

# Ambient Support Limited

## 17 Edward Road

### Inspection report

17 Edward Road  
Bromley  
Kent  
BR1 3NG

Tel: 02083133607

Website: [www.ambient.org.uk/services/edward-road](http://www.ambient.org.uk/services/edward-road)

Date of inspection visit:  
29 September 2022

Date of publication:  
08 November 2022

### 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

17 Edward Road is a supported living service providing personal care and support for up to 11 people. The service provides support to people with severe and enduring mental health needs including dual diagnosis and people with a learning disability and/or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were nine people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right support

People spoke positively about staff and the support they provided. People's independence was promoted and supported. Staff supported people to achieve their goals and to take part in activities that met their interests. People's needs and risks were assessed, documented and reviewed to ensure they were safely met. There was a complaints procedure in place in formats that people could understand.

### Right care

Staff protected and respected people's privacy and dignity. People had support to access health and social care professionals when required. 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.

### Right culture

People received good care and support. People were involved in planning for their care and support. The provider took people's views into account and feedback was used to help drive improvements. There were effective systems in place to assess and monitor the quality of service that people received. The service worked with health and social care professionals to ensure people's needs were safely met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 10 May 2021)

### Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 17 Edward Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 17 Edward 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

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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. The inspection activity started and ended on 29 September 2022.

#### What we did before the 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 also checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. We used all this information to plan our inspection.

#### During the inspection

We met and spoke with six people living at the service to gain their feedback and experience of the care and support they receive. 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 met and spoke with the registered manager, deputy manager and three members of staff. We reviewed a range of records, including two people's care plans and records and medicines records. We looked at staff records in relation to recruitment, training and supervision and other records relating to the management of the service such as, policies and procedures and quality assurance.

# 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. At this inspection 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 were protected from the risk of abuse or harm. One person told us, "The staff are nice, very kind." Another person said, "Staff are very supportive and they help keep us safe."
- Safeguarding policies and procedures were in place and up to date to help keep people safe.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice.
- There were systems in place to oversee any learning from safeguarding and accidents and incidents and the registered manager understood their responsibilities in relation to safeguarding.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and reviewed to ensure their safety.
- Care plans and records contained up to date risk assessments relating to people's needs. This included risks such as, medicines management, nutrition, personal hygiene, sexual safety and relapse of mental health amongst others. Care plans and records included detailed information for staff on the support and actions to take to help keep people safe and to minimise the risk of accidents or incidents occurring and or reoccurring.
- People received support from health and social care professionals working within a multi-disciplinary team to best enable them to minimise risks and to meet their needs and aims.

Staffing and recruitment

- We observed there were enough staff available to support people safely and appropriately.
- Staff rotas showed us there were enough staff on duty to support people safely when required. One person told us, "The staff are very supportive and they are always around if we need them." A member of staff told us, "There are enough of us here to make sure people get the support they need. We work well as a team."
- Robust recruitment procedures were in place to ensure people were protected from harm. Recruitment records included, applications, employment histories, references, health declarations, proof of identification and 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.

Using medicines safely

- People received support to manage their medicines safely as prescribed by health care professionals. One person told us, "Staff help me with my tablets. They make sure I have them when I should."
- Staff managing and administering medicines were appropriately trained and assessed as competent to do

so safely.

- Care plans documented the support required by individuals to manage and administer their prescribed medicines. Staff supported people to seek medical intervention and to attend health care appointments when required.
- Medicines audits were conducted on a regular basis to ensure safe medicine management and that any errors or discrepancies were promptly addressed.

#### Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were monitored on a regular basis to identify themes and trends as a way of preventing reoccurrence and to support learning from them.
- Staff identified risks and understood the importance of reporting and recording incidents. Records showed that staff took appropriate actions to address incidents and sought support from health and social care professionals and referred to local authorities and the CQC when required.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs, risks and aspirations were assessed before they began to use the service. This ensured the service could meet their needs appropriately.
- Assessments evaluated people's daily needs, wishes, choices and preferences, identifying areas in which people required support to achieve positive outcomes. Assessments covered areas such as physical and mental health needs, medicines management, communication, social networks and behaviour amongst others.
- People's diverse needs were assessed and supported by staff where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.
- People were central to the development of their care plans and these documented their involvement and where appropriate the involvement from relatives and health and social care professionals.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. One person told us, "Staff know me well and they know the support that I need."
- Staff were provided with and had completed training that was relevant to people's needs. Training included autism awareness, equality and diversity, managing risks, support planning, food hygiene, safeguarding and medicines management amongst others.
- Staff had completed an induction 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.
- Staff were knowledgeable about the people they supported and told us they received good training and support from managers. One member of staff commented, "I feel very supported by management and have regular supervision."

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

- People were encouraged to maintain a healthy balanced diet. People's nutrition and hydration needs and preferences were supported by staff, where this was part of their plan of care.
- Staff had received training on food hygiene and were aware of people's dietary needs, risks and support they may require with shopping, meal planning and preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked in partnership with health and social care professionals to assess, plan and deliver an effective service to people. Records showed there was a multi-disciplinary approach to ensuring people's needs were met and professionals of different disciplines were involved in assessing, developing and reviewing people's care and support. One person told us, "I have a meeting with [health professional] later, they work with me and the staff here to make sure I'm well."
- People had hospital passports in place which detailed their health care and support needs for professionals. This information was readily available and shared with health care professionals when required such as doctors and nursing staff.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted and empowered people's rights and worked within the principles of the MCA to ensure these were upheld. Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that were caring and treated them with kindness and respect. One person told us, "Staff are great, they are very supportive and treat me well."
- Staff had built respectful relationships with people and understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- Care plans recorded information about people's diverse needs, including personal relationships, cultural preferences and religious beliefs. Policies and procedures were in place to ensure people were provided with support and protected, where required, under the Equality Act.

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

- People, and their relatives where appropriate, were fully involved and central to making decisions and choices about their care and support. One person told us, "Staff are so supportive, I'm involved and in control of reaching my goals. It's very important for me to be here as it helps me reach my goals."
- Care plans documented keyworker meetings that were held on a regular basis. These recorded discussions between individual people and staff about their wishes, plans and goals and how they could best be supported to achieve them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. One person told us, "Staff are respectful of my privacy and independence, I come and go as I please."
- People made choices about their living environment and were supported to personalise their rooms. People were also consulted about changes made to shared living spaces within the home through regular house meetings that were held.
- Staff were aware of the importance of respecting people's privacy and maintaining confidentiality. Information about people was treated sensitively and shared on a need to know basis only.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care and support needs were planned, documented and reviewed to ensure their needs and wishes were met. One person told us, "I know my care and support plan, we review them to make sure I am happy with what we have agreed."
- Care plans documented people's physical, emotional and mental health needs as well as their life stories and the things that were important to them, such as, their support networks and goals.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes.
- At the time of our inspection no one using the service required end of life care and support. However, care plans allowed for discussions to be recorded about people's end of life care wishes if they so choose to share this information.

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 and sensory needs were assessed and documented in their care and support plans to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the provider produced information and care plans in different formats that met people's needs where required. For example, easy to read and the use of pictures or large print formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and empowered to achieve their aspirations and goals. People had individual weekly planners detailing their preferred activities and social networks. For example, regular walks in local parks, arranged shopping trips and visits to loved ones and friends.
- Staff supported people where it was part of their support plan to participate in activities and pursuits of their choice. People accessed local facilities such as parks, restaurants, clubs, cinema's and theatres.
- People were encouraged and supported to plan for holidays. One person told us, "I had a lovely holiday with my family earlier this year. I'm planning to go again before Christmas."

#### Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.
- People were provided with a copy of the provider's complaints policy and procedure and told us they knew how to report any complaints or concerns they had. Comments included, "I'm happy here and have no concerns, but if I did I would tell the staff", "I would speak with the manager, I know what to do", and, "Yes, I'd tell the staff. They would sort any problems out if I had any."
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and in a timely way.

# 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. At this inspection the rating 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; 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

- Throughout our inspection we observed people received personalised care and supportive and positive empowering interactions between people and staff. One person told us, "This is a good place for me to be, it's helping me achieve my goals. The staff are very supportive."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Throughout our inspection the registered manager acted with openness and transparency.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2008. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a staffing structure in place and new staff had been recruited to the service from the provider's other services. Staff understood their roles and responsibilities within the service. Feedback from staff about management support provided was largely positive. Comments included, "We are better staffed now and work well as a team", "Management support is good but we don't always get recognised for going the extra mile", and, "Staffing levels are better but it's been tough. Management support has been available."

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

- The provider sought people's views about the service through surveys and meetings that were held on a regular basis.
- People told us they had regular reviews of their care and support, key worker meetings where they could discuss things that were important to them, house meetings where people could share their views on the service and to help drive improvements and provider surveys were conducted.
- Staff told us they had supervision meetings, annual appraisals and regular staff meetings. One member of staff commented, "I feel well supported and have opportunities to give feedback to the provider."

Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service on a regular basis. Checks and

audits conducted monitored areas such as, care plans and records, medicines management, accidents and incidents, staffing and safeguarding amongst others. Audits we reviewed were conducted frequently and where required actions were taken to ensure safety and well-being to all.

#### Working in partnership with others

- The registered manager worked with professionals and organisations to ensure staff followed best practice. They maintained regular contact with health and social care professionals, and the local authority to share best practice.
- Staff worked effectively with health and social care professionals such as, GP's and community mental health teams to ensure people received good care and support.