

Salutem LD BidCo IV Limited

Ambito Community Services Croydon

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Ambito Community Service Croydon is a domiciliary care and supported living service that provides care and support to seven people living in supported living accommodation who lived in their own flats. Not everyone who used the service received personal care. 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

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

People spoke positively about the service. They said they felt safe and their needs were being met.

Care and support was personalised to people's individual needs.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, management plans were in place to manage these safely.

Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service

Medicines were managed safely. Staff followed appropriate infection control practices.

Appropriate numbers of suitably skilled staff were available to meet people's needs.

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively.

People were supported to maintain good health and had access to a range of healthcare services when needed.

People were encouraged to eat healthy food for their wellbeing.

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.

People's privacy, dignity and independence was promoted. People told us care workers were kind and caring.

There were procedures in place to respond to complaints. The provider had investigated and responded

promptly to any concerns received.

There were effective systems in place to assess and monitor the quality of the service provided.

The provider worked with healthcare services and professionals to plan and deliver an effective service.

Rating at the last inspection:

This service was registered with us on 4 May 2018 and this is the first inspection

Why we inspected:

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by an 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:

Ambito Community Service Croydon is a domiciliary care and supported living service. All the people using the service were living in supported living accommodation and lived in their own flats so that they could live their lives 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the service manager would be in. Inspection activity started on 30 May 2019 and ended on 31 May 2019. We visited the office location to see the service manager, area manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection, we spoke with two people who used the service and one relative to gain their views about the service. We spoke with two members of staff, the service manager and area manager.

We reviewed a range of records. This included three people's care plans, risk assessments and medicine records. We looked at three staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and care workers had completed safeguarding adults training.
- Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. One care worker told us, "I can go to the manager, I can whistleblow. There are other agencies I can report to as well such as the local authority, safeguarding team, CQC and the police."
- Where there were concerns of abuse, the registered manager had notified relevant healthcare professionals, including the local authority safeguarding team and CQC.
- People and their relatives told us they felt safe using the service. A person told us, "I'm not frightened of any of the staff, they make me happy."

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place to prevent or reduce the risk of people being harmed which covered areas including bathing or showering, mobility, choking, moving and handling, medicines and finances.
- Where people used mobility aids, risk assessments detailed the steps staff needed to take to ensure people were safe in areas such as transferring and repositioning to minimise the risk of harm. A relative told us, "They know how to take [person] from their bed to their wheelchair and vice versa. Therefore, I feel they have adequate training to operate the equipment."
- Care workers understood where people required support to reduce the risk of avoidable harm. One care worker told us, "You always have to make sure the person is comfortable whilst using the hoist and nothing is faulty with the equipment. You have to have another member of staff with you to ensure it's done safely." Another care worker told us "We make sure they are safe in their home and the equipment they use is safe."
- People had pull cords and specific devices in their flats which were accessible to them and ensured they were able to call for assistance whenever they needed and/or in an emergency. A relative told us, "[Person] has a watch, which they can activate if they need help, should they have a fall or anything. I was quite apprehensive about this arrangement but surprisingly it has worked really well so far."
- The service manager told us they also had a number of handheld phones for staff, so they were able to respond to people promptly. The service had an out-of-hours system in place for people if any support was needed out of regular working hours.

Staffing and recruitment

- The provider had a system in place to review and monitor staffing levels and timekeeping to ensure there were sufficient numbers of staff deployed to meet people's needs. The service manager told us the rota was arranged four weeks in advance so they had flexibility in case any changes needed to be made.
- People told us care workers were on time and stayed the full duration of their visits. A person told us, "I'm

very happy when they are with me, I have no problems, they always apologise if they are five or ten minutes late sometimes. I've had the same two staff since the place opened." A relative told us, "In the care plan the hours are very specific and the staff are always there when they are supposed to be, and they devote that time for [person]."

- Care workers told us they received details about their shifts on time and they had regular people they supported and cared for. One care worker told us, "We get the shifts well in advance. If there needs to be any changes, we swap with each other, they [management staff] always try to be flexible."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Preventing and controlling infection

- The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.
- People using the service and their relatives told us care workers always wore protective clothing when providing them with personal care.

Learning lessons when things go wrong

- The provider had an electronic system in place to record and respond to accidents and incidents in a timely manner. The system had triggers to ensure action was taken which included notification to relevant healthcare professionals and CQC.
- The system enabled accidents and incidents to be analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to care workers through staff meetings and to embed good practice.

Using medicines safely

- The provider had procedures in place to manage medicines safely. Medicines administration records (MARs) showed people received their medicines as prescribed. There were protocols in place for the administration of medicines that were prescribed to be given 'as required' (PRN) which had been checked and signed off by a GP.
- Staff completed monthly medicines audits to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Care workers completed training to administer medicines and their competency was checked. Care workers were aware of their responsibilities when administering medicines. One care worker told us, "The medicines come in a blister pack. We complete the MAR sheet, check the dates and cross reference that records are correct." Another care worker told us, "We let the person know what the medication is. If a person refuses, we give them some space and patiently encourage them to take it. If they still refuse, we report it to the manager, the family and call the GP if needed."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to carry out their roles effectively. One relative told us, "I feel staff are very well trained."
- Care workers spoke positively about working for the service and told us that they felt supported by their colleagues and management. One care worker told us "We are happy staff here and like the support we receive from the team leader and the manager. [The service manager] will come personally and resolve things. We very much appreciate that she deals and resolves things quickly." Another staff member told us, "Team working is good. The team is accommodating, we work together and communication is great."
- Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid. They spoke positively about the training they received. One care worker told us, "I get experience through training. We have practical and online training too. The practical first aid training was brilliant. The training person was very good and I learnt things I never knew before." Another care worker told us, "They are very accommodating with training."
- Care workers also received supervision and appraisals and told us they felt supported in their roles. One care worker told us, "They ask how we are doing and how we find working with the company. If we mention anything, they listen to you." Another care worker told us, "We talk about the people and their needs. Also, if anything we are not happy with anything we can voice our opinions."

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

- Staff carried out assessments before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

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

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

- People had capacity to make their own decisions. Records showed the service obtained consent from people about their care and support. The service manager was knowledgeable and worked within the requirements of the MCA. They told us if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives, healthcare professionals and a power of attorney if required.
- Care workers understood the principles of the MCA and asked people's consent before providing care. One care worker told us, "Everyone has the right to make their own decisions. If they need any support, you would speak with the manager and family, GP other healthcare professionals that are involved in the person's care."

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

- People were supported to eat and drink based on their individual preferences. People's care plans contained guidance on how to manage identified areas where they were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
- People and their relatives spoke positively about the support they received with their food and drink. One relative told us, "They [staff] do [person's] cooking from scratch and puree it to the correct consistency."
- Care workers were aware of their responsibilities when supporting people with their food and drink. One care worker told us, "Yes, there is a person whose meals are pureed, and they have to have a drinks thickener. Another person's meals have to be mashed with a fork as they are at risk of choking. [Person] decides what food they want but we always explain to them that their food needs to be soft."

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

- People were supported to access healthcare services when required. Staff worked in partnership with other services, and health and social care professionals such as social workers and GPs to deliver effective and timely care.
- A relative told us "[Person] was in a residential home previously but now is in supported living. I am amazingly surprised at, how well the supported living arrangement has worked out and the way the service have dealt with the transition" and "[Person] wants to be more independent and staff fully encourage this, there was a problem with the wheelchair, and staff dealt with it and kept me informed. The service supports [person] with GP and therapy appointments."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the care they received and told us care workers were kind and caring. One relative told us, "Staff try hard, beyond their duty requirement. Staff are well clued into [person's] needs." Another relative told us, "They [staff] are warm hearted, gives themselves, very caring and invest time and energy."
- Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. One person told us, "They [staff] are very kind, caring and very good. They do anything I ask them to. They ask if I want anything and tell me what they are doing. They talk to me."
- People's cultural and religious beliefs were detailed in their care plans and accommodated for. A relative told us, "Only if [person] wants to go to church they will take [person], but they aren't very religious though."
- Care workers had a good understanding of equality and diversity. A care worker told us, "It's for everybody. we are all different and respect that. It could be religion, cultural, sexuality, could be anything. We see the person first."

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

- Records showed people and their relatives were involved in decisions about their care. A relative told us, "They respect every decision [person] makes. "There is very open communication between [person] and the staff and I am involved whenever I need to be."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity was respected. One relative told us, "When I visit [person], staff voluntarily leave the room, which gives [person] the privacy and space to openly speak to me."
- Care workers were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A care worker told us, "We greet them and ask how they would like their care. We get the towels to make sure they covered, doors are locked, windows are closed. We always communicate what we are doing and always give choices."
- People were supported with their independence and encouraged to do as much as they could for themselves. One relative told us, "They encourage [person] to be as independent as they possibly can be, and try to involve [person] as much as they possibly can."
- Care workers understood the importance of promoting people's independence. One care worker told us, "We always promote their independence, we support them with housekeeping. The little things they can do,

we will always make sure they do it. For example, when making meals, they can help prepare the food to cook, like cutting and peeling, but they always tell us what they want to do." Another care worker told us "Its good here. People know we are here for them but it's their flats, so they can live and enjoy their life as they want. We try and help them meet their goals as much as they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives spoke positively about the service they received which met their needs and preferences. A relative told us, "I'm hugely grateful for the care given and appreciate the way [person] has been able to lead an independent life. I feel they do everything to meet [person's] needs. [Person] does the things they want to do. I feel staff do more than what they should."
- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's medical conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. Care plans were in pictorial format to ensure people's information and communication needs were met.

- People were supported to go into the community and participate in activities that interested them and kept them stimulated. One person told us, "They know all my routines and me too." A relative told us, "They take [person] shopping, go for coffees into the community. [Person] has a scheduled timetable in their flat."
- During the inspection, people were out in the community. We spoke to a person who showed us a lamp they had just bought for their flat. The person told us the service always responded when they needed anything. The service manager also told us they supported people to go places they wished to. For example, one person using the service was supported to go to Bognor Regis for a short holiday.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately.
- Records showed complaints had been investigated and responded to promptly by the service manager.
- One person told us, "They [staff] are brilliant, if there is a problem they come quickly. They ask me what I want. I have no complaints." A relative told us, "I have no concerns or complaints."

End of life care and support

- No one at the service currently received end of life care. The service manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life

wishes were met.

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

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; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who knew of their responsibility with regard to the Health and Social Care Act 2014 work and had notified the CQC of any significant events at the service.
- The service manager dealt with the running of the service and is in the process of registering with the CQC to become the registered manager of the service. Care workers spoke very positively about the service manager. Care workers told us "She is the very best we have had. She is very understanding but fair" and "She is lovely, she knows her job. If we ask her anything, she gives an answer as she has the knowledge and can answer anything we ask. Everything is better since she came, even the paperwork. Everything is better which makes our work easier."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. The service manager explained that each staff member had an area they were responsible for in the running of the service such as infection control, health and safety, dignity and manual handling. They told us, "I value my staff. Every staff member is doing something, and we want them to feel valued."
- Care workers spoke positively about the management and their contributions and involvement in the way the service was delivered was encouraged. A care worker told us, "Yes, we all have our own areas. I am the lead for the environment and make sure external areas are clean, safe and do my checks. It gives me the opportunity to learn other areas, it's more exposure to the way the company works. It's not just the team leaders doing it and being dependent on them. If there are any issues we can also deal with them as well."
- The provider had a system in place to assess and monitor the quality of the service. The service manager and area manager carried out various audits in areas including medicines, record keeping, equipment checks and health and safety. Where issues were identified action was taken to improve on the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service obtained feedback from people and their relatives about the service through review meetings. The service manager told us they were in progress of sending surveys to people and relatives to receive feedback so they could improve the service where needed.
- The service manager regard to the Health and Social Care Act 2014 also told us about the new auditing system they had in place to efficiently manage quality and compliance, and monitor improvement in the

service. They told us the system provided an overview of the service and reports to senior management on performance. For example, the service identified a high number of medicines errors had been occurring through their auditing processes, the service manager put an action plan in place and made changes to the medication system. As a result, this led to a dramatic reduction in medication errors at the service and regular checks were in place to ensure these improvements were sustained.

- The service promoted an inclusive and open culture, and management staff recognised care workers contributions in a positive way. Care workers told us "The office is always open. We are always welcomed and can speak to her [The service manager] about everything", "She listens to you and doesn't rush you. Her door is open to any staff. She tries to get our feedback about things and gets you to speak and addresses any concerns. We speak freely."
- The service manager understood the importance of effective leadership and ensuring staff felt respected, valued and supported. She told us, "I love my team and I give them the support they need. If your staff are not happy, you can't have good care. You have to support them and give them a sense of belonging, that way you will get the best from them."
- Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. One care worker told us, "We mainly talk about people, any staff issues and areas where we can improve. We also get praised and we can make suggestions about the service." Another care worker told us, "We have regular meetings but also 'emergency' meetings if there is something in particular we need to know about. They are always keen to keep us up to date with things."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- The service had good links with other resources and organisations in the local community to support people's needs.