assessed. We observed people receiving their medicines at the time they required them. Relatives confirmed medicines had been given in a way a person preferred to take them.
- The providers medicine policy and procedures were developed in line with national medicine guidance. For example, NICE guidance on Managing Medicines in Care Homes.
- Regular medicine audits were undertaken and records supported where action had been taken promptly.

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 meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was in date and a review was in progress to ensure it reflected current guidelines.
- The provider supported visitors to the service in line with current government guidance.

Learning lessons when things go wrong

- An outside provider completed a medicine audit and identified minor concerns. The registered manager met with staff involved and addressed the issues immediately.
- The provider had processes in place to investigate and act on any incidents that could affect people's health and safety. However, we found two incidents not shared with CQC. The registered manager told us this was an oversight and sent these on the day of the inspection.

- Relatives felt management dealt with issues and concerns. One relative told us, "Staff and management look at any problems and try to resolve it, for example, when [name] bed was broken, and they were on top of that and sorting it."

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

- The provider was committed to ensuring people living in the service received care in line with the principles of Right Support, Right Care, Right Culture. Alongside the staff team the provider worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- We used the Short Observational Framework for Inspection (SOFI) and observed a positive improvement driven culture. People were relaxed and calm with staff supporting them.
- Relatives gave positive feedback on the culture of the service and outcomes for people. One relative told us, "Staff see to everyone as they go past them, even if they are on their way to someone else, people all get attention. The staff show teamwork."

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 worked in an open and transparent way in line with their regulatory responsibilities.
- Relatives confirmed they were kept updated on their relations care. One relative told us, "We can ring the manager, and often go in the office and have a chat to get updates. We also got an email contact if they are busy, and they always respond to that."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective systems were in place to monitor the quality and standards of the service. This included a range of monthly, quarterly and annual quality assurance audits.
- Policies and procedures were in place to support the safe and effective running of the service.
- Relatives spoke highly of the management of the service and staff caring for their family member. One relative told us, "The service is well run, even though the staff have changed over the years, and I do not know them all, but the teamwork is still there. The management run the service the same way as they did before."
- Relatives confirmed the service was well run. One relative told us, "I have no concerns about anything as it's always been 100%." Another relative told us, "The service as far as I am concerned is brilliant. I get on with all of them and whoever I speak to. I have no complaints about them, no concerns whatsoever."

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

- People were supported to live their lives as they wished. One relative told us how their relative was supported to follow their religious beliefs and how this was respected by staff.
- Feedback was sought from people and relatives informally and through surveys. Relatives confirmed they had completed surveys.
- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. Relatives gave examples where their family member had attended appointments or received visits by healthcare professionals, such as, physio, GP or Speech and language therapists.