

Aitch Care Homes (London) Limited

Ambleside Lodge - Redhill

Inspection report

25 Brighton Road
Salfords
Redhill
Surrey
RH1 5DA

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Website: www.regard.co.uk

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: Ambleside Lodge - Redhill is a care home providing accommodation and personal care for up to eight people with learning disabilities, including Autism. The home comprises of the main house and an internal self-contained flat. At the time of the inspection there were six people living in the main house and one person living in the flat.

The people we met had complex learning disabilities and were not able to fully tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements.

The care service worked in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

Staff knew how to recognise, and report abuse and were confident any concerns raised would be responded to by their managers. Relatives thought their family members were safe.

Risk assessments were in place to ensure people's safety. Medicines were managed and administered safely. There were sufficient staff available to support people in their home and in the community.

There were a range of checks in place to ensure the safety of the home. Accidents and incidents were monitored to identify and address any patterns or themes. Learning from incidents was shared with the staff team. There were systems in place to manage infection control.

Staff received the right training and support to enable them to effectively support people. People's complex needs were well planned for. Staff supported people to have good health care support from professionals.

Where people lacked the capacity to make decisions for themselves, their capacity to make these decisions had been considered. However, best interest decisions were not always documented by the home in line with the Mental Capacity Act 2005.

People were involved in choosing what they wanted to eat and were supported to have a healthy and nutritious diet.

Staff were aware of people's routines and preferences, and they used this information to develop positive relationships and deliver person centred care. Relatives told us staff knew their family members well.

Staff described how they supported people by treating them with respect and dignity. Staff recognised when people were not happy and responded appropriately to support them.

Relatives told us staff were caring. Staff were understanding towards people and people were comfortable in the presence of staff.

People participated in chosen activities and accessed the local community, staff encouraged people to participate in things of interest to them.

Care plans were detailed, and relatives told us they felt involved in their family member's care. Relatives felt able to raise concerns with the staff or the manager directly.

The service had links with the local community. Statutory notifications had not always been completed to inform us of events and incidents.

There were systems in place to monitor and improve the quality of care and support provided.

We have made a recommendation for the provider to revisit the Mental Capacity Act 2005 in relation to people making decisions.

Rating at last inspection: Good (report published December 2016).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Ambleside Lodge - Redhill

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: The inspection was carried out by two adult social care inspectors.

Service and service type: Ambleside Lodge - Redhill is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was having a period of leave, the provider had arranged for another manager to oversee the home in their absence.

Notice of inspection: The inspection was carried out on 8 May 2019 and was unannounced.

What we did: Prior to the inspection we reviewed information that we had about the service including safeguarding records and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We reviewed this information during the inspection.

As part of our inspection we met with seven people, however only one person was able to tell us verbally about their experiences of life at the home. We therefore used our observations and discussions with staff. We also received feedback from two people's relatives.

We also spoke with six members of staff, this included a senior manager, the manager and care staff. We reviewed two people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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

- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "We look out for changes in behaviours, reactions of people around staff, and we have tight systems around finances. I would speak to manager or The Care Quality Commission (CQC). They [the provider] promote whistleblowing and I would easily do it, I've never had to though."
- Safeguarding incidents had been reported to the local authority.
- When asked if they felt safe, one person told us, "Yes."
- Relatives told us they thought their family members were safe. One relative said, "I have no worries about [names] safety." Another commented, "Yes, I'm happy [name] is safe."

Assessing risk, safety monitoring and management

- People had current, detailed individual risk assessments. We reviewed examples of risk management in relation to health conditions, activities and the environment. There was clear guidance for staff on managing these risks.
- Some people living in the home could become anxious, leading to incidents where they harmed themselves or others. There were detailed plans in place on how staff should support people at these times. Staff gave examples of how they followed people's care plans.
- Emergency plans were in place to ensure people were supported in the event of an emergency.
- There were a range of checks in place to ensure the environment and equipment in the home was safe and regularly maintained.

Staffing and recruitment

- There were enough staff to provide people with safe care and support. Relatives commented there had been some recent changes of staff. The manager had requested regular agency staff to aid with staff consistency. Staff said the staffing in the home had improved. One staff member told us, "There have been improvements."
- We reviewed the staffing rotas and saw shifts were covered, agency staff were used where required.
- Staff were safely recruited, and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task.
- The provider was following safe protocols for the receipt, storage, administration and disposal of

medicines.

- There were no medicines requiring additional security and recording being stored or administered at the time of our inspection.
- Medicines management audits were completed weekly and monthly. Where audits had identified areas for improvement, this recorded and actioned.
- Protocols for the administration of 'As Required' medicines were completed.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean and odour free.
- Staff were responsible for cleaning the home and encouraged people to be involved.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons during personal care, to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- All incidents and accidents were recorded by staff and reported to the manager.
- Staff told us they discussed incidents when they occurred. One staff member said, "We talk to each other (following incidents) and discuss the best way forward, we also bring it up in meetings."
- The manager reviewed incidents and took action where required. For example, requesting input from outside professionals.
- The manager told us they had requested support from professionals in response to an increase in incidents. They demonstrated there had been an analysis of the incidents including discussions with staff. This was used to improve practice and support staff to support people at these times.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions had been considered and mental capacity assessments had been completed. For example, having a care plan in place that detailed the support required from staff and sharing information.
- Where people had been assessed as lacking capacity to make certain decisions, records were not always kept relating to the best interest decision that had been made. The manager told us best interest meetings had been held, however they did not hold the record to these. They confirmed they would obtain these records.
- There were some restrictions placed on people and these were included in people's DoLS. These included restrictions on items such as clothing and certain items of food. The manager described how they had looked at reducing some of these restrictions and confirmed these were discussed during people's reviews. Although restrictions were recorded in people's DoLS; individual capacity assessments and best interest decisions had not always been recorded to demonstrate they were the least restrictive option. The manager told us they would complete this
- DoLS applications had been made as required, the manager was contacting local authorities to enquire on the progress of the DoLS applications where required.
- Staff told us they had received training in the MCA and they had an understanding of the Act.

We recommend the provider revisits the Mental Capacity Act Code of Practice in relation to supporting people to make decisions.

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

- People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
- The manager and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- New staff received an induction when they began working at the service. This included orientation to the service and shadowing a more experienced staff member. Staff told us this prepared them for the role.
- Staff were provided with training and support to ensure they could support people with the care they required. Additional training had been provided to meet people's specific needs including supporting people with health conditions and when they became anxious. Where there were gaps in staff training records, an action plan had been developed to address them.
- Staff told us they received one to one supervision with their line manager and an annual appraisal. They said this was an opportunity to receive feedback and discuss their role.
- Relatives told us they thought staff had the right training and skills to support their family members. One relative told us, "I do feel confident about the skills, competency and practice of care staff."

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

- People were supported to receive meals which met their choice and dietary requirements.
- Staff described how they supported people to plan their weekly menus using pictures of meals. The weekly menu was displayed in the dining room, this was in pictorial form. Staff told us if people did not want to eat what was on the menu on a certain day they could choose from other options available.
- People required assistance with food preparation. Staff described how they supported people with aspects of preparing their own meals.
- We observed staff offering people choices of drinks by visually showing them the drink and responding to their choice.

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

- People's healthcare needs were set out in their care plans, staff monitored people's healthcare needs and sought professional input where required.
- Relatives told us staff were quick at identifying any concerns and seeking appropriate health professional support. One relative said, "Changes in [names] physical health are picked up quickly and these have always been dealt with."
- Staff supported people to attend healthcare appointments. Staff knowledge about people was good and professional advice provided was followed.
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

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

- Each person had their own bedroom which reflected their preferences and interest. People had chosen to personalise their rooms with photographs, personal items and items relating to their personal hobbies.
- There were plans in place to improve and update the environment. This included decoration and replacing some of the doors throughout the home. During the inspection we observed the works being carried out.

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

- Not everyone could tell us their thoughts about the staff team supporting them, however people were relaxed in the company of staff. Staff had developed positive relationships with people. We observed positive interactions between people and staff.
- One person told us, "The staff are funny, all of them, I'm happy here."
- Relatives told us staff were kind and caring. Comments included, "I consider the staff caring. All staff there have a good attitude to care" and "The staff are very good and nice."
- Staff described how they treated people as individuals and respected their wishes. Staff were aware of people's diverse needs. One staff member told us, "[People] have their one to one [staff] support, if they want attention we give it to them and if they want something they have it."
- Care plans covered people's individual needs such as their cultural needs.

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

- People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices using pictures and objects.
- Staff described how people made some decisions in the 'here and now' and that they responded to these choices.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when assisting personal care and knocked on people's doors before entering. One staff member described how they supported people with personal care, encouraging them to do as much as they could for themselves and giving them privacy. One person told us, "Yes" when we asked if staff knocked on their door before entering. One relative commented, "The staff do promote privacy and respect."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome. One relative told us, "I am able to visit at any time and I am always welcomed."
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves.

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 that was responsive to their needs. Care plans were individualised, detailed and relevant to the person. Relatives were involved in reviewing people's care. One relative said, "I am involved in [name's] care planning and reviews."
- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others, including professionals. Staff knew people well and responded to their individual communication needs.
- Relatives felt the staff were responsive to their family member's needs. One relative said, "I consider the staff are responsive at meeting [name's] needs."
- People engaged in activities of their choosing. Each person had their own activities schedule. People took part in activities such as personal shopping, the cinema, walks and visiting places of interest. Care plans gave information on people's preferences in relation to their social interests. Staff had a good knowledge of these. Throughout the inspection we observed staff engaging people in their preferred activities.
- Relatives were happy with the activities people participated in.

Improving care quality in response to complaints or concerns

- Most people living at the home were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative said, "Any complaint I would contact the manager and the senior team, they have always responded." Another commented, "I would be happy to speak to staff, any problems they would sort it out."
- The complaints file showed that no formal complaints had been made in the last year.

End of life care and support

- Care plans included some information relating to end of life care. However, most people using the service did not have the mental capacity to understand this. The information was based on the knowledge staff had of people and included input from their family members.
- At the time of the inspection no one was receiving end of life care.

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

- The manager demonstrated they were committed to providing person centred care to the people living at Ambleside Lodge - Redhill.
- The area manager and manager discussed the improvements they had made at Ambleside Lodge - Redhill, and their plans for further improvements. They had implemented a service action plan and they demonstrated the progress they had made against the plan.
- Staff commented positively about working at Ambleside Lodge - Redhill. Staff said they worked well together as a team. One staff member said, "We are a good team and work together. That's why I wanted to join the team they were really friendly and welcoming."
- Staff told us that the manager was approachable. One staff member said "[Name of manager] is really nice and approachable."
- Relatives commented positively about the management of the home. One relative told us, "The management team is very good and the [registered] manager is excellent. The whole team are very approachable."
- The manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- There was a registered manager in post, the registered manager was currently on a period of leave. The provider had arranged for another manager to cover in the registered managers absence.
- The Care Quality Commission (CQC) had not been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities. We had not been notified of a safeguarding incident and a serious injury. We discussed this with the manager who told us they would send in retrospective notifications.
- There was a clear staffing structure in place and staff were aware of their roles and responsibilities.
- There were effective systems were in place to monitor the standard of care provided at the home. A range of audits were carried out by the manager and the provider.

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

- People's views were sought through residents' meetings. Areas covered in the meetings included, the environment, staffing and activities. Pictures were used as an aid to communicate the agenda to people,

and their comments were recorded in the minutes.

- Relatives views were sought on an annual basis in the form of a questionnaire. We reviewed the feedback from the questionnaire completed in October 2018. An action plan had been created in response to comments raised by people's relatives.
- The provider had introduced a 'stake holder meeting'. These involved relatives meeting with managers to discuss information relevant to the home such as staffing, it also gave parents the opportunity to discuss any queries or concerns.
- Staff confirmed they attended staff meetings. One staff member said, "The manager has started over again with meetings, they are more regular, and everyone has the right to voice any concerns." Records demonstrated areas covered included, policies, staff training, incident recording and health and safety.

Continuous learning and improving care; Working in partnership with others

- The manager described how they promoted a culture of learning from incidents and complaints. They gave examples where they had cascaded and applied learning throughout the team.
- The service worked in partnership with other organisations to support care provision. For example, local district nursing teams, GPs, speech and language therapists and psychiatrists, to meet and review people's needs.