

# Ambient Support Limited

# 19 Wheathill Road

## Inspection report

19 Wheathill Road  
London  
SE20 7XQ

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

19 Wheathill road is a care home providing personal care and accommodation to up to 5 adults with mental health needs. At the time of the inspection, 5 people were using the service.

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

People told us they felt safe. Staff understood the types of abuse that could occur and the action to take if they had any concerns. Risks to people were assessed and safely managed. The home had a system in place to record accidents and incidents and acted on them in a timely manner. Medicines were stored, administered, managed safely and accurate records were maintained. However, one person's two liquid medicines bottles did not have the date of opening. There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices. People were protected from the risk of infection as staff followed practices that reduced the risk of infection.

Staff were supported through regular training and supervisions so that they were effectively able to carry out their roles. People's needs were assessed, to ensure their needs could be met. The deputy manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). 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. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

People and their relatives told us, staff were caring, considerate and respected their privacy, dignity, and independence. They said staff involved them in making decisions about their care and support requirements.

People's care plans were reflective of their individual care needs and preferences and care plans were reviewed on a regular basis. People were aware of the home's complaints procedures and knew how to raise a complaint. People's cultural needs and religious beliefs were recorded. The deputy manager knew what to do if someone required end of life care.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Regular staff and residents' meetings were held, and feedback was also sought from people about the service. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and 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 15 November 2017).

### Why we inspected

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

### 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.

# 19 Wheathill 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.

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

This service was inspected by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

19 Wheathill Road 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.

#### Registered Manager

The service was required to have 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 our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people and 3 relatives of people who used the service about their experience of the care provided. We spoke with a member of staff and the deputy manager. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included 2 people's care records, 3 people's medicines management, 5 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

# 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.

### Using medicines safely

- People received their prescribed medicines. Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- Staff had completed medicines training. Their competency to administer medicines had also been assessed.
- Staff recorded date of opening, on all peoples' liquid medicines bottles and they were stored safely. However, one person's two liquid medicines bottles did not have date of opening, upon the feedback from the inspection, the deputy manager told us, they would ensure this mistake is not repeated.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Regular medicines audits were routinely carried out, to ensure people received their prescribed medicines correctly.

### Assessing risk, safety monitoring and management

- People were protected from avoidable harm. The registered manager completed risk assessments and risk management plans that included guidance for staff, where appropriate specialist input was sought. For example, about relapse of mental health, accessing community, abuse of alcohol, smoking in the bedroom, self-neglect, and verbal aggression.
- Risk assessments were reviewed periodically or as and when people's needs changed. The registered manager monitored them to ensure they remained reflective of people's current needs.
- Staff knew how to respond to people's risks and needs.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff and external agencies, where necessary, carried out safety checks on the environment and equipment such as the safety of appliances.

### Staffing and recruitment

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.
- People were supported by adequately deployed staff. One relative told us, "Yes, there are always a couple of staff on shift."

- Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- We saw there were enough staff to support people and to attend appointments when required.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the registered/deputy manager ensured all visitors followed it. Visitors were supported to follow the government's guidance on hand washing, sanitising, and temperature checks.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I do feel safe yeah."
- The provider had a policy and procedure for safeguarding adults from abuse. The deputy manager and staff understood the different types of abuse, and the signs to look for. Staff were aware of the action to take if they suspected someone had been abused including reporting their concerns to the registered / deputy manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistle-blowing and said they would use it if they needed to.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff. For example, about management of the home environment.



# 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 for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was provided in a safe environment which met people's needs. However, part of the ground floorboard was broken, and the ground floor carpets needed replacement, which staff reported in February 2023 but, the work had not started as yet. The deputy manager told us, they had followed it up with the contractors in July 2023, and now they have a confirmed date for 6th September 2023 from the contractors, to do these works.
- People could access a variety of shared living spaces which included a lounge with TV, and a garden with sitting furniture.

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

- People's needs were assessed to ensure these could be met. These assessments looked at people's medical conditions, physical and mental health, allergies, nutrition, family and social network, and choices.
- Where appropriate, people and relatives were involved in the assessment process. This information was used as a basis for developing personalised care plans, to meet each person's needs.

Staff support: induction, training, skills, and experience

- The provider supported staff through supervision, appraisal and training to ensure they had the appropriate knowledge and skills to meet people's needs. One relative told us, "Yes, I'm happy with the level of training the staff have and feel that extra training is always a bonus."
- Training records confirmed that staff had completed training that was relevant to people's needs. Training included safeguarding adults, medicines administration, health and safety, learning disability, equality and diversity, and mental capacity.
- Staff told us, the training programmes helped them in understanding people's need and delivering care as appropriate.
- Staff told us they received regular supervision and said they could approach the registered manager at any time for support.

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

- Staff supported people to eat and drink enough to meet their needs. One person said, "They [staff] help with cooking food."
- People's dietary needs were met in accordance with their individual needs.
- Staff supported people with making food and drink choices.

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

- Staff supported people to access healthcare appointments if needed. People's care records included evidence of regular contact with healthcare professionals for example, the hospital, GP, and nurse. One person said, "Staff will come along to hospital appointments, and this helps as they [staff] are able to explain things clearly to me."
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- Staff told us they would notify the registered manager if people's needs changed and if they required the input of a healthcare professional.

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.

- We found the service was working within the principles of the MCA.
- Staff training records showed they had received MCA training.
- People gave their consent to the care they received.

# 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 for this key question 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.

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation, or preferred gender. However, a member of staff told us, they were not comfortable key working with a person. Upon our feedback, the deputy manager discussed with the member of staff and said, they would swap with another member of staff with the same gender.
- We saw staff engaged in conversations with people in a relaxed and natural manner.
- Training records confirmed that staff had received training on equality and diversity.
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff told us, people were not interested to attend their places of worship. However, people made food choices, in line with their faith and beliefs, which staff respected.

Respecting and promoting people's privacy, dignity, and independence

- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. One person told us, "They [staff] will always knock on my door and will say hello before coming in."
- People were supported to maintain their independence. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to, and records seen confirmed this.

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

- People and their relatives had been consulted about the care and support they received.
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

# 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 for this key question 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

- Care plans were person centred. Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family, and friends, and contact details of health and social care professionals.
- Staff had knowledge of the support people needed to make choices when delivering care. Staff explained people's individual plans including their recovery goals which showed they knew people well and how to support them.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

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.

- The service identified people's information and communication needs by assessing them and staff offered choices to individual people using a communication method appropriate to that person.
- The deputy manager told us, should people required information in different language and in formats, they could make them available in these 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 to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included group activities, house parties, and accessing the local community.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. One person told us, "There is a complaint box out the front, you write to the managers and then you have an interview face to face."
- The deputy manager told us, there had not been any complaints since their previous inspection in 2017. Records we saw further confirmed this.

#### End of life care and support

- The provider had an end-of-life care policy in place. The deputy manager told us that none of the people currently using the service required support with end-of-life care. They said they would liaise with the appropriate health care professionals to provide people with end-of-life care and support when it was required.

# 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 for this key question 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.

Continuous learning and improving care. Working in partnership with others

- The deputy manager and staff demonstrated a willingness to provide good quality care to people. They started making improvements following our inspection feedback. For example, about swapping key workers with people in line with their gender.
- The management team was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.
- There were systems in place to ensure the provider sought the views of people using the service through regular reviews of their care and surveys that were conducted. As a result of people's feedback, an action plan was put in place, to drive improvements at the service.

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

- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- There was a duty of candour policy in place and the management team understood the requirements of Care Quality Commission (CQC) to be notified of significant events and their responsibilities under the duty of candour.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about how the service was run and the support they received from the deputy manager and staff. One person told us, "I'm very grateful to [deputy manager], they makes sure you get to your goal, and the staff are professional"
- Relatives of their family member were positive about how the home was managed.
- The management team had encouraged and empowered staff to be involved in service improvements through staff supervision and staff meetings.

- Records reflected, staff meetings were held to discuss areas such as any changes in people's needs, guidance for staff about the day-to-day management of the service, coordination with health care professionals and any changes or developments within the service.
- Records showed staff encouraged people and their relatives to be involved in care reviews, as appropriate.

#### Working in partnership with others

- The management team was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.