

Basdeo Kaydoo

Ambleside Lodge - London

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



Overall summary

Ambleside Lodge provides care and accommodation for up to seven people with mental health needs.

The previous inspection of Ambleside Lodge took place on 1 October 2013. The service met all the regulations inspected at that time. This unannounced inspection took place on 4 August 2015. There were seven people using the service at the time of this inspection.

The service had a registered manager who had been in post since 2002. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy in the service and felt free to speak with staff if they had any concerns. Staff supported people with their choices and preferences. Staff knew people's hobbies and supported them to pursue their interests. Staff respected people and their privacy.

Summary of findings

Staff supported people according to their identified needs. People told us staff asked them about the way they wanted to receive their support and listened to their views. Staff supported people with goal setting to develop independent living skills. Staff assessed and reviewed people's needs regularly. Staff worked effectively with healthcare professionals to arrange appropriate healthcare support for people.

Staff supported people to remain safe in the service and community. People were supported to receive their medicines safely as prescribed and to keep their money safe.

People and staff had regular meetings with the registered manager and their feedback was used to improve the service. People knew how to raise concerns and complaints. They told us the registered manager had responded to issues they had raised to their satisfaction.

The registered manager made sure staff attended training and gained the necessary knowledge and skills to support people. Staff had regular supervision and appraisal to monitor their work performance and develop their skills.

The registered manager monitored the quality of service. She carried out routine checks on health and safety, management of medicines and satisfaction surveys, and used outcomes to learn and improve on the service.

Summary of findings

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 safe. Staff assessed risks to people's safety and put appropriate support in place to keep people safe. The registered manager made sure the service had enough competent staff to meet people's needs.

Staff supported people to receive their medicines safely as prescribed. The registered manager monitored the premises, facilities and equipment to make sure they were safe.

Good



Is the service effective?

The service was effective. People told us staff asked for their consent before giving them support. Staff supported people in line with the Mental Capacity Act (2005) and the associated legislation. Staff received regular training to improve their knowledge and skills. Staff supported people to access the health care they required.

Good



Is the service caring?

The service was caring. People told us staff were friendly and treated them with kindness and compassion. People said staff respected their privacy.

People told us staff respected their choices, preferences and assisted them to pursue their hobbies and interests. Healthcare professionals told us staff treated people with dignity.

Good



Is the service responsive?

The service was responsive. Staff assessed people's needs and provided them with appropriate support. People told us they regularly met with staff and healthcare professionals to review their progress and level of support they needed. Staff changed the way they supported people to meet people's needs.

Staff supported people to develop skills for independent living such as preparing meals, washing clothes and managing finances.

People said the registered manager asked them for feedback and addressed their concerns and complaints to their satisfaction.

Good



Is the service well-led?

The service was well-led. People told us the registered manager considered their views when making decisions. Staff said the registered manager was approachable and took into account their contributions to improve the service.

The service had robust audit systems in place to monitor the quality of service people received. The registered manager used the findings to learn and improve on practice. Healthcare professionals and local authority commissioners told us the registered manager worked constructively with them to develop and improve the service.

Good



Ambleside Lodge - London

Detailed findings

Background to this inspection

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

This inspection took place on 4 August 2015 and was unannounced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the service including statutory notifications.

During the inspection, we spoke with seven people using the service. We also spoke with the registered manager and three staff. After the inspection, we spoke with a social worker, consultant psychiatrist, community psychiatrist nurse and a mental health team leader.

We reviewed six people's care records. We looked at five staff files including their training, supervision and appraisal records. We reviewed six medication administration record (MAR) sheets and medicine management audits. We checked staff training plans, staff duty rosters, complaints file, service improvement plans and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, “Staff look out for me and I feel safe here”. Another person said, “This is my home and I feel safe with everyone around me”.

Staff were aware of the signs of abuse and neglect. They were able to tell us how to report their concerns and take action to protect people from harm by informing the local authority where necessary and understood how to whistle-blow. Records showed staff made people aware of the abuse that could happen to them in the community and how they could protect themselves.

Staff assessed risks to people’s health and wellbeing together with health and social care professionals from the community mental health team. Staff developed plans to address identified risks. For example, there were plans to protect people at risk from financial abuse and support people at risk of self-harm.

Staff supported people to manage their money safely. A person told us, “Staff encouraged me to ask the shopkeeper for receipts as I used to leave my change in the shops”. We saw accurate and up to date records of people’s finances kept by staff reducing the risk of financial abuse.

People told us staff supported them to take their prescribed medicines. A person told us, “My medicines help me with my illness and I always take it when given by staff”. Staff assessed whether people could safely take their medicines independently. Staff supported people to take their medicines safely as prescribed. Staff reviewed risks to people managing their own medicines as they became more ready for independent living and supported them until they could manage their medicines safely.

Staff had signed Medicine Administration Records (MAR) charts to show people had received their medicines as prescribed. Staff told us they carried out checks on MAR sheets at the end of each shift to check people had received their medicines safely. Some people were prescribed ‘when required’ medicines. Records showed staff had followed clear protocols for their use. Staff supported people to attend meetings with healthcare professionals to have their medicines reviewed to ensure they were still appropriate.

The registered manager ensured there were sufficient staff to safely support people at all times. Records showed there was an established team of regular staff on the rota, which provided a consistent service to people. A person told us, “Staff know me well and they can tell when I am sick”. During our inspection, we saw there were enough staff to support people take part in their chosen activities. People told us, “I get to do the things I like every day and staff support me”.

The registered manager had followed safe recruitment procedures. Staff files included completed interview records, references and criminal records checks. Staff had only started working in the service when all the procedures were completed.

Staff told us they had fire drills and made sure people knew what to do to keep safe in the event of a fire. Staff made regular health and safety checks of the service, and promptly addressed any areas identified as requiring improvement.

Is the service effective?

Our findings

People told us they were free to go out as they wished. One person told us, “I can go out whenever I want”. Another person said, “I am not restricted to the times I can go out but I let staff know when I expect to be back”. People told us staff supported their decisions and choices without reducing their freedom. People had keys to their rooms and the front door, which promoted their independence.

Staff understood Deprivation of Liberty Safeguards (DoLS) and had knowledge of the Mental Capacity (MCA) 2005. The registered manager was able to describe of the procedures to follow to support people in their best interest.

People told us the service supported their choice and preferences. They said staff bought the cultural foods they wanted and paid attention to their diverse needs. We saw people had a choice of a wide variety of fresh fruit, vegetables and drinks in the service. People met with staff to plan their meals on a weekly basis providing them with choice and variety. Staff supported people to eat a healthy diet. For example, staff helped people manage their health conditions by choosing an appropriate diet.

The service supported people develop skills towards their independent living. For example, staff supported people in preparing their favourite meal in the kitchen at least once a

week. One person told us, “I cook my favourite meal once a week and enjoy doing that”. People were encouraged to prepare their snacks and drinks daily. A person told us, “I make my own cup of tea when I feel like having one”.

People had access to the healthcare they needed. Staff supported people to attend hospital and other clinical appointments. A community psychiatrist nurse told us, “People are supported to attend their appointments and we always get up to date information on their progress”. Records showed staff had supported a person to arrange a meeting with a healthcare professional for a review of their treatment. The person told us they were happy with result of the review and felt their mental health was improving. A social worker told us the service was effective and supported people to move on from the service and live independently.

Staff told us they received regular training. The community mental health team leader told us staff had the right knowledge and skills to support people. We saw records of training and refresher courses attended by staff to keep them up to date with current practices. Staff had completed training on safeguarding of vulnerable adults, administering of medicines, infection control and Mental Capacity Act 2005. Staff told us they had regular one to one supervisions and appraisals in which they reflected on their practice to improve how they supported people. For example, staff had received specific training on nutrition and diet to support people with specific dietary needs.

Is the service caring?

Our findings

People told us they were happy in the service. One person told us, “The staff are friendly”. Another person told us, “My friends and family are far away but this feels like home and am happy here”. Another person told us, “I have been in many services before, but this is the best I have been in so far as staff treat me well”.

People told us they were involved in planning their support. One person told us, “I know what I want in life and staff respect my choices and support me towards my goals”. Staff said they knew people’s preferences and hobbies and supported them with their choice. We saw records of people supported by a keyworker. Staff told us this encouraged communication and supported people to focus on their goals. During inspection, we saw how staff involved people in making day to day decisions. For example, a member of staff said to a person, “Would you like me to check the club opening hours for you?”

Staff understood the needs of the people and showed kindness and compassion. For example, a person told us staff had helped them to locate and make contact with their family and friends. They said this had made them feel happy. A person told us, “Staff listen to me and always help me speak with my social worker when I want to discuss something”.

People told us they enjoyed mutual respect with staff. One person told us, “Staff are doing their job and I am here to get better”. Staff told us they had developed positive relationships with people. Staff told us they encouraged people to participate in the community but respected their choice if they decided not to go out. For example, a person told us staff offered and supported them in a choice of indoor activities when they decided not to go out to church.

People said staff respected their privacy and kept out of their rooms when they were sleeping or having personal care. A person told us, “Staff do not come in my room when I am resting”. Staff told us people used lounges to sit with their visitors and were not disturbed.

We observed staff listening to people and asking them questions to make sure they understood them. Staff were patient when giving information to people and explaining their support. For example, we heard a staff member talking with a person about their dentist appointment. They said, “Person’s name] we are writing this down on your calendar as a reminder”. The person appeared to be reassured about it and thanked the staff.

Is the service responsive?

Our findings

People had individual care plans that explained how staff supported them to develop their daily living skills. For example, staff supported people in relation to their personal hygiene and cleaning their room. A person told us, "Staff remind me every day to take care of my personal appearance". Staff assessed people's individual needs and planned their support.

We saw care plans that people had developed with staff. These explained the support staff gave people with budgeting, building confidence, and their education and career goals. Staff encouraged people to work towards their individual goals. For example, staff had supported people to enrol for vocational courses. A person told us, "I am happy I got a place at a college because staff told me I could do it". Another person said, "Going to college gives me joy". Staff told us people's health improved as they were focussed on their goals. We saw records of people who had made good progress in terms of achieving their goals and were waiting for accommodation to move on to less supported living.

People discussed with staff how they wanted to spend their time and understood the level of support each person needed. Staff supported people with their preferences in relation to community activities. For example, staff supported a person to be involved with their church by making sure they arranged to attend service. People told us they attended social groups and felt part of the community. A person told us staff encouraged them to integrate in the community and were now using local facilities such as the

public library, leisure centres and cinemas. We spoke with a person who told us they had developed new interests outside the service. Staff told us they had helped the person find a cultural group they now attended regularly.

Staff encouraged people to participate in group activities like playing snooker but also gave people individual support. For example, we saw people receiving one to one support hanging out their laundry.

During the inspection, we observed people being supported in different ways depending on their needs. For example, one person had said they were going to spend their day in their room. Staff encouraged the person to come out of their room and go out to for their favourite activity, which they did. We saw another person being prompted to have personal care because of a hospital appointment. The person had personal care and later left for the appointment.

People told us they felt free to make complaints. They also said the registered listened to their complaints and acted on. People told us, "The manager asks us about things that worry us and sorts out our problems". Another person said, "The manager helped me get a replacement bus pass after I had misplaced mine".

People told us the registered manager had responded positively to feedback they had given in a satisfaction survey at the beginning of the year. For example, people said they were not happy about having one sun lounge used by people who smoke. A person told us the service had responded by creating an additional sun lounge room for people who do not smoke.

Is the service well-led?

Our findings

There was a service improvement plan in place. The registered manager told us she used this to identify areas in the service that needed improvement. For example, health and safety checks were now being done weekly as opposed to the previous monthly audits. This had helped the service take on repairs as soon as issues were identified. The service had started refurbishing rooms, replacing carpets and repainting to give the home a fresh look.

The registered manager made sure staff effectively met people's needs by monitoring care records. We saw staff reviewed people's care plans regularly and updated as their needs changed. The registered manager stored records appropriately in a locked office. This protected people's confidential information.

The service's pharmacist had done an audit 30 June 2015 and had revised the service's medicines management policy. The registered manager had ensured that all staff had read and understood the new policy.

Staff we spoke with told us the registered manager was approachable and fair. A member of staff told us, "The manager is always welcoming and you can speak with her at any time and get your issues resolved". Staff said the registered manager listened to staff and people's views and made changes to improve the service. For example, a member of staff told us they had proposed people and staff plan their weekly meals on a Sunday when it was quiet. The registered manager had asked other staff and people about this and, with their agreement, had changed the time of this meeting to Sunday. People told us this was working well as they had enough time to plan the menu without feeling rushed.

Staff said teamwork was good and they felt supported by the registered manager. Staff told us the registered manager used her experience and knowledge to support people. A community mental health team leader said, "The registered manager has an excellent approach in supporting people and used her knowledge as a registered mental health nurse to champion their rights". People told us they attended meetings with healthcare professionals and were sometimes accompanied and supported by the registered manager.

People had daily meetings where they shared their opinions about issues in the service. For example, it was agreed the lounge needed decorating. A person told us, "I like painting and offered to paint the room". The registered manager told us she had discussed and agreed with the person that they would be involved.

We saw minutes of meetings the registered manager held with senior staff where they discussed issues that could improve the service. For example, she had agreed to use a train for a seaside trip as a previous experience by bus had taken a much longer time and people had not been happy.

The registered manager had a system in place to monitor incidents. We saw records of incident forms fully completed and appropriate action taken. Minutes of a staff meeting held after one incident showed that the registered manager had discussed the issue and lessons learnt from it. Staff told us that the registered manager reviewed staff's actions each incident and gave them appropriate support to lessen the chances of an event happening again.

A staff member told us that the service supported their professional development and was studying a higher national vocational course related to their role. They said they felt motivated in supporting people.