

Salutem LD BidCo IV Limited

Ambito Community Services Brighton

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

About the service: Ambito Community Services Brighton provides personal care at home. At the time of the inspection two people were receiving personal care. People using the service were living with a learning disability and/or autism and had other complex needs such as communication needs and sensory impairment.

People's experience of using this service: Relatives we spoke with were positive about the standard of care and about staff that delivered the service. A relative told us, "It's the best service that I as a parent could wish for." Another relative said to us, "I wouldn't hesitate to recommend them – they're a welcome part of our lives."

Staff completed training that was driven by the needs of the people and were experienced in their roles to provide effective care to people. Relatives told us they felt confident in the experience and knowledge of staff, a relative said to us, "It takes a special kind of person – this isn't just a job that needs doing, it's a person with very complicated issues and they get that." Staff received regular supervisions and an annual appraisal.

People were kept safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately.

The provider's quality assurance team and the area manager carried out audits which the registered manager used to improve the service. The registered manager and senior staff also monitored the quality of care and the service.

People were consistently supported by staff they knew well. A relative told us, "It's so good to have people that respect our home and are happy to have a relationship with me and family as well. There are no divisions – we are all part of <person's> life."

There were sufficient staff to meet people's needs and spend time with people. This enabled people to engage with activities, access the community and to live their lives as independently as possible. People were supported by staff whose suitability was checked through a robust recruitment process.

People 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.

Relatives told us they were able to feedback about the service by talking to the registered manager.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. Staff supported

people to make choices and to live as independently as possible. No complaints had been received at the time of the inspection. No-one required end of life care at the time of the inspection.

This service met the characteristics of Good. More information is in the full report.

Rating at last inspection: This was the first inspection of Ambito Community Services Brighton since it was registered, after the provider changed, by the Care Quality Commission (CQC) on 4 May 2018. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

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

Ambito Community Services Brighton

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector visited the office to look at records and speak to staff. An expert by experience spoke with relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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 48 hours' notice of the inspection visit because it is small. We needed to be sure staff would be in. We visited the office location on 24 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). 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.

During the inspection we looked at:

- ☐ Two staff files
- ☐ Two people's care records and medicine records. This included 'pathway tracking' people. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. We carried this out for two people. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.
- ☐ Audits and quality assurance reports
- ☐ Minutes of meetings with staff
- ☐ Other documents relating to the management of the service.

During the inspection we spoke to:

- ☐ Due to the nature of people's complex needs, we were not able to ask people direct questions, so we spoke to their relatives by telephone.
- ☐ Five members of staff: (Two support workers, a team leader, the Registered Manager and the Area Manager)

After the inspection, we received feedback from the manager of a housing trust, they agreed to be quoted in this report.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe. A support worker said to us, "It's about keeping people safe, if you know someone well and pay attention you can see differences or if they are unhappy."
- A relative said to us, "The carers know and understand (person's) conditions and maximise his potential whilst ensuring his safety."
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take and said they would report any concerns.
- The registered manager understood how to notify the local authority and the CQC about any safeguarding concerns. Notifications were completed as required.

Assessing risk, safety monitoring and management

- We looked at a range of risk assessments including accessing the community, travelling, medicines, personal care and communication that showed people's risks had been identified and assessed comprehensively.
- A relative told us that staff understood risks, "I was so impressed that the carer had read the care plan and was aware of the allergy and that even if he had touched something and then touched <person> it could be a problem."
- One person had support during weekend hours. Staff used an on-call system where team leads, and the registered manager, took turns to be on-call. The provider also had a regional support named person on-call over the weekend. The registered manager told us, "The on-call system is helpful, no one is on their own and there's help and support if you need it."

Staffing levels

- People's needs were met safely by sufficient levels of staffing. The number of staff required for each visit was assessed based on people's support needs. People required two to one staff support so two staff were provided to cover the person's support hours. The staff rota showed that people were visited by consistent staff.
- Staff that worked with people were consistent and well known to them.
- Relatives told us that having a consistent staff group helped the people to achieve good outcomes, a relative told us "Maintaining the consistency of the carers that were very familiar with <person> was very important and this was recognised by Ambito."
- Relatives and staff told us that staff spent time with people before delivering any care. A relative told us, "They're just starting to introduce a couple of new carers – they meet (person) at the day centre first and spend time with him there before they come to the house and take part in the personal care aspect – it ensures a level of dignity for (person), no strangers." Another relative told us, "I wouldn't let anyone come in

and do personal care without getting to know him first and the service agree and plan for that."

- Staffing levels were planned so that staff visited people that knew them and met their preferences. For example, where a person had a preference of the gender of their carer this was accommodated. A relative said to us, "Person has always preferred to have male carers, and this has been accommodated. Recently Person has asked for the team to include ladies and so the team is being built to include two ladies – they are currently visiting and getting to know him at the day centre."
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

Using medicines safely

- People needed limited support from staff with their medicines such as emergency rescue medicines and as and when needed medicines. Staff were trained in giving medicines and staff were knowledgeable about medicines when we spoke to them.
- People had as and when needed (PRN) medicines. Staff were supported by PRN protocols that guided staff about the prescribed medicine and how to know the person needed the medicine. A relative told us, "I am very happy that the support worker would be able to recognise the signs of agitation that would need the medication. If he has to have it, and it's been quite a while since it was necessary, it's written up and they call me immediately."
- People had comprehensive epilepsy care plans. These were developed with relatives and epilepsy nurse specialists.

Preventing and controlling infection

- Staff completed training in infection control and food safety.
- Relative told us that if a support worker is unwell the service managed this, they told us, "'They know just how vulnerable person is gives me huge reassurance – they wouldn't dream of coming if they were at all unwell. I have great trust in them.'
- A relative told us that staff knew how to protect the person from infection, they said to us, "gloves and changing things are always packed."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager used outcomes of audits and visit reports from the provider's quality assurance team and area manager to improve the quality of the service. For example, an audit of staff files identified gaps in recruitment processes such as updates needed in information, the registered manager addressed the gaps identified in a timely way.

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

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

- 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.

- We checked whether the service was working within the principles of the MCA, we found the service was compliant. Staff were trained in mental capacity. Staff supported people to make decisions and each person had a 'How I make decisions' plan. Staff assumed people had capacity to make decisions and respected people's choices. Staff told us they asked for consent before carrying out any tasks and talk through what they are doing while giving any care or doing any tasks.

Ensuring consent to care and treatment in line with law and guidance

- Care plans were developed with input from relatives, People had a recorded consent to care form.
- A support worker said to us, "We ask (person) questions and check with (relative) who is the main carer. When there are new staff shadowing us we always check with (person) if t's ok for them to come in to his home, everything is always his choice, under his consent and (relative's) consent. I can tell if he's not happy or uncomfortable – he has certain facial expression and vocalisations so that we know he's uncomfortable about something."

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively and meet their current needs. Relatives told us they felt confident in support worker's knowledge, a relative told us, "I have absolute confidence that the usual carers are well trained and know how to use the equipment that (person) uses, manage his medication when they are with him and manage his behaviour – they anticipate and calm him well."

- Another relative told us, "They know all about skin integrity and how important this is. They have to take great care when doing personal care – they know how to do this without aggravating his condition and causing him pain."

- Training had been identified that was considered essential for staff to complete. This included aspects of positive behaviour support, mental capacity, epilepsy, medication, learning disability, first aid, moving and handling, safeguarding, infection control and food hygiene. Training was arranged according to the needs of the people staff supported.

- Staff were encouraged to study for vocational qualifications in health and social care where they wished to pursue further professional development, at the time of the inspection three staff were completing additional studies. New staff completed an induction and the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff spent time getting to

know people and shadowing more experienced staff before working with people unsupervised.

- Staff received regular supervision and an annual appraisal, records confirmed this.

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

- Individual care plans included dietary needs, what support an individual may need and any allergies and preferences.
- At the time of the inspection some people receiving support were fed via percutaneous endoscopic gastrostomy (PEG), these are tubes that are implanted in a person's stomach as they could not swallow. A relative told us, "(Person) is PEG fed, staff manage two of the feeds on a Saturday. They know exactly what to do and there have never been any issues.'

Staff working with other agencies to provide consistent, effective, timely care

- Appropriate links had been established with health, social care and housing professionals.
- A relative said to us, "The manager is working with the other agency to formulate a single care plan that can be used by all the carers. I am confident that they will come up with something that works for us. We had a meeting about it around 2 weeks ago." A support worker told us, "We worked with the other agency that provides care for (Person), we used to have separate care plans, but we merged them together, that is now consistent across both services that support him."

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

- People were cared for in their own homes. People used moving and handling equipment and staff were trained in moving and handling people. A relative said to us, "Staff are competent in the use of the equipment." A support worker said to us that staff always checked that equipment had been serviced and safe to use.

Supporting people to live healthier lives, access healthcare services and support

- Support workers were not involved in attending appointments or making referrals but supported as people needed, in accordance with their wishes. A support worker told us, "If I'm there and the doctor's visiting I check if there's any change so that we can support (person) as best we can."
- Staff understood how to support people with their health needs, a relative said to us, "They understand that when (Person) puts their head to one side and raises their arms they know that they are about to have a seizure. They are so good at recognising this, reassuring them and making sure that they are as safe and as comfortable as possible."

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

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

- The service was supported by a small committed staff group. Staff and people knew each other well and formed genuine respectful friendships, people responded well to having consistent staff.
- Staff demonstrated a compassionate approach with people and it was clear that positive, genuine, caring relationships had been developed between people and staff. A relative told us, "Carers have to have an emotional involvement in the people that they care for and these really do... They are his friends." Another relative told us, "It's like having friends coming in. (Person) is delighted to see them which makes me relax knowing that he's so happy to go off with them."
- People were supported to maintain friendships that were meaningful to them and to have opportunities to socialise with their peers.
- Staff understood how important structure and reducing disruption was to the people living with learning disability and/or Autism. We observed that staff knew people's triggers, signs that indicated people were anxious or upset, and what approaches helped people to feel calm and settled. Daily records showed that for one-person staff recorded what the person did that day, what worked well and what did not work well. The registered manager then used this information to identify triggers and signs.
- A housing manager told us, "They appear to speak to their service users with respect and dignity. I have been a part of a transition process for one of the service users that attend Ambito, and the knowledge and information that the staff are able to provide me with, shows that they are interested and care about the wellbeing of their service users".
- A support worker told us, "I love being with the customers, I enjoy engaging in activities with them and being part of their lives, supporting them to have equality in life and access to the community. It's about whatever Person wants, I've been on his support team for eight years, I know him, and I understand how he communicates what he wants by vocalising and using his eye gaze machine."

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

- People were encouraged and supported to express their views and to be involved in decisions relating to their care. A relative said to us, "They are eager to respond to his needs and the choices he is making." Relatives were involved in decisions.
- People made day-to-day choices about what they wanted to do
- Staff communicated with people in a way that suited them and their needs. How to support each person with communicating was in line with guidance in their care plans.
- Staff knew people's gestures and vocalisations well and understood how each person uses technology or pictures to make decisions. A relative told us, "They understand the noises he makes – he's good at making himself understood and they are very tuned in and patient." The same relative said to us, "He isn't able to communicate in any other way so them being able to understand his noises is really important."

- Another relative told us, "Person is very good at eye contact and uses an eye gaze computer to 'talk' to his carers or to me. They use this to let him make choices – he chose his fancy dress outfit for his birthday – we all celebrated together – they are a huge part of his life."
- A support worker said to us, "Person loves to make choices – he likes to hold objects and he chooses one for the day. He'll choose from pictures his destination for that day, he likes going to see trains or being in the park."
- The same support worker told us, "Person> uses an eye gaze computer to make choices and communicate". They also told us that another person "Makes decisions and choices with his feelings, we know if he's up for something' if he smiles or does certain facial expressions."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to treat people with dignity whilst encouraging their independence. Staff supported people to express their views in the way appropriate to them. A relative told us, "They have built a special bond and manage, with extreme patience and understanding to get him to do new things. (Named carer) has got him to put his arms into his jumper by saying that he has 'superman arms' – it made me so emotional to see – real devotion."
- Staff upheld people's privacy and dignity. Staff were respectful that they were delivering care in a person's home. A support worker said to us, "Person> has his own bedroom, it's his house and his space, we respect that. He meets any new staff in day centre first before going to his home – he'll feel a bit more comfortable and knows the person. We always ask him questions and check he's comfortable with everything."
- A relative said to us, "Person is letting them into a very personal part of his life and they see that as a privilege – they (staff) are very special people."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual. People were supported to access activities they wanted to do such as hydrotherapy and bowling. People accessed the day centre run by the service which offered activities such as theatre and art projects. People were supported to be involved in artist residencies and to be part of a presentation at a neurodiversity conference where people showed their film work.
- A relative told us, "We have recently started to go swimming which (person) loves. One carer will either come in the water with me or help with changing, dressing and creaming. They are so considerate and take pleasure in the obvious pleasure that <person> gets from being in the water.' The same relative said to us, "On good days they go into the park and they let <person> do wheelies as he gets a thrill out of going around in circles."
- Another relative told us, "They use the agency car to go to the pier to watch a film or to go bowling. A special bracket is attached to the wheelchair that lets <person> push the ball down – he loves it. It's a real sharing activity with people he can relate to." The same relative said to us, "<Person> can play computer games on his special computer and staff join in and encourage him – lots of banter."
- People were supported to access the community while balancing their needs and preferences, for example a relative said, "They also go to the sea life centre and they know that it has to be early as later on <person> can't manage the noise and the echoing."
- Staff worked together at all levels to provide a person-centred service. A relative said to us, "If there is a day that he can't go to the centre because he is unwell, they then come to him and this flexibility is vital for us."
- Each person had a care plan which provided information for staff about their care and support needs in a person-centred way. Care plans were reviewed to ensure information about people was current and accurate. A relative said, "We're fully involved in the care plan – it's reviewed each year, but I only have to ring for them to bring something up to date if there have been changes."
- People's rights were protected, and staff treated people equally and with respect. Staff completed equality and diversity training and understood how to treat people as individuals regardless of their disability. For example, staff team meeting minutes showed that staff discussed "winter celebrations" to make the festive period inclusive to all people and staff.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People's communication and sensory needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service at the time of our inspection.
- The provider's complaints policy was available in an accessible pictorial format.
- Relatives told us they knew the staff in the office and what to do if they had a complaint. A relative said to us, "If I had anything I'd go to the Manager, but we are in constant dialogue. I have also known the administrator in the office for many years and we are always in touch."
- Another relative told us that staff understand the person's preferences, they said to us, "<Person> uses his computer to tell the carers what he thinks about things and they take notice of the outings he particularly enjoys."

End of life care and support

- No-one supported by the service needed end of life care at the time of our visit.
- Staff were trained in end of life care and had supported people through bereavements.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care that was person-centered. Staff were consistently focussed on the people, their needs and wishes. A relative told us, "They make the days that they spend with him the best day for him that it can be."
- The registered manager told us, "Customers are very involved in deciding what we offer and participating in activities they want to do. Staff are encouraged to focus on what the customer wants to do every day, we've worked to increase the activities available to people."
- The registered manager had a good understanding of duty of candour. For example, staff were encouraged to be open and honest. Staff had completed training in emotional blocks to whistleblowing and staff team minutes demonstrated that staff had discussed whistleblowing and openness in staff culture.

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

- The registered manager understood the regulatory requirements that needed to be met to achieve compliance with regulations. The registered manager had completed notifications that the registered manager was required to send to CQC by law.
- Staff spoke highly of the registered manager. A support worker said to us, "I'm really impressed by her, she's settled well since joining and customers like her."

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

- Staff were supported with their continual, professional development by the provider. A support worker told us, "Staff are like family, they are lovely, I appreciate them. The manager gave me a chance – they recognised my values and supported me"
- Staff told us their contribution was recognised by the provider, a support worker said to us, "I won an award from the provider for being best support worker, it was great, really nice and uplifting. I love my job here."
- The registered manager told us they were committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff.
- Relatives told us that they were well supported while the service changed provider. A relative told us, "I was very concerned when the service moved from the previous supplier, but my fears were unfounded. Registered manager has made the change seamless and is just building on all the fantastic care. I was so worried that there would be change and that would have affected person badly, so I am relieved. Registered

manager was in constant contact to reassure me.'

- Another relative told us, "The Manager came to the house to meet (named) and see the home environment. She noticed how responsive he was to large images and is now trying to sort out a photography course that he could access. She has great ideas."

Continuous learning and improving care

- A range of audits measured and monitored the service overall. The registered manager told us they were supported by the provider's area manager and quality team. The registered manager and team leads carried out observations and spot checks to monitor staff's competency.
- A support worker told us that senior staff listened to their feedback, they said, "Management always listen to us, keep us informed of outcomes or anything going on."
- Staff team meeting minutes showed that staff learnt about specific topics such as communication methods and sensory processing differences and discussed how they could apply this learning to the people they support. The registered manager told us, "I want staff to have autonomy, I try to encourage them to be reflective, we're all striving to improve together."
- Staff completed feedback forms after training to inform the registered manager about what worked well and what did not.

Working in partnership with others

- A housing manager told us, "Team leaders are at hand to respond to any queries that I may have. They have also help as much as possible to ensure that one of their service users has a smooth and calming transition into their new home. ... I believe that the staff there are providing a great service and ensuring that the service users are a part of the community".
- Relatives told us that staff work well with other professionals involved in their relative's care. One relative told us, "She is working with the other Agency to streamline what is done." And another relative said to us, "Person is in a period of transition and although the Agency and what they do won't be affected I know that they are keeping in touch with the other Agencies so that they are fully informed about anything that might effect (person)."