

# Ambient Support Limited

# 56 High Street

## Inspection report

56 High Street  
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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

56 High Street provides personal care and support for up to 10 people with mental health problems including dual diagnosis. At the time of the inspection 10 people were using the service.

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

There was safeguarding procedures in place and the registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work at the home. There were enough staff to meet people's needs. People's medicines were managed safely. The service had procedures in place to reduce the risk of infections. There were effective systems in place for monitoring and learning from incidents and accidents.

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.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people using the services views into account through surveys and residents' meetings. There was a learning culture at the home which improved the care people received. Staff told us they received good support from the registered manager.

Rating at last inspection. The last rating for this service was good (published 30 May 2018).

Why we inspected.

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

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

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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.

# 56 High Street

## 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

One inspector carried out this inspection.

56 High Street is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 56 High Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection was unannounced.

#### What we did before inspection

We used the information the provider sent us in the provider information return. 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 2 members of staff and the registered manager. We reviewed a range of records. These included 3 people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision, and other records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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. 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: Learning lessons when things go wrong

- People were safeguarded from abuse and avoidable harm. People told us they felt safe. One person told us, "It's beautiful here, I feel safe. I would never want to leave." Another person said, "I feel safe here, the staff are always asking how I am. The place is secure, we make sure the doors are locked so that strangers can't just walk in."
- There were safeguarding adults and whistle blowing procedures in place. Staff had received training on safeguarding adults. They told us they would report any abuse or poor care practice to the registered manager, and they were confident the registered manager would make a referral to the local authority safeguarding team if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding. They told us they would report any safeguarding concerns to the local authority and CQC.
- The provider had systems for monitoring and learning from incidents and accidents. Where incidents occurred, these were discussed with staff and measures were put in place to reduce the likelihood of the same things happening again.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, and reviewed to ensure their needs were safely met. Assessments included the levels of risk for people in areas for example mental health relapse, nutrition and hydration, self-neglect, and physical and medical conditions. Risk assessments included information for staff about the actions to take to make sure people were cared for and kept safe.
- Staff had a good understanding of people's needs in relation to risk. Staff told us how they supported people with their personal, medical, and physical needs.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA, and appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The provider ensured there were enough suitable staff. People told us there was always enough staff on duty. A person using the service told us, "I think there are enough staff. Some people need help with things but most of us can do things for ourselves." A staff member said, "We always have enough staff to meet people's needs. The registered manager always makes sure there are extra staff for people's appointments and planned activities."
- The provider followed safe recruitment practice. Recruitment records included Disclosure and Barring Service (DBS) and right to work in the UK checks, a curriculum vitae or application form, employment references, health declarations and proof of the identification. Staff members gaps in employment was also explored. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely. One person told us, "The staff help me with my medicines, they make sure I get them on time."
- Medicines were stored securely in a locked cupboard. People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. They also included details about how they were supported to take their medicines. MAR showed people were receiving their medicines as prescribed by health care professionals.
- Staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines safely.
- Balances of medicines were recorded daily by staff. The registered manager audited MAR monthly to make sure they were completed in full and there were no gaps in recording.

#### Preventing and controlling infection: Visiting in care homes

- The provider had systems to help prevent and control infection. These included policies and procedures in line with current government guidance.
- The provider employed a housekeeper. We saw the home was well maintained, clean and free from odours.
- Staff had access to personal protective equipment when they needed them. Training records confirmed that staff had completed training on infection control.
- The provider carried out regular infection control audits at the home.
- People were able to receive visitors without restrictions in line with best practice guidance.

# 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. 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.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager was knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- People spoke positively about the home. A person using the service said, "The registered manager is a marvellous person, she really looks after people, and she works really hard."
- Staff were positive about how the home was run and the support they received from the registered manager. A staff member told us, "Teamwork is good, and the registered manager is good. She works very hard and is very supportive and listens to staff."
- The registered manager undertook regular audits that covered areas such as people's medicines, infection control, incidents and accidents and people's finances.
- Senior managers visited the home bi-monthly to monitor the quality of the service delivery. We saw a report and an ongoing action plan from a recent visit. The action plan included areas for improvement. Some actions were in progress, for example reviewing menu planning and improving the interior and exterior of the environment. Some actions had been completed for example staff had received fire safety and health and safety training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They told us they were open and honest with family members and professionals they took responsibility when things went wrong.

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

- People were involved in the running of the service. The provider sought people views about the service through surveys and residents' meetings. We saw an action plan from a recent survey. An action for improvement was to involve a person in staff recruitment. The registered manager told us as person was currently undergoing recruitment training with a view for them to take part in recruiting staff for the home.
- A person using the service told us, "At the residents' meetings, the staff make suggestions and we put our



own ideas forward. The staff normally try to put them in place." Another person said, "We talk about activities and food at the meetings, the staff try to do whatever we ask, they always help us, they are marvellous."

- Regular staff meetings were held to discuss the running of the service and to discuss areas of good practice. A staff member told us, "Staff meetings take place every month, we can add any issues or worries that we might have to the agenda. I can fully contribute to the meetings." Another staff member said, "The staff meetings are helpful so we can work as a team. All is going very well at the home."

Working in partnership with others: Continuous learning and improving care

- The registered manager and staff worked effectively with other organisations to ensure staff followed best practice. We saw records confirming they had regular contact with health and social care professionals.
- An officer from the local authority told us the service provided good support to people and there were no current concerns with the quality of care. Whenever they had made recommendations, the provider responded with an action plan for improvement.
- The provider had created a learning culture at the service which improved the care people received. The registered manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. They had recently attended a session which explained the CQC's new way of inspecting. They also attended sessions run by Skills for Care. A recent session covered safeguarding and working with the local authority.