

Aitch Care Homes (London) Limited

Ambleside Lodge - Redhill

Inspection report

25 Brighton Road
Salfords
Redhill
Surrey
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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

Ambleside Lodge is a care home providing accommodation and personal care for up to eight people with learning disabilities, including Autism. There were eight people living in the home at the time of our inspection.

The inspection took place on 20 October 2016 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously carried out an unannounced comprehensive inspection of this service on 25 August 2015. At that inspection six breaches of legal requirements were found in respect of staffing, the provision of person centred support, treating people with dignity, restrictions on freedom and governance. As a result the service was rated Requires Improvement and six requirement actions for the service to improve were set. Following that inspection, the provider sent us an action plan which identified the steps they intended to take to make the required improvements. This inspection found that the provider had taken the action they told us they had in respect of each of these areas and as such each requirement action had been met.

The culture within the service had significantly improved and both people and staff were empowered by how the service was now being managed. Improved monitoring systems had been embedded which had enabled the service to self-develop and operate in accordance with the principles of reflective learning.

Staffing levels had been reviewed and steps taken to ensure the service was appropriately staffed across the 24 hour period. Ongoing care staff vacancies meant that the service regularly used temporary staff. The impact of this had however been mitigated by the use of the same bank and agency staff who were familiar to people and their needs. The feedback was that collectively staff had the skills to support people effectively and that permanent staff knew people and their needs very well. The provider continued to take proactive steps to recruit more permanent staff.

There were systems in place to ensure staff were safely recruited and suitable to work with people whose situation and needs made them vulnerable. Information that demonstrated that appropriate checks on new staff had been undertaken was now readily available to the registered manager.

Staff training had been revised and staff now had better access to both mandatory and specialist training in order to perform their roles effectively. In particular, training and support was provided to staff to ensure they were able to communicate effectively with those people who used non-verbal communication to express their needs and wishes.

Risks to people were identified and managed in a way that balanced their safety and independence. People were safeguarded from the risk of abuse and their legal rights protected because staff understood their roles and responsibilities.

People received person centred care that was responsive to their needs. Each person had a detailed plan of care that was kept under regular review. Staff understood the importance of providing care in a way that protected people's legal rights and they took steps to ensure people were not unnecessarily restricted.

People were routinely involved in making decisions about their lives and were supported to access a range of activities that were meaningful to them. People had opportunities to engage in activities that both interested and developed them.

People had positive relationships with the staff who supported them. Staff took active steps to promote people's privacy and dignity and provide support to people in a genuinely caring and empathic way.

People were supported to maintain good health. The service worked in partnership with other health care professionals to ensure people kept healthy and well. People had a good range of nutritionally balanced meals and were supported to follow dietary advice given to them. Medicines were managed safely and there were good processes in place to ensure people received their medicines as prescribed.

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.

Staffing levels were sufficient to meet people's current needs. Appropriate checks were undertaken to ensure that suitable staff were employed.

People were appropriately safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them from harm.

Risks to people were identified and managed in a proactive and enabling way.

Medicines were managed safely with systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Collectively staff had the skills and knowledge to meet people's needs.

Staff understood the importance of gaining consent from people and ensuring their legal rights were protected.

People had choice and control over their meals and were supported to maintain a healthy and balanced diet.

People were supported to maintain good health. The service worked in partnership with other health care professionals to ensure people kept healthy and well.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the service was relaxed and friendly. People had positive relationships with the staff that supported them.

Staff promoted people's privacy and dignity.

People were actively involved in making decisions about their care. Staff respected their choices and supported people to live their lives as they wished.

Is the service responsive?

Good ●

The service was responsive.

People received person centred support that was responsive to their needs.

People had access to a wider range of activities that were both interesting and meaningful to them.

Staff ensured that when people raised issues that they were listened to and their opinions were valued.

Is the service well-led?

Good ●

The service was well-led.

The service had an improved sense of leadership and people now benefitted from a culture that was more open and inclusive.

Systems for monitoring quality and auditing the service had improved and were now being used to continually assess and develop the service.

Ambleside Lodge - Redhill

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2016 and was unannounced. The inspection team consisted of one inspector with experience of providing and inspecting services for people with learning disabilities.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a follow-up inspection in which we were monitoring the service against the actions the provider told us they had taken to improve.

As part of our inspection we met with seven of the eight people who lived at the home. Two of which were able to give us detailed feedback about their experiences of living at Ambleside Lodge. We spent a lot of time observing people and listening to their interactions with staff. One person was away with family at the time of our visit. After the inspection we gathered feedback from two relatives and one social care professional who had recent involvement with the service. We also reviewed a variety of documents which included the care plans for three people, two staff files, medicines records and various other documentation relevant to the management of the home.

Is the service safe?

Our findings

Our last inspection of 25 August 2015, identified that staffing levels at night were not always sufficient to keep people safe and a requirement action was set. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that staffing levels were appropriate to people's needs and therefore this requirement action had been met.

People told us that they received staff support when they needed it and that they felt safe with the number of staff on duty to look after them. One person told us, "I feel safe here; I didn't where I lived before, but yes I do feel safe at Ambleside Lodge." Relatives told us that staffing had been an issue over time, but that they could see real improvements had been made in this area.

Staffing levels were based on people's assessed needs. The registered manager told us that the service currently required a minimum of five care staff during the morning, four in the afternoon and two waking staff at night to support people effectively. At the time of the inspection we saw this staffing ratio in operation and this was sufficient to meet people's needs and support their planned activities. Staff told us that two people required 1-1 support during the day and this was always provided. We saw that these two people were allocated a member of staff on a one to one basis. In addition, some people had allocated 1-1 support for certain activities. During our visit we saw staff make effective use of people's allocated 1-1 time. Staff confirmed that staffing levels were flexible according to people's needs and activities. For example, some people required additional staff support outside the service and other people frequently went to stay with parents at the weekends. The rota reflected the information that staff told us.

The registered manager said that the service was still recruiting for care staff, but that they used regular bank and agency staff to ensure people's needs were met by familiar staff. Permanent staff told us that they thought the provider was committed to recruiting new staff and we were given examples of the things the provider had done to attract more staff. People had good relationships with staff and everyone spoken with during the inspection confirmed that staffing levels enabled people to be supported safely and effectively.

Appropriate checks were undertaken before staff were employed. At our previous inspection, the required information to demonstrate that recruitment processes were safe was not available in the service. This had now been rectified and staff files now contained information that showed that criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation, including employment history, written references and identification documents in staff files to show that staff were suitable to work with people who used care and support services. The registered manager maintained a profile of all agency staff supplied to the service which included details of their DBS check and training completed.

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and knew what to do if they thought someone was at risk of abuse. Training records showed that staff received regular training in safeguarding. Policies and procedures were available for staff, along with a flow chart which staff should follow if they suspected abuse. All staff confirmed that the

registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff were also clear about how to correctly report abuse to the outside agencies if necessary. The records maintained in relation to safeguarding showed that any concerns were handled quickly and appropriately.

Risks to people were identified and managed in a person centred way. Staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, we saw that through the process of risk assessment people were able to develop their life skills in the service and undertake a range of community based activities, including trampolining and accessing the local gym.

A clear record of accidents and incidents were maintained. Appropriate forms were completed after each incident. These contained information about how the incident occurred, witnesses to it and action taken and referrals made as a result of it. Staff confirmed that they were required to reflect on any incidents and accidents and ensure any possible triggers or learning were recorded. The care manager for one person told us that they had noticed a real decrease in the number of incidents involving a person they placed at Ambleside Lodge and felt this was as a direct result of the support staff provided.

The service was safely maintained. Regular safety checks were carried out to ensure the environment was fit for purpose. Where areas of risk were identified these were actioned. For example, we saw that communal floorings had been replaced to remove the trip hazard of loose fitting carpets. The fire risk assessment had been updated since our last inspection and each person had an up to date Personal Emergency Evacuation Plan (PEEP) which outlined how they would safely evacuate the service in an emergency. It was identified that the local fire service had visited Ambleside Lodge and recommended that a night time fire drill be undertaken and staff undertake practical fire extinguisher training.

We recommend that the provider implement the good practice recommendations outlined by the fire authority.

Medicines were managed safely and there were good processes in place to ensure people received their medicines as prescribed. We saw that Medication Administration Records (MAR) were completed accurately following administration of medicines. Two people with different insulin regimes were monitored well and there was clear guidance in place for staff to follow. We observed that people were encouraged to be involved in the management of their medical needs. For example, we saw one person checking their own blood sugar levels.

Staff understood how to support people safely with their medicines. Only staff that had completed training and competency assessments were permitted to give medicines.

Policies and procedures provided staff with appropriate guidance about how to safely to support people with their medicines. Where people were prescribed occasional (or PRN) medicines, such as pain relief, there were appropriate protocols to inform staff how and when these medicines should be administered.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the home at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

The storage arrangements for medicines had recently changed in order to provide a dedicated space for medicines to be managed safely and without interruption. We identified one area for improvement and the provider confirmed this had been actioned within 24 hours of the inspection.

Is the service effective?

Our findings

Our last inspection of 25 August 2015, identified two breaches of the Regulations in respect of the effectiveness of staff training and protection of people's legal rights. We set two requirement actions for the service to improve. Following that inspection, the provider wrote to us to tell us about the actions they had taken to comply with the requirement actions set. At this inspection we found that more focused training and support had been provided to staff and care was provided in a less restrictive way. As such, these requirement actions had been met.

People told us that they liked the staff and had good relationships with them. People were able to identify their keyworker and talked to us about how their keyworker had helped them. For example, one person told us "My keyworker is my favourite staff; he really understands me and what I like." A key worker is a named member of staff that is allocated to support a person and oversee their care on a regular basis. Relatives spoke highly of the staff team who they described as being "Well trained" and "Of a good temperament."

Collectively staff now had the skills and experience to meet people's needs. The registered manager and senior staff said that due to the use of agency staff, they gave a lot of thought to ensuring the correct balance of staff skills when planning the rota. For example, they always ensured that at least one member of staff who was experienced in managing certain behaviours was allocated to work on each shift.

Training and support were better provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff had access to a range of training courses relevant to their role. In addition to mandatory training in areas such as safeguarding, first aid and fire safety, staff now completed more specialised learning to help them understand how to support people with Autism, challenging behaviour and diabetes. Staff demonstrated a good understanding about people's needs, preferences and anxieties and how to support them effectively.

Our last inspection identified that staff did not always have the necessary skills or experience in communicating with people who did not use verbal communication cues. At the inspection we found that all staff were now required to undertake training using specialist communication methods such as Makaton or the use of pictorial aids. We observed that staff engaged much more effectively with people who could not communicate verbally to understand their needs, choices and concerns. One person used a Picture Exchange Communication System (PECS) to communicate their needs and we found that this was now being used as a matter of routine.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that they had been given appropriate support when they started work at Ambleside Lodge, including the opportunity to shadow more experienced staff. They told us that their induction had helped provide them with the necessary skills and knowledge to support people effectively.

Staff were well supported. Staff told us that they felt supported by the management team and were confident that they could raise any issues with them. Staff received regular supervision. A supervision is a 1-1 meeting between a staff member and their senior to discuss practice and training requirements. We saw the minutes for some of these meetings which identified that development and practice issues were continually discussed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent. We read in care records that people's consent had been considered in relation to a range of topics and that people were routinely involved in all decisions about their care. Where people lacked capacity to make certain decisions, such as consenting to medical treatment, appropriate best interests discussions had taken place.

The registered manager had appropriately made DoLS applications for all of the people who lived at the home. Where applications had been granted, the staff had completed monitoring in line with the requirements of the authorisation. We found that staff were much more aware of the principle of providing support in the least restrictive way. As such, restrictions around the home which were necessary for health and safety risks had now been considered in respect of the impact this had on people's right to freedom under the MCA. For example, soap was now kept in a cupboard rather than simply locking communal toilets. Those people who could safely access kitchen cupboards now had their own keys so that they could do so.

People had choice and control over their meals and were supported to maintain a healthy and balanced diet. People told us that they liked the food and had the opportunity to choose the food they liked and be involved in preparing meals. Relatives reported that their family members were well supported with their diets. For example, one relative told us that their relative had previously been underweight, but that they had "Put on weight and now looks really healthy."

People received a good range of food and drinks. Staff told us that menus were drawn up weekly with each person making a choice about a lunch and dinner meal. People who could not make a verbal choice were supported to select meals from an extensive library of photographs.

Staff had a good knowledge of people's food and drink preferences, including their dietary and cultural needs. For one person we saw that efforts had been made to ensure that their choice not to eat certain meats was respected. We also read that these were documented in the care plans, along with details of any support people needed to eat and drink. Throughout the day we saw that people had access to drinks and snacks as they wished. People's weights were monitored and they received appropriate support to maintain a healthy lifestyle. Where people had received dietary advice from another healthcare professional, we saw that staff supported people to understand that advice and make choices about drinks and snacks from a healthy range.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. One social care professional highlighted that the staff had worked closely and proactively with the local Community Learning Disability Team to ensure a person received the holistic support they needed. Care records documented that people attended regular health checks with their doctors, dentists, opticians and the community learning disability team. Each person had a 'Care Passport' which was a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital.

Is the service caring?

Our findings

such a requirement action was set. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that staff were much more respectful about the way they spoke and wrote about people and therefore this requirement action had been met.

People told us that staff were kind to them and treated them well. One person talked to us about their experience of the living at Ambleside Lodge and said, "I really like it here, I feel really settled." They went on to say that this was because staff took an interest in them and made them feel safe and that they mattered. Relatives echoed the kindness of staff and described the service as "A lovely place with hard working staff" and "I am so grateful for such a nice team and place for my family member to be happy."

The atmosphere in the home was relaxed and friendly and it was obvious that people were comfortable in the presence of staff. We observed people laughing and joking with staff and support was provided in a discreet and caring way. It was obvious that staff were very familiar with people's individual needs. For example, we noticed one person was anxious and sitting on the floor, a staff member crouched down next to them and gently blew bubbles which in turn the person started to join in and gradually they became more relaxed.

People's privacy and dignity were respected. The registered manager had done lots of work with staff to develop their understanding of dignity and what this meant. In addition to training, some staff had been designated as dignity champions and as such it was their role to coach other staff and challenge practices which may not be upholding people's dignity. Meeting minutes recorded lots of discussion about how people should be treated and ways in which staff could better promote their dignity. Supervision records showed that the use of inappropriate language was now challenged and discussed. Throughout the inspection we saw staff speak and treat people with respect and dignity.

Staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. People had the option of having keys to their rooms and the home. One person was staying with relatives at the time of the inspection and this person had locked their door and staff respected the person's right for this space not to be accessed in their absence. People proudly showed us their rooms which they said had been decorated and furnished in keeping with their own interests and preferences. People told us that staff supported them to take responsibility for keeping their rooms clean and tidy.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. People told us they had control over their daily routines and were free to choose when to get up and go to bed and how to spend their leisure time. Staff were aware of people's religious and cultural beliefs and supported people to attend services of their choice.

People had monthly meetings with their keyworkers where they talked about what was going well and the things they might like to change. Care records showed that people were routinely involved in the planning and reviewing of their care.

Is the service responsive?

Our findings

Our last inspection identified that people did not always have access to meaningful activities and as such a requirement action was set. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that staff engaged much better with people and they accessed a wider range of activities that were meaningful to them. This requirement action had therefore been met.

People spent their time doing things that interested them. People talked to us about the types of activities they participated in and how much they enjoyed things they did. It was clear that people now led more active lives and had regular opportunities to socialise with people, have fun and develop their social and living skills. One person talked to us about their gym sessions and said how much they enjoyed playing sports with two of the other people who lived at the service. The person's keyworker reiterated that the three people had very similar interests and that they got a lot out of doing some of their activities together.

People were supported to develop their independent living skills and achieve their potential. Each person had individual goals that they worked towards. Staff were clear about what these were and described how they assisted people to develop. It was clear that the goals were meaningful to the person and reflected the skills they themselves wanted to develop. For example, one person told us that they wanted to go to college and then on to university. As such, we saw that 1-1 time had been put into this person's activity timetable to support them with their handwriting and language skills whilst a college place was being sourced. Another person had been supported to find work experience and this was now something that they did on a weekly basis.

Each person had a detailed plan of care that outlined their individual needs and preferences. This included a summary of their needs, interests and care preferences. The summary along with the overview of the person's typical day provided a good level of information for staff to support people effectively. New staff told us that they found the information in care plans really useful in getting to know people and how to support them effectively.

Care plans were kept under regular review and people had the opportunity to discuss and change the way their support was delivered. For example, staff had noticed that one person no longer enjoyed a certain activity and as such had talked this through with the person and an alternative had been arranged for that day instead. Staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites which were then regularly discussed with people in their monthly keyworker meetings.

The management of risks to people's health or well-being were well documented and regularly reviewed. For example, where people had identified mental health or behavioural support needs there was clear guidance for staff about how to support people to manage these needs effectively. As such, care plans contained information about how to recognise possible triggers, the preventative measures that staff should take to support the person and the necessary interventions if behaviours escalated. Feedback from a social

care professional highlighted that the guidelines the management team had put in place for people worked well.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to. Staff recognised the importance of supporting those people who used non-verbal communication systems to express their views. Relatives also told us that whilst they had not had cause to complain, that they would feel confident to do so describing that any small issues they had ever had, "Were sorted straight away."

A copy of the complaints policy was available in the service and provided clear guidelines about how and when people could expect issues to be resolved. It also provided contact details for other relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission for people to contact if they wished to.

Is the service well-led?

Our findings

Our last inspection identified that the service lacked effective governance systems and as such a requirement action was set. Following that inspection, the provider wrote to us to tell us about the actions they had taken in respect of these concerns. At this inspection we found that there was a much stronger leadership within the service and monitoring was effective in driving forward improvements. As such the requirement action was met.

People were positive about the management of the home and expressed that they felt able to talk to them about any issues or worries they had. Relatives also spoke highly of the management team and said that they were kept well informed about their family members. One relative told us, "The managers are always helpful.....they do all they can for my son." Another commented, "The manager is very good.....they have regular meetings for parents where we can share ideas, give feedback and feel involved."

The culture of the service was open and inclusive. People, relatives and staff were continuously encouraged to express their ideas and thoughts. People living in the care home told us that they had monthly residents' meetings where they discussed topics such as activities, menus and holidays. The minutes from these meetings showed that people were routinely consulted about the things that mattered to them. For example, we saw as a direct result of one of the discussions at the residents' meetings, a takeaway night had been introduced to the menu.

The most recent satisfaction questionnaire sent to people and their representatives highlighted a high degree of satisfaction across the service. In particular, positive feedback was provided with regard to people feeling safe and happy at Ambleside Lodge.

Staff had opportunities to provide their feedback, both individually through the supervision system and also collectively at staff meetings. We saw that staff meetings were recorded and discussed topics relevant to improving the service and developing best practice. For example, we read that following the last inspection, staff had been directed to the inspection report and asked to reflect on the findings. The most recent staff meeting had included a presentation from the local occupational therapy team in respect of how to provide the most effective physical support to people.

People benefitted from a strong leadership team which ensured the service was managed effectively and in their interests. The registered manager and her team of deputy and senior staff were knowledgeable about the people who used the service and the individual skills of the staff employed. The team displayed an openness and transparency about the service and ongoing areas for development.

The registered manager and had a good understanding of their legal responsibilities as a registered person. For example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals where necessary. Records relating to the management of the home were well maintained and confidential information was stored securely.

The service had systems in place to continually audit and monitor the service which facilitated development and ongoing improvement to the quality of care. The management team carried out a number of checks and audits, which quality assured areas such as accidents, medicines and health and safety. Actions were set on areas that required improvements and there was evidence that these led to improvements. For example, an audit of the new treatment room identified that storage temperatures were too high and as such an air conditioning unit had been installed. Monthly visits were also carried out on behalf of the provider which included unannounced visits to ensure the service was performing against provider set criteria.