

Ambient Support Limited

7 Horse Leaze

Inspection report

7 Horse Leaze
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

7 Horse Leaze is a care home providing residential care to 1 person at the time of the inspection. The service can support up to 6 people.

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

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture.'

Right Support:

The model of care and the setting maximised people's choice and control. People had their own bedroom and shared the facilities. People were protected from the risks associated with the spread of infection and were supported to take their medicines safely. People were encouraged to make choices and decisions in accordance with their level of understanding.

Care planning involved the person and their relatives as appropriate. People's risks were assessed in a person-centred way. Care plans and risk assessments were reviewed on a regular basis. People who may become anxious or distressed had positive behaviour support plans in place to reduce the need for restrictive practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Care was person-centred and promoted human rights. The service worked closely with the British Institute for Learning Disabilities (BILD) who champion the human rights of people with disabilities, to promote the human rights of people using the service. People were protected from abuse and poor care. A relative confirmed they were included in decision making about their relative's care. People were supported to achieve their goals and aspirations by a staff team who knew them well.

People had their communication and cultural needs met. Staff engaged a person using the service in culturally appropriate activities in accordance with their individual care plan. People were supported to maintain links with their family.

Right Culture:

The management team had an open door policy and a relative and staff spoke positively about the management of the service. A relative and staff confirmed they would be able to raise concerns to enable improvements to be made to the service.

The provider ensured staff had training in learning disability and autism so they could support people in a person-centred way. Staff received training in other core care subjects. Governance systems ensured people were kept safe and received care in line with their personal needs and preferences. The service worked jointly with other professionals to improve outcomes for people. The provider promoted a positive culture that was inclusive, open, and empowering for people using the service, relatives and staff.

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

Rating at last inspection

The service was registered with us on 14 January 2021, and this is the first inspection.

Why we inspected

We undertook this inspection because they had not been previously 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.

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.

7 Horse Leaze

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

The inspection team consisted of 1 inspector.

Service and service type

7 Horse Leaze 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. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

What we did before the inspection

We reviewed information we had about the service since they became operational. 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 spoke with 1 person who used the service and 1 relative. We spoke with 4 staff including the registered manager, deputy manager, a team leader, and a care staff. We looked at a range of management records including, medicines, quality audits and building safety certificates. We reviewed a person's care record including risk assessments and 2 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe at the service. A person told us they felt safe with staff. A relative told us, "Yes we do feel [person using the service] is safe."
- Staff understood what actions to take if they suspected somebody was being abused. A staff member demonstrated they understood whistleblowing procedures and told us, "I would speak to my [registered] manager, HR (human resources) or CQC."
- The registered manager told us there was currently no need to use restrictive interventions with people in the service.

Assessing risk, safety monitoring and management

- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face.
- Risk assessments included the risks associated with finances, mobility, skin care, using the bathroom, using the kitchen and risk of harm by sharp objects, unhealthy food choices and risk to self and others when outside the service.
- People also had a personal emergency evacuation procedure to give guidance to staff about the support a person would need in the event of an evacuation.
- Where appropriate, people had a positive behaviour management plan to give guidance to staff about how to support people to manage their anxiety or distress.
- Building safety checks had been carried out in line with legislation. For example, portable electrical appliances were tested on 30 January 2023 and a gas safety check was done on 25 May 2022.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Records confirmed this.
- There were enough permanent staff working at the service to cover planned and unplanned staff absences. The registered manager told us if needed in the future they had a named agency they could use and could block book the same staff for continuity.
- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

Using medicines safely

- People's medicines were managed safely. Medicines were stored safely and correctly.

- Medicine administration records were completed correctly with no gaps.
- People prescribed 'as needed' medicines had guidelines in place so staff would know when and how to administer these.
- The physical stock count for two medicines matched the amount recorded.
- New staff were required to complete online medicines training, complete a competency booklet and a medicines assessment. During this process, the staff member observed experienced staff 10 times, and were then observed administering medicines before being signed off as competent.
- Care records showed signed consent was sought for staff to administer medicines to people.

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 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance, There were no restriction to visitors at the time of inspection.

Learning lessons when things go wrong

- The provider kept a record of incidents and used these to learn lessons so improvements to the service could be made. Staff confirmed lessons learnt from incidents were shared with them.
- The registered manager told us there had been no accidents.
- The provider had notified CQC appropriately of incidents that had occurred.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's personal relationships, identified gender, culture and spirituality. People's support needs with communication, medicines, health, laundry, personal care, cooking, eating, drinking, and activities were fully assessed.
- Care plans detailed what support a person needed and what tasks they could complete independently.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. A relative told us they felt staff had the right skills to support people using the service. Staff confirmed they received training and found this useful.
- Records showed staff received comprehensive training including safety topics such as emergency first aid, fire safety and food hygiene. Staff completed training in supporting people with a learning disability, autistic people, and positive behaviour support.
- The registered manager told us new staff received an induction which included 5 days shadowing experienced staff and completing mandatory training courses. They sent us a copy of the induction booklet new staff were expected to complete.
- Staff were required to complete the Care Certificate and records confirmed this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed staff were supported with regular supervision and appraisal. Discussions at these meetings included the wellbeing of the staff and people using the service and training needs.

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

- People were supported with their nutrition and hydration. The person using the service was supported by staff to choose their menu and shopping list using pictures.
- Care plans included people's preferences in relation to food and drink and detailed the support needed to prepare these.
- Staff described how they supported people to buy culturally appropriate food of their choice from specialist shops.
- We checked the kitchen and saw it was well stocked with a variety of foods. Fridge and freezer temperatures were within the recommended range.

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 met. Care plans included people's health support needs including whether support was needed to attend appointments.
- Records included details of healthcare professionals involved in the person's care. People had a health action plan so the person and staff would know what support they needed to live a healthy life.
- The outcome of healthcare appointments was documented in care records. Records showed a person had input from a speech and language therapist, psychologist, and psychiatrist.
- Staff received training in oral care. Records confirmed this. People's oral care needs were documented in people's care plans, and they had access to a dental service for routine and emergency appointments as needed.

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

- People were supported in a ground floor spacious purpose built building with access to a garden. There was a sensory room which was currently also being used as an exercise room.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of inspection there was one person using the service who had an appropriately authorised DoLS in place and conditions relating to this were being met.
- People had MCA's in place where appropriate to check their capacity to make decisions. For example a person had an MCA for staff to support them to manage their finances.
- Records showed staff had received training in MCA and DoLS.
- Staff understood the need to obtain consent before delivering care. A staff member told us, "I would ask, 'Do you want me to help you?' "

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

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

- People were well treated and supported by staff who knew them well.
- A person using the service and a relative told us staff were caring. The relative said, "[Staff] are very kind and caring and they are very friendly. We feel that we have a good bond with them."
- Staff demonstrated they knew the person who used the service well including their cultural needs. A staff member showed us a video of supporting the person to celebrate a cultural tradition relevant to them and this showed they had enjoyed this.
- Another staff member gave an example of how they had previously celebrated different countries through themed nights with relevant meals, dressing and discussing tourist attractions for each one.
- The registered manager told us, "We have a multi-diverse team. We can support people to [cultural] events. We can get an advocate involved." They explained this would also apply for people who identified as lesbian, gay, bisexual, or transgender.
- The registered manager told us and records confirmed staff completed equal opportunities and discrimination training.

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

- Records showed people were supported to express their views and be involved in making decisions about their care.
- Relatives confirmed they were involved in decision-making about the care. A relative told us there were times when they had offered guidance to staff about the person's character.
- The registered manager explained staff put together the care plan with the person using the service and the family. They said, "[We] asked the person what they liked and what they liked to do. [We] got the history from the [relative]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. A staff member told us they promoted people's dignity by, "Giving [person] space when they are using the toilet and dressing. [I] close the curtains and shut the door and make sure [person] is appropriately dressed when going out."
- Records showed a referral had been made to health professionals for support for a person around sexual awareness and appropriate behaviour.
- Staff supported people to do things for themselves independently. A staff member explained, "By encouraging and prompting [person] to do things and giving lots of praise." This staff member gave an example of a person who knew how to use the washing machine for their laundry.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a person-centred way which ensured they had choice and control to meet their needs, preferences, and aspirations.
- Staff understood how to give person-centred care. A staff member explained how they offered people choices and said, "I use pictures or bring out 2 or 3 different items in the kitchen or with clothes for [person] to choose."
- The same staff member explained how the staff team supported people to achieve their goals. They said, "We see what the person is interested in, set out the goal and encourage [person] to achieve it."
- Care plans were detailed, personalised, and included people's history. They were reviewed regularly and contained people's likes and dislikes. For example, we saw it was documented the person liked musical activities but did not like too much noise or people arguing.
- Care plans included the goals people wished to achieve. For example, the person using the service had a goal to learn to speak English. Records showed the service had supported them to apply for an English speaking course.
- The registered manager told us, "All our care is person-centred. We take a holistic view of the person and find out what's important and not important to them. If things go wrong, we sit, discuss and we learn."

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 needs were met. A staff member explained, "I use the Google translate and if [person] is not able to understand I can call colleagues [who speak the same language]."
- Care plans included a section about communication. For example, a person's care plan stated, "[Person] has limited speech and communicates more willingly with people they know well. [Person] uses verbal and nonverbal resources to increase their confidence and express their needs."
- The managers and staff told us they were able to communicate with the person using some Makaton, objects of reference, pictures and a 'now and next' mat. We saw staff had a quick reference sheet with frequently used words and instructions in the person's native language and the English translation.

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 to follow their interests and take part in activities relevant to them. A relative told

us, "[Person] does plenty of activities."

- Staff described the activities they supported people with. A staff member said, "Today we were supposed to do shopping, but we did music and movement instead. [Person] likes to do colouring."
- The registered manager told us, "We sat and asked [person] what things they liked and did not like. [Person] loves performing and did performing arts. [Person] made their own activity plan."
- Care plans showed activities included a visiting personal trainer, swimming, attending a gym, garden activities, cinema, movie night with popcorn, eating out, bowling, and singing.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system in place to record complaints and concerns. The registered manager told us the service had not yet received any complaints.
- A person told us who they would speak to if they were not happy at the service.
- A relative told us they were confident if they had a concern or complaint about the service, it would be resolved.
- The service had an easy read version of how to make a complaint so it would be easier for people with a learning disability or who were autistic to understand.

End of life care and support

- At the time of this inspection there was nobody using the service who was at the end of their life or terminally ill. The provider had an end of life care policy so staff would know how to support people sensitively at the end of their life.
- Care plans included a section to state if the person had chosen to be resuscitated if needed or if they had opted for a 'Do not attempt resuscitation' agreement. Care records also stated if the person had an advanced care plan in place when they were at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was inclusive, open and empowering. This meant people, relatives and staff felt they had a voice and were listened to.
- The relative spoke positively about the management of the service and told us the managers were very approachable. They said staff kept them updated on their relative's wellbeing and provided them with pictures and videos of activities the person had taken part in.
- Staff spoke positively about the management of the service. A staff member said, "[Managers] are both approachable. I am free to speak. I don't have any issue with any of them."
- The registered manager told us they had an open door policy and staff could speak to them, the deputy manager or above.

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 understood their responsibility under duty of candour. They said, "I am to be open, transparent, and honest with all my communications with families, professionals, and CQC. I must express my apologies for whatever it is may have happened."
- The provider had notified the local authority and CQC appropriately of safeguarding concerns.

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

- Staff were clear about their roles and were comfortable with raising concerns with managers when needed. A staff member told us they were kept updated about changes within the service and with people's needs through handover, daily logs, and the electronic recording system.
- The registered manager told us, "Fundamentally, we ensure staff know they have a duty to fulfil what is in their job description. You have to lead by example. We check their understanding in supervisions."
- The provider had a variety of audits in place to check on the quality of the service. The audit system showed if the standard was met or needed improvement. Areas audited included health and safety, people's finances, and medicines.
- We reviewed a recent copy of each audit. For example, the care plan audit for 27 January 2023 noted a list of staff signatures was not available and clear goals for the person using the service had not been identified in the care plan. The audit action plan for all audits noted both these actions had been completed on 30 January 2023.

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

characteristics

- The provider had a system of obtaining feedback from people and relatives. We saw feedback from a relative included, "I am very happy with the care of my [relative]. The staff organises a lot of activities for physical and mental activation. I am a frequent visitor and [staff] always welcome me."
- Staff explained how they knew if they were doing a good job. A staff member said, "I know by the way the person I am supporting responds; the smiling. I keep checking [with person] if everything is all right just to make sure I am doing okay."
- The provider had regular meetings with staff to keep them updated on developments within the service. We reviewed the minutes of the meetings held in December 2022 and saw topics discussed included, staff worries, welfare of people using the service, mental capacity, and upcoming service changes.
- The registered manager told us there were currently no equality issues among staff and said, "Everybody respects each other." The deputy manager added, "We are like a family."

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people including speech and language therapists, psychologists, and psychiatrists.
- The registered manager told us the service was accredited to Bild which is an organisation set up to champion the human rights for people with disabilities. They told us through this collaboration the service now had 5 Positive Behaviour Support coaches and there was always one of them on duty.
- The registered manager told us they had built up links within the local community which included the gym, barbers, cultural shops, and a local community education venue. They were in the process of forming links with the local leisure centre so people using the service could access activities there.