

Achieve Together Limited

Ambleside Lodge - Redhill

Inspection report

25 Brighton Road
Salfords
Redhill
Surrey
RH1 5DA

Tel: 01293781418






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Ambleside Lodge is a residential care home providing personal care to up to eight people with learning disabilities and autism. The home comprises of the main house and a self-contained flat on the top floor. At the time of the inspection six people lived in the home.

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

Medicines were administered safely. Staff were recruited safely however staffing numbers were sometimes too low, the registered manager was working to reduce the impact of this. People and their relatives told us they felt safe living at Ambleside Lodge.

People did not always have the support they needed to be able to do their preferred activities, we have made a recommendation to the provider about this. Concerns and complaints were responded to promptly. Staff understood people's individual communication styles.

The management did not always effectively identify concerns or monitored risk and not all staff were receiving regular supervision. People using the service, their relatives and staff spoke positively about the registered manager.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There were some improvements required to staff training. The manager was aware of this and had a plan in place to address it. People's care needs were regularly assessed and the service worked closely with health and social care professionals.

Staff treated people with dignity and respect and helped to maintain people's independence by supporting them to learn new skills and encouraging them to care for themselves where possible.

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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- People did not always have a great deal of choice or control over their lives. People were often unable to take part in their preferred activities and opportunities to go out were limited.

Right care:

- Staff knew people well and were familiar with their care needs. Care was personalised and staff ensured people's dignity, privacy and human rights were respected.

Right culture:

- The values and attitudes of staff and managers were positive and inclusive. They worked towards improving people's confidence but problems with staffing meant that people were not always supported to lead empowered lives.

Since our inspection, another member of staff was made available to support people to go out in a car. The registered manager also continued to work on improving recruitment.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 18 June 2019. This was the first inspection of this service since the change in registration on 25 September 2020.

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to restrictions placed on people. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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 Care Act 2014.

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 was carried out by two inspectors.

Service and service type

Ambleside Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We observed staff providing care and support. We spoke with seven members of staff including the registered manager, deputy manager, senior support workers and support workers. We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to three relatives of people who lived at Ambleside Lodge about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at further care records, training data and quality assurance records.



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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas within the home did not appear to have been cleaned regularly. Cleaning records had only been completed sporadically suggesting that the cleaning schedule in place was not being kept to. Since the inspection we have seen evidence from the provider that cleaning practices at the service have improved.
- We were somewhat assured that the provider was using PPE effectively and safely. Not all members of staff on duty were wearing the correct personal protective equipment (PPE). We saw two members of staff wearing face mask which did not comply with government guidelines. This could have put people at a higher risk of infection. We raised this with the registered manager who addressed this immediately with the staff concerned and took further action following the inspection to ensure all staff were following PPE guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.
- Visits for people living at the home were facilitated in line with the current guidance.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

- Staff understood individual risks to people. We observed that staff acted quickly in situations where if they had not intervened people's behaviours could have become a risk to themselves or others.
- Risks to people were well documented. For example, people had positive behaviour support plans in place which provided detailed information for staff about how to avoid triggers which may cause people to become upset or anxious and how to deescalate situations to reduce the risk of someone coming to harm..
- Staff undertook routine safety checks of the environment. There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave their

home.

Staffing and recruitment

- There were sufficient staff on duty most of the time to provide people with safe care. There were too few staff employed at the service and agency staff were used to fill gaps in the rota. Rotas showed that on some occasions there were not enough staff on duty to meet people's needs.
- Staffing issues meant that people did not always receive the support they needed to fulfil social needs as reported on in the Responsive section below.
- The registered manager told us they recognised staffing was an issue and they were working to try to improve recruitment, however this was challenging due to a shortage of available workers in the adult social care sector.
- Staff were recruited safely. New staff members underwent appropriate checks, including verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely

- People were administered medicines safely by staff who were competent to do so. Medicines were stored and disposed of safely and in accordance with relevant guidelines.
- One person's medication administration record (MAR) had been completed incorrectly by a member of staff so that it instructed staff to administer insulin three times a day when it was actually prescribed for two times a day. This was highlighted to the deputy manager during the inspection who rectified this immediately. Records showed that the correct number of doses had been administered.
- Staff received relevant training before they were able to give people medicines and the management team checked their competency regularly in relation to the administration of people's medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from abuse. People and their relatives told us they felt safe and could raise concerns if they needed to. One person's relative said, "I have never thought that [person] isn't safe there." Another relative told us they "absolutely" thought that their loved one was safe.
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding and received training in this area. Staff told us if they thought someone was at risk of abuse, they would record this, ensure the person was safe, and inform the manager immediately.
- Safeguarding concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the local authority and CQC .
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support. For example, we saw that changes had been made to one person's behaviour support plan which had reduced the number of incidents happening at the service.

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 for this newly registered service. This key question has been rated good. This meant 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Restrictions were in place which people had not consented to. The kitchen was kept locked so people could not access this freely. Staff told us this was because of the risk of two people with diabetes accessing sugary snacks which could have unsettled their blood glucose levels. This restricted the choices of others living at the service as they could not access their kitchen without asking a member of staff first.
- This restriction had been put in place without people's informed consent or the provider acting in accordance with the MCA.
- Staff had variable levels of understanding of the MCA. Staff told us they supported people to make day to day decisions but had not always recognised practices of locking doors and people not being able to go out regularly as restricting people's right to choose and make decisions about how they lived their life.

The failure to act in accordance with the Mental Capacity Act 2005 when restricting people's liberty was a breach of regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- Improvements were required to staff training. Not all staff had received training in areas specific to the people they support such as positive behaviour support training and epilepsy awareness. The registered manager told us they were aware of the gaps in staff training and we saw there was a plan in place to improve this.
- Staff told us they received a good level of support from the management team. One member of staff told us, "[Registered manager] is very approachable and has helped me." Another member of staff said, "[Management team] have been really supportive."
- New staff received an induction when they started working at the service. This included training

specifically about supporting people with learning disabilities and autism as well as shadowing of other staff to ensure new staff were able to meet people's needs.

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

- Some furnishings in people's rooms were in a poor state of repair. Issues we saw included broken shelving and knobs missing from a wardrobe door. Staff told us once these issues were reported to the maintenance team, there was often a long wait for these to be resolved. Following the inspection the provider told us these works had taken place.
- People were supported to personalise their own rooms. On the day of our inspection one person was supported to go shopping to choose a new mirror for their bathroom.

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

- Staff completed assessments of people's needs and regularly reviewed care and support with them and their representative. Health action plans and communication passports were also in place.
- Care was delivered in line with the relevant standards guidance and the law. Staff considered people's protected characteristics such as religion or beliefs ensuring they were protected from discrimination in accordance with the Equality Act 2010.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a healthy balanced diet and were involved in menu planning, shopping and meal preparation.
- People were protected from the risk of poor nutrition and dehydration and staff had knowledge of people's likes and dislikes. We saw that staff had a good understanding of what people would like to eat and drink throughout the day.
- People and their relatives told us they were supported to access healthcare services when they needed to. One relative told us, "They have taken [person] to the dentist and got his jabs done. Whenever he has needed any sort of help, they have supported him with this." Another relative said, "Staff support [person] to do this quickly."
- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns and recorded actions taken. For example, one person's care plan included information from health professionals about how to effectively support them with their nutritional needs. Staff were aware of this information and knew how to follow it.

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 for this newly registered service. This key question has been rated 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

- We observed that staff were kind, caring, friendly and attentive. When one person became anxious staff were quick to reassure them and the person appeared to react to this positively as they started laughing with the member of staff. One relative told us, "I've been very impressed with [the staff]."
- People's individual needs had been considered in respect of their religion and culture. One person's cultural background involved not eating pork. This was documented in their care plan and they were offered alternatives if pork was on the menu.
- Staff told us they enjoyed working at the home and spoke to us about people in a way that showed they respected their rights. One member of staff told us, "I ask [person] what she would like to do, for example, 'hair or nails'. [Person] wanted to choose a colour for her room so I took her a load of swatches so she could choose."

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

- People and relatives had been involved in decisions about the care provided. This included what people needed help with and how they liked care to be carried out. For example, one person's behaviour support plan included information about how they wanted to be supported if they became upset. Staff respected people's decisions and promoted people making as many choices as possible.
- There was a keyworker system in place and people met regularly with their keyworker to look at goals and aims for the coming months and how these could be achieved. Goals included becoming more independent with tasks such as preparing meals and people doing their own laundry. One relative told us, "[Person] has a new key worker who is working with him at the moment who is enthusiastic and wants to help." A keyworker is a member of staff with delegated specific responsibilities for an individual.

Respecting and promoting people's privacy, dignity and independence

- People received caring support from staff who maintained their privacy and dignity. Staff were discreet and respectful in how they spoke with and supported people. We saw that staff knocked on people's doors and waited for a response before entering.
- People were supported to be as independent as possible and to learn new skills. One person had been supported to go to a local shop independently for the first time. This was clearly important to them and they showed us a photo of what they had achieved.
- Staff recognised the importance of building people's trust to enable them to support them. One support worker told us, "I actively listen. I treat [people] the way I would like to be treated."
- People's rights to privacy and confidentiality were respected. Staff made sure that people's care records were stored securely.

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People were not being supported to regularly access the community. One person had a placement at a day service once a week and the registered manager told us they enjoyed going there. However, records showed they had not been supported to access the day service for several weeks prior to the inspection despite the day service being open at this time. We saw another person ask staff several times if they could be supported to go out, but staff did not support them to do this. Records showed that this person had only been supported to go out twice during the three weeks prior to inspection. This appeared to be having a negative impact on how this person was feeling.
- Another person's care plan stated they enjoyed activities including visiting farms, playing football in the park and going for pub lunches, however records showed that the only support they had been given to go out for several weeks was to go for a walk. This person was supported to go for a walk during the inspection.
- There were not always enough staff on duty to support people to meet their social needs. We received mixed feedback from staff about whether or not staffing levels had a negative impact on people. Rotas showed that people did not always receive all of the support hours they received funding for. The provider told us they were working to improve recruitment in order to reduce the number of staff vacancies at the service.

We recommend the provider review people's plans for activities and allocation of staff to support these.

- People were supported to maintain their relationships with family members. Arrangements were in place for some people to visit and stay with their families. These arrangements were well coordinated and had a positive impact on people's wellbeing.
- Care plans were person-centred and considered people's preferences, likes and dislikes. Daily records had been completed detailing the care and support people had received and activities they had engaged with.

Improving care quality in response to complaints or concerns; End of life care and support

- The complaints procedure was readily available in different formats to meet people's needs, including a pictorial version.
- Relatives said they knew how to make a complaint and would feel comfortable doing so. One relative told us, "They are very good at keeping in touch with all the relatives and any problems tend to be dealt with quite quickly."
- End of life care preferences had been discussed with people and their families. There was no one receiving end of life care at the time of inspection however people's care plans contained details of their end of life

care preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met. We saw good communication between people and staff including staff using Makaton to communicate effectively. Makaton is a system which uses signs and symbols to help people to communicate. The registered manager told us, "Staff have all received Makaton training... [person] likes Makaton, [another person] will use it to indicate his needs and [another person] uses her own version."
- Staff members had recorded and learned from key information about people and how they communicate their decisions. Care records included guidance for staff on indicators of when people were communicating, how they showed when they were happy, content or when they were anxious. Staff used their experience of listening to people to understand their body language and other signs in order to listen to their decisions.

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records were not always maintained in relation to risks to people's health. One person who lived with diabetes required their blood glucose level to be checked three times a day. Their care plan included their blood glucose target range and the action staff needed to take if the person's blood sugar was outside of this range. There had been three instances since October 2021 when the person's blood glucose level had been recorded as being below this range, however there was no record of any action being taken as a result of this. The provider has reviewed their practice since the inspection to ensure these records are completed correctly.
- There was no process in place for people's daily care notes to be regularly monitored by management. This meant that information recorded in these records such as the frequency people were able to go out and take part in their preferred activities had not been reviewed. The provider has assured us that they have taken action since the inspection to ensure people's care notes are regularly reviewed.
- Not all staff were not receiving regular supervisions. Records showed three staff members had not received supervision for four months. This meant there was a risk that staff were not receiving the support they needed from management in order to fulfil their job roles. The registered manager had plans in place to ensure staff received regular supervisions in the future.
- The provider put in place contingency plans for the safe running of the service in the event of a crisis and staff were made aware of these.
- The registered manager met the legal responsibilities and submitted notifications of significant events to the relevant agencies in a timely way to ensure effective external oversight and monitoring of the service.

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

- The provider was not meeting all requirements of the statutory guidance Right Support, right care, right culture. There was not a culture in place for people to be supported to have maximum choice or control over their lives. The support needed by people to spend their time in the way they wanted to was often unavailable to them.
- Staff spoke positively about the registered manager. One member of staff said, "[Registered manager] has helped me tremendously."
- People told us they were happy living at Ambleside Lodge and liked the staff supporting them. One relative told us "'I like [staff member], he is very good. He rings me regularly.'" Another relative said, "The staff

do know the residents very well and they work with them very well."

- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the management team.

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

- People were kept involved and engaged with changes at the service. One person showed us parts of the service they had recently helped to paint.
- Relatives told us they contacted frequently to ask for their views about Ambleside Lodge. Comments included, "Yes [we give feedback] fairly frequently" and "We often fill in surveys." The registered manager told us that they review these however we did not see a record of this happening or any action points recorded.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to act in accordance with the Mental Capacity Act 2005 when restricting people's liberty.</p>