

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 ●

Summary of findings

Overall summary

Ambleside Lodge is a care home for up to seven people with a mental health condition. The home is based in the London borough of Lambeth. At the time of the inspection there were six people using the service.

At the last inspection on 4 August 2015 the service was rated Good.

At this inspection we found the service remained Good.

People continued to be protected against the risk of harm and abuse. Staff received on-going training in safeguarding and were able to identify, report and escalate suspected abuse.

The service developed risk management plans to keep people safe from identified risks. These were regularly reviewed to incorporate people's views and reflect their changing needs. People were encouraged to help identify risks and develop their risk management plans.

The service continued to employ sufficient numbers of suitable staff to keep people safe. Staff records contained two references, proof of identity and employment history. Staff deployed reflected people's needs and were flexible to people's needs.

The service had an embedded culture that ensured safe medicines management. Stocks and balances evidenced that medicines were recorded, administered and recorded in line with good practice.

Staff received on-going training to effectively meet people's needs. Staff training covered safeguarding, Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), health and safety and behaviours others may find challenging. Staff confirmed they could request additional training to enhance their skills and knowledge.

Staff were supported to reflect on their working practices through supervisions, appraisals and regular staff meetings. Staff confirmed supervisions aided their performance to deliver effective care.

People were supported to access sufficient amounts to eat and drink to meet both their dietary needs and preferences. Staff encouraged people to make healthy choices and supported people with their daily living skills.

People continued to have access to a wide range of healthcare professionals to meet their health and wellbeing needs. Records confirmed staff supported people to attend healthcare services to maintain and enhance their wellbeing. Where guidance and support was given, this was then implemented into people's care plans and the care they received.

People received support from staff that were described as 'caring', 'friendly' and 'a good laugh.' Staff

developed positive relationships with people and treated them with dignity and respect. People confirmed they were encouraged to maintain their independence with support and guidance from staff.

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 support this practice. People continued to be encouraged to make decisions about the care and support they received. People's consent to care and treatment was sought prior to being delivered.

The service continued to deliver personalised care that was responsive to people's needs. Care plans documented people's preferences and gave staff clear guidance on how to support them in line with their wishes. The service encouraged and empowered people's diversity.

The service had robust systems in place to monitor and respond to people's complaints in a timely manner. People were supported to share their concerns through regular one-to-one meetings.

The registered manager was a visible presence within the service. People spoke positively of the registered manager and told us she was supportive and approachable. Staff also confirmed the registered manager was receptive to their views and ideas.

The service continued to develop relationships with other healthcare professionals to enhance the delivery of care. Healthcare professionals' guidance and support was sought and then implemented. The service actively sought feedback from people who used the service, through regular discussions and one-to-one meetings. People's views were considered and where appropriate actioned and implemented into the service provision.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 was a comprehensive inspection and took place on 3 October 2017 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. For example, safeguarding notifications, information shared with us by members of the public and the Provider Information Return (PIR). A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to one person, two staff members, the business manager and the registered manager. We reviewed three care plans, three staff files, three medicine charts, health and safety records and other records relating to the management of the service.

After the inspection we contacted a healthcare professional to gather feedback on the service.

Is the service safe?

Our findings

One person we spoke with told us, "Yes, yes, yes, I am safe. I feel safe because there are staff about." A healthcare professional said, "I think it is, the service has been used by the forensic team long before I joined. People tend to stay there and progress."

People continued to be protected from harm and abuse. We spoke to staff who were able to identify the different types of abuse, how to respond to allegations and report their concerns. One staff member told us, "Safeguarding is protecting and minimising the risk of harm to people and also to staff. It also covers risk factors such as the environment." Records confirmed staff received on-going safeguarding training to keep people safe. Records also confirmed staff discussed safeguarding during supervisions to keep abreast of best practice.

People were supported to help develop their risk management plans in conjunction with healthcare professionals and staff. People continued to remain safe from identified risks, as risk management plans were comprehensive and gave staff clear guidance on how to support people when faced with those risks. We reviewed the risk management plans for three people and found these covered, for example, medicines, keeping safe when accessing the community and deterioration in people's mental health status. The service encouraged people to take controlled risks so that they could continue to do things they enjoyed whilst remaining safe. Risk management plans were regularly reviewed to reflect people's changing needs and those changes were then shared with staff. During the inspection we observed a staff member supporting someone before they went out. The staff member reminded the person of the risk assessment guidelines and how to remain safe when in the community. The staff member was also observed assessing the person's mental health status prior to them leaving.

People continued to remain safe as there were sufficient numbers of suitable staff employed to meet their needs. Staffing levels were determined by the needs of people using the service. Where people's needs increased, the level of staffing increased to ensure people were supported safely. People told us and records confirmed there were sufficient numbers of staff on duty at anyone time to keep people safe. We reviewed staff personnel files and found these contained references, proof of identification and their employment history. Each file also contained a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check providers can undertake to help make safer recruitment decisions.

People's medicines were managed safely and in line with good practice. One person told us, "Staff give me my medicines, but in the future I'd like to take them myself, but not yet. They [staff members] explain what my medicines are for." People were encouraged to understand the medicines they received and the reasons why. We reviewed three people's medicine administration records (MAR) and found these were completed correctly with no errors or omissions. We found stocks and balances indicated people had received their medicines as prescribed. Staff were aware of how to respond to people should they decline their medicines and how to escalate concerns and errors.

Is the service effective?

Our findings

One person told us, "Staff ask me if I need a hand and wait for my consent, my permission." A healthcare professional said, "They [staff members] carry out their roles well and they have lists of qualifications. I think that they have consistently supported [people] that we have placed there."

The service had an embedded culture whereby staff received on-going training to effectively meet people's needs. One staff member told us, "Training is regular, there's a lot of training. It helps me to carry out my role and is very helpful." Another staff member said, "I'm doing my National Vocation Qualification (NVQ), the company encourages you to do it, and provide support to do it. It gives you a knowledge framework." We reviewed the training records for staff and found staff underwent, for example, safeguarding, medicines management, infection control, behaviours others may find challenging and diet and nutrition. Staff confirmed they received regular supervisions from the registered manager whereby they reflected on their working practices. One staff member said, "Our personal development can be reflected on and our guidelines. We receive feedback on areas of improvement and where we may be falling short." We reviewed staff files and found supervisions covered areas of need and an action plan for staff to work towards.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of their role and responsibilities within the MCA legal framework and people continued to have their consent to care and treatment sought prior to it being delivered. At the time of the inspection no one using the service was subject to a DoLS authorisation. One person told us, "I can go out when I choose." A healthcare professional told us, "Yes the patients are assessed to go there and do so through choice. So obviously there is consent that is sought." Throughout the inspection we observed staff seeking people's consent prior to supporting them, and their choices and decisions were respected. For example, in order to gain entry to someone's room, staff asked politely and awaited permission before entering. Staff confirmed they offered choices and gave people sufficient information in a manner they understood to enable them to make informed decisions.

The service continued to support people to access food and drink that met their dietary needs and requirements. People confirmed that the food provided was nice and they were able to choose other food that wasn't on the menu. During the inspection we observed people having access to the kitchen without direct support to make themselves a light snack in-between designated meal times. People were encouraged and supported to make healthy eating choices.

People were supported and encouraged to attend regular health care services, to monitor and maintain

their health and well-being. One staff member confirmed where people chose, a staff member would escort them to their appointments. During the inspection two people were accessing a healthcare clinic to receive their medicines. Records showed where changes to people's health and well-being were identified, this was then shared with healthcare professionals in a timely manner. People were also supported to access mental health services; and regular reviews were undertaken to minimise the impact of relapse.

Is the service caring?

Our findings

One person spoke highly of the staff stating, "They [staff members] are kind, honest and funny. We can have a laugh together. They're also respectful, yes, you could say that." A healthcare professional said, "I think that they staff do quite a good job, they provide a 24 hour highly supported service. There is a good understanding of the people by the staff."

Throughout the inspection we observed staff interacting compassionately with people. For example, we observed staff talking to someone about their bedroom and concerns they had. Staff demonstrated an understanding of the person's anxiety and gave them support and guidance on how to manage that anxiety in a way they understood and could relate to.

The service promoted people's diversity and embraced equality. People confirmed they were supported to have meals that reflected their culture and that those meals were enjoyable. People also confirmed staff supported them to understand their religion and were encouraged to speak about their cultural and ethnic backgrounds and interests. During the inspection staff demonstrated knowledge of people's cultural needs and we observed staff speaking respectfully to people about these matters.

People continued to be encouraged to make decisions about their care. Staff supported people by giving them information to enable them to make informed decisions. Staff recognised people may make decisions that they may not agree with, however were aware of people's ability to make those decisions and have them respected. Records showed people's decisions were documented and shared with the registered manager and healthcare professionals.

People's right to privacy was respected and their dignity maintained and promoted. One staff member told us, "Everyone has a private room and have a key to their room. We treat people equally and always knock on the door and wait for them to invite us in." People told us and our observations confirmed what staff said.

The service continued to encourage people to maintain their independence wherever possible. One person told us they were able to do things for themselves but staff were on hand if they needed support. People who wished was to live in a more independent setting, were encouraged to gain the daily living skills in order to help them to do so. For example, people were encouraged to manage their finances and prepare meals. During the inspection we observed people making their own lunch and accessing the community without direct support from staff.

Staff were aware of the importance of maintaining people's confidentiality where appropriate. Staff confirmed they would share information with people, for example, healthcare professionals where authorisation was granted. Records were stored securely in a locked cabinet in a locked room. Staff ensured only authorised personnel had access to these records.

Is the service responsive?

Our findings

One person told us, "They [staff members] talk to me about [my care], we talk about what I want to do in the future. I want to be living in my own place one day." A healthcare professional, "We are constantly involved in the planning, we see people regularly as does the doctor. The care plan is looked at and there's a combined effort in shaping the care plan."

The service had an embedded culture of delivering personalised care to people, in line with their wishes. Care plans were comprehensive and detailed people's history, likes and dislikes, health and mental health needs and people's goals. Where possible, people were actively encouraged to develop their care plans, ensuring their views were documented and care tailored to their specific needs. Care plans showed involvement from mental healthcare professionals was implemented in the delivery of care to ensure people received care and support responsive to their needs. Care plans were regularly reviewed and incorporated part of the community practice nurse (CPN) monthly reviews. Care plans also gave staff clear and current guidance on how to support people in line with their mental health needs and their preferences.

Prior to joining the service, an assessment of needs was carried out to ensure people's needs could be met. We reviewed people's assessment of needs and found that this looked at their mental state, behaviours, moods, sleep patterns and their identified needs. The service then assessed those needs to ascertain what level of support people required and as to whether those needs could be met.

People were supported by staff to participate in activities of their choice and that met their needs. The service supported people to access the southside rehabilitation association (SRA), the SRA is a charity that supports people with mental health needs, with training and employment to enable them to gain further skills in the local community. One person confirmed they liked accessing the community, going shopping, accessing the gym and having meals out. Staff confirmed they support people to attend the SRA and if required, support them to prepare for their interview.

Staff were aware of the importance of identifying, reporting and acting on concerns that people were socially isolating themselves as this could be a reflection of their mental health status and require healthcare professional input. One staff member told us, "We check people's history in their care plan to see if social isolation is part of their personality trait or a sign of a relapse in their mental health. We would talk to them and see if there's an underlying problem and report to the registered manager and their [mental health] care team."

People confirmed they knew how to raise any concerns or complaints they may have, and would do so in the first instance with either their keyworker or the registered manager. Staff were aware of the provider's complaints policy on how to respond, record and escalate people's concerns, so that a swift positive outcome was sought. The service encouraged people to share their concerns regularly through one-to-one meetings with their keyworker, which staff were able to action prior to the concern escalating to a formal complaint. We reviewed the complaints file and found there had been no formal complaints received in the

last 12 months.

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager and the service. One person told us, "She's [registered manager] brilliant, very good. They've shown me a lot of love and respect here." A healthcare professional said, "I have worked very well with the registered manager, as their care coordinator I have found them accessible and we work in conjunction with one another."

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.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

Staff told us they received on-going support and encouragement from the registered manager. One staff member said, "Because [registered manager] is straight talking and fair, it doesn't put you off talking to her. She encourages you to reflect." Another staff member said, "[Registered Manager] is always accessible and you can call her even in the early hours of the morning and she will come to the service to support you. She will remain here until the incident is addressed." Throughout the inspection we observed staff seeking guidance and support from the registered manager and looked at ease in doing so.

The service had a relaxed atmosphere where people were encouraged to spend time together or on their own as they pleased. The home was welcoming and inclusive to all and had an embedded culture of empowerment and rehabilitation.

The service carried out regular audits of the service to drive improvement. Audits covered, fire safety, medicines management, health and safety and care plans. Records confirmed, issues identified during audits were then acted on in a timely manner. For example where maintenance works required action, these were completed.

The registered manager sought feedback from people to improve the quality of the service. People were encouraged to share their views regularly through daily discussions and weekly one-to-one meetings with their keyworker. The registered manager then implemented people's ideas and wishes into their daily plans and care plans. For example, where people wanted to participate in more activities, or learn new skills, this was then where appropriate actioned.

The service actively sought partnership working with other healthcare professionals. For example, One healthcare professional told us, "They [the service] listen to what we say and support the progression of people." Records confirmed support and guidance was sought from psychologists, care coordinators, Southside rehabilitation association (SRA) and information guidance received implemented into the care plans.

