

Salutem LD BidCo IV Limited

Ambito Community Services Croydon

Inspection report

Flat 9 Speakers Court
St Jamess Road
Croydon
Surrey
CR0 2AU

Tel: 02086650745

Website: www.salutemhealthcareltd.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Ambito Community Services Croydon provides personal care and support to people living in self-contained flats within a supported living scheme based in the London Borough of Croydon. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 5 people using the service.

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

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff made sure people lived in a safe and clean environment that met their needs. People were supported to make decisions following best practice in decision-making. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the registered manager and staff team. Staff placed people's wishes, needs and rights at the heart of everything they did. Governance processes were effective. The registered manager had good oversight of the service and understanding of people's needs. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People were encouraged to work with staff to develop the service and staff valued and acted upon people's views. People's quality of life was enhanced

by the service's culture of improvement, learning from incidents and inclusivity.

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 this service was good (published 25 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also received some information of concern about the provider relating to the management of safety risks. These did not relate specifically to this service. However, a decision was made for us to examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm at this service, from the concerns we received.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ambito Community Services Croydon

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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Ambito Community Services Croydon provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity

started on 5 April 2023 and ended on 6 April 2023. We visited the service on 6 April.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to three people using the service about their experiences of the care and support they received. We also spoke to the registered manager, the regional director, a team leader, and a senior care support worker. We reviewed a range of records including two people's care records, records relating to staffing levels and recruitment and other records relating to the management of the service including the service's 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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A person told us, "I feel very safe here." Another person said, "I feel safe with [staff member] and I trust her."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us if they thought someone was at risk of abuse they would report this immediately to the relevant agencies.
- The registered manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.
- People told us staff sought their consent prior to providing any care and support and respected their choices and decisions about this.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.
- People were involved in making decisions about how they wanted staff to support them to stay safe and secure in their home. People were enabled to take positive risks where this was appropriate.
- People's care records contained detailed information about identified risks to their safety and wellbeing

and the measures staff should take to manage these risks and keep people safe. Staff gave us examples of action they took to support people to stay safe.

- Staff checked the safety of people's living environment at regular intervals. Any issues found through checks were reported to the housing provider to action, to minimise risk to people.
- Staff had been trained to deal with emergency situations and events if these should arise.

Staffing and recruitment

- The service had enough staff, including for one-to-one support, for people to take part in activities and visits how and when they wanted.

- Staff were recruited safely and checks were completed to ensure they were suitable to support people.

The provider vetted carers through the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them

Using medicines safely

- People received support from staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Our checks of medicines stocks, balances and records confirmed this.

Preventing and controlling infection

- The service had effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely when appropriate.
- The service's infection prevention and control policy was up to date.
- Staff had completed food hygiene training to ensure the correct procedures for preparing and storing food were followed.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The registered manager investigated incidents and made sure action was taken to reduce the risk of these reoccurring.
- Learning from incidents was shared with staff to help them improve the quality and safety of the support provided.

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.

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

- The registered manager promoted a culture at the service that valued people, protected their rights, and supported them to achieve positive outcomes in relation to their care and support needs. They encouraged staff to place people's wishes, needs and rights at the heart of everything they did. A staff member told us, "I like the passion for this job. My desire is to see that people are empowered and encouraged and motivated and be part of the community."
- The registered manager was available and accessible to people and staff and took a genuine interest in what people and staff had to say. A staff member told us, "The support from my manager is good. We are very comfortable talking to her. She is very open and a problem solver and she will listen."
- Staff were supported and valued which supported a positive and improvement-driven culture. Staff felt able to raise concerns without fear of what might happen as a result. A staff member told us, "Communication is very good. We are open and discuss everything openly and honestly at handovers. We work well together."
- People's feedback and views about the service were sought and used to plan how the service could be improved for them. A staff member told us, "People are offered choices and they are heard and their opinions are considered."
- Staff were provided opportunities through individual supervision and team meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. One person told us, "The manager is very, very, good."
- The registered manager promoted equality and diversity in all aspects of the running of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were kept regularly updated and informed of any new information and changes relating to the

service and their roles.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff delivered good quality support consistently. One person told us, "I am very happy here. I would have moved by now if I wasn't...there have been no problems. If there was a problem, I would sort this out myself. They treat me very well indeed. I like everything about the staff." Another person said, "I am very happy."
- The service had systems in place to apologise to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support and applied duty of candour where appropriate.

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The regional director told us about the provider's plans for future improvements including investing in the development and upskilling of senior care support staff and delivering workshops for staff to support them to achieve 'outstanding improvements' in the care and support they provide people.
- The service worked well in partnership with healthcare professionals which helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.