

# Ambient Support Limited

# 101 Brook Street

## Inspection report

101 Brook Street  
Northumberland Heath  
Erith  
Kent  
DA8 1JJ

Date of inspection visit:  
14 September 2023  
22 September 2023

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03 November 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

101 Brook Street is a residential care home providing personal and nursing care to up to 6 people. The service provides full respite support for a short period of time to adults who have a range of needs including learning disabilities and autistic spectrum disorder, physical disability, and sensory impairment staying. This is not a permanent home for any people using the service. There were 5 people using the service on the first day of our inspection and 6 people on the second day.

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.

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

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

#### Right culture:

The quality assurance system and processes had failed to identify and correct issues we found at the inspection. However, we found some positive aspects of culture as well. The provider had a system to manage accidents and incidents. There was a management structure at the service and staff were aware of the roles of the management team. The management team worked in partnership with a range of professionals. Staff received support through training, supervision, and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach their line manager at any time for support. The provider had a policy and procedure for managing complaints.

#### Right support:

Some people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Some people's risk management and care plans required review and updating, to reflect their current needs. People were protected from the risk of infection. People were treated with dignity; their privacy was respected, and they were supported to be as independent in their care as possible. People were supported to maintain and develop relationships with those close to them.

#### Right care:

The service identified people's information and communication needs. However, some people's care records were not in line with the Accessible Information Standard. People and their relatives were encouraged to participate in making decisions about their care and support. An assessment of people's needs had been completed, to ensure these could be met by staff. Staff showed an understanding of

equality and diversity. Staff respected people's choices and preferences.

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 24th October 2017).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, Right care, and Right culture.

#### Enforcement and recommendations

We have identified breaches of 3 Regulations at this inspection, in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, and good governance. We made one recommendation about Accessible Information Standard.

Please see the action we have told the provider to take, at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 101 Brook 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.

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 1 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

101 Brook 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. 101 Brook 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.

#### 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

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 (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. 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 3 people and 3 relatives of people who used the service about their experience of the care provided. We spoke with 3 members of care staff, the registered manager, the deputy manager, and the locality manager. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included 5 people's care records, 7 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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not protected from avoidable harm. For example, out of the total 6 bedrooms, there were 2 bedrooms which had a gap between the mattress and headboard. As a result, one person suffered injuries and was taken to the hospital for treatment, there was no risk assessment, and no action was taken to mitigate this risk, prior to the incident. Despite, the incident in August 2023, a similar risk remained in another bedroom and the bed was in use without any risk mitigation measures in place. We also found, in both these bedrooms, the head and foot boards of these beds were not covered with safety pads, to avoid further potential risks to people.
- People's risk assessments and risk management plans were not completed about some aspects of their health conditions. For example, we found there was no risk assessment in place to manage a health condition for 1 person. The deputy manager confirmed this, said that they would consult the GP and take suitable action in this matter. The risk assessment for another person's health condition was not available in the current care planning system used by staff. Scant accessibility of risk management records for care staff exposed people to risk of harm.

This was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, following the inspection, the deputy manager confirmed that they had consulted a GP and risk management plans were put in place. They also told us both the beds in their respective bedrooms had now been secured with mitigation measures in place.
- The provider completed risk assessments and risk management plans that included guidance for staff about skin integrity, accessing community and road safety, and the home environment; where appropriate specialist input was sought for how to manage risk of choking.
- The provider had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEP) 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 hoists and the safety of appliances

### Using medicines safely

- People received their prescribed medicine. One relative told us, "Yes, my loved one has twice a day. The medicines are signed in when we arrive and signed out as we leave." Another relative said, "Staff support my loved one. We have to send the medicines in to the service, in the original box."

- Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- Medicines checks were routinely carried out to ensure people received their prescribed medicines correctly.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed. Medicines were stored safely.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.

#### Staffing and recruitment

- There were enough staff to support people at the service and to attend appointments when required. One relative told us, "There seems to be enough staff." Staff told us they felt there were enough of them to meet people's needs safely and appropriately. There was on-call management support available for staff as and when required.
- 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 references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

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

- People were protected from the risk of abuse. 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 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.
- Safeguarding concerns had been raised, the provider worked with local authorities, to address concerns.

#### 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) when required 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 manager ensured all visitors followed it.

#### 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, as well as details of who they notified, such as the registered manager.
- These accidents and incidents were monitored to identify possible learning and discussed this with staff.



# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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 not working within the principles of the MCA and appropriate legal authorisations were not in place to deprive some people of their liberty. For example, appropriate referrals for DoLS had not been made for some people who needed these.

This was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, staff training records showed they had received MCA training. Staff knew about people's capacity to make decisions through verbal or nonverbal means, and this was well documented.

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

- The service carried out regular environment checks, however failed to identify some people's rooms were not well equipped with suitable beds to meet their needs safely. Following the inspection, the deputy manager told us, they have now revised their auditing tool.
- There was no sensory room for people to access at the home, to promote their well-being. However, the deputy manager told us, they are now in the process of converting the first-floor lounge into a sensory room, we saw the work was in progress.
- People were provided in a well-furnished and well-maintained environment which met their needs.

However, there was a broken door of the dining room, work was in progress to repair this. People could access a variety of shared living spaces, which included a ground floor lounge with TV and a garden to the rear of the building.

Staff support: induction, training, skills, and experience

- The provider supported staff through supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, fire safety, behaviours that communicate a need, learning disability, and equality and diversity.
- Staff told us, the training programmes helped them in understanding people's need and delivering care as appropriate.
- Staff told us they could approach their line manager for support as and when required.

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. Senior staff carried out an initial assessment of each person's needs, to see if the service was suitable for them.
- The assessments looked at people's medical conditions, physical and mental health, allergies, communication, mobility, nutrition, and choices.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Staff knew people about how to support them to make choices.

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

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access sufficient food and drink.
- People's dietary needs were met in accordance with their individual needs.
- We saw how staff supported people with making food choices. For example, by showing them a variety of foods and people's choices was respected.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access healthcare appointments if needed. People's care records included contact details of health care professionals for example, the GP, dentist, and nurse.
- 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 their line manager if people's needed change and if they required the input of a healthcare professional, such as a district nurse or a GP appointment.

# 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.

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. One relative told us, "Yes, there is a care plan, which I was involved in writing."
- 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. A member of staff told us, "I give them choice and make them choose clothes, and ensure we dress them well, so they won't get cold." We saw people were suitably dressed when they went out into the community.
- Throughout our inspection we observed positive interactions between staff and people, with staff supporting people to eat and drink and to participate in activities.

Ensuring people are well treated and supported, respecting equality and diversity. Respecting and promoting people's privacy, dignity, and independence

- 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. One relative said, "Yes, I think this is promoted as it can be." We saw how staff promoted people's independence in the kitchen and at mealtime.
- 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 relative told us, "The staff are respectful of privacy, doors are closed."
- 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. One staff member told us, "Our service users come from different background, gender, religious inclinations, different views to life, different tastes and choices, and all of these are managed in a way that doesn't put the service users' views and personality at risk."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Training records confirmed that staff had received training on equality and diversity.
- We saw staff engaged in conversations with people in a relaxed and natural manner.

# 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 changed to requires improvement. This meant people's needs were not always met.

### 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. People's care records were made available in formats that met people's needs. For example, there were pictorial formats. However, not all people's care records were made available in formats in line with the Accessible Information Standard.

We recommend the provider consider current guidance on managing people's communication in line with the Accessible Information Standard and take action to update their practice accordingly.

- Notwithstanding the above, staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in their care plans.

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

- Care plans were person centred and 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. Whilst some people's care plan did not detail fully their health conditions, the staff were aware of these, and people's needs were met.
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

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 listening to music, accessing day care centre and local community. One relative said, "My [name] is able to attend the weekly trips out, which is lovely."
- The deputy manager told us, they are now converting the first-floor lounge onsite into a sensory room and

the work was in progress, we saw this was the case.

#### 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 relative said, "I have no complaints, the staff are approachable, and I know the staff." Another relative commented, "There are no complaints, and if I was unhappy, I would speak to the manager." However, a complaint from another member of the family about their loved one, was being investigated.
- Records of concerns and complaints made about the service were maintained. The management team understood their organisation's procedures and responded to complaints appropriately.

#### 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, people come here for respite care and if they required end-of-life care, the management team would liaise with the appropriate health care professionals to provide people with end-of-life care and support.

# 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 has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems in place to understand and address the quality and safety issues within the service were not operating effectively. The quality assurance system and processes covered aspects such as care plans and care records, medicines management, incident and accidents, health and safety, and the premises. However, they had failed to mitigate risks about unsuitable beds that were in use putting people at the risk of harm. The service did not always work within the principles of the MCA to ensure people's freedoms were not unduly restricted. Some risks associated with people's healthcare needs had not been assessed. Unannounced night checks were not carried out, to ensure people's needs are met in a safe environment at all times.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, following the inspection the deputy manager told us about the improvements they have made.
- 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.
- Staff told us they had access to support and advice from management when needed and at staff meetings.
- 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.
- The service had a registered manager in post.

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 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. However, 1 notification to CQC, following an incident at the service was not detailed enough.
- 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

- The service had encouraged and empowered staff to be involved in service improvements through staff supervision and staff meetings.
- Records showed staff encouraged relatives to be involved in care reviews and best interests' decision-making process, as appropriate.
- There were systems in place to ensure the service sought the views of people using the service through regular reviews of their care and surveys that were conducted.
- 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.
- Throughout our inspection we observed positive caring and supportive interactions between people and staff. People received personalised care from staff experience to carry out their roles and responsibilities.
- Staff were positive about how the service was run and the support they received from the management team.

Continuous learning and improving care. Working in partnership with others

- The locality manager and the deputy manager demonstrated a willingness to provide good quality care to people. They started making improvements following our inspection feedback. For example, about safety of people's beds, risk mitigation plans, deprivation of people's liberties authorisations, and carrying out night checks.
- The senior management team and the deputy manager were 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.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider was not working within the principles of the MCA and appropriate legal authorisations were not in place to deprive some people of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to understand and address the quality and safety issues within the service were not operating effectively.