

Living Ambitions Limited

Living Ambitions Limited - 32 Ringstead Road

Inspection report

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Date of inspection visit: 23 March 2023

Date of publication: 26 April 2023

Ratings

| Overall rating for this service | Good • |
|---------------------------------|--------|
| Is the service safe? | Good |
| Is the service well-led? | Good |

Summary of findings

Overall summary

About the service

Living Ambitions Limited - 32 Ringstead Road is a residential care home providing personal care to up to 6 people with a learning disability in one adapted building. At the time of our inspection there were 4 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Based on our review of the Safe and Well-led key questions the service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right Support

Staff kept people safe by assessing and reducing known risks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff made timely referrals to health and social care professionals to ensure people's needs were assessed and met. People and staff knew each other well and over many years. The service had enough staff to meet people's needs in a person-centred way and keep them safe.

Right Culture

The provider checked the quality of support people received and developed plans to ensure continuous improvements. People and those important to them, were involved in planning their care and the service gathered feedback from people and their relatives and took action in response.

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

Rating at last inspection

The last rating for this service was good (published 8 September 2018). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Living Ambitions Limited - 32 Ringstead on our website at www.cqc.org.uk.

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| Is the service safe? | Good • |
|---|--------|
| The service was safe. | |
| Details are in our safe findings below. | |
| | |
| Is the service well-led? | Good • |
| Is the service well-led? The service was well-led. | Good • |



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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

The inspection was carried out by one inspector.

Service and service type

Living Ambitions Limited - 32 Ringstead Road 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. Living Ambitions Limited - 32 Ringstead Road 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

We reviewed information we had received about the service since the last inspection. 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

During the inspection we interacted with 2 people, and spoke with one member of staff, the deputy manager and the registered manager. We checked 3 people's care records, which included their needs assessments, care plans, support plans and risk assessments. We checked 4 staff files which included recruitment, supervision and training records. We also checked the provider's quality assurance processes. After the inspection we contacted 3 relatives and 2 health care professionals to obtain their views about the service people were receiving.



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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff were trained to recognise and report any concerns about people's safety.
- The provider had a safeguarding procedure in place. The registered manager and staff understood their roles in keeping people safe in line with this procedure.

Assessing risk, safety monitoring and management

- People were safe because their needs were assessed, and plans were in place to reduce identified risks.
- Where people presented with behavioural support needs these were assessed by the provider's specialist support team. Staff received training and followed guidance written by the behavioural support team to keep people safe.
- The registered manager and staff ensured that the environment was safe for people. For example, all the care homes' windows had restrictors which limited the degree to which they could be opened. This meant people were protected against falls from height.
- Staff maintained readiness to keep people safe in a fire emergency. Staff received fire safety training, tested the services' fire safety systems and carried out evacuation drills. People had personalised evacuation plans and an emergency bag with important information, equipment and high visibility vests was maintained

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Staffing and recruitment

• People were supported by safe and suitable staff. The provider interviewed candidates, checked their

applications and employment histories and confirmed their identities prior to employing them.

- The provider ensured that all staff had Disclosure and Barring Service (DBS) checks before providing care and support. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were sufficient staff available to support people safely.

Using medicines safely

- People received their medicines safely and in line with the prescriber's instructions.
- Staff were trained to administer people's medicines and the deputy manager audited their competency each year. Competency checks included observing staff and asking questions around areas including side effects, consent, refusal and the action to be taken in the event of a medicines error.
- People's photographs were placed on their medicines administration records (MAR). This ensured that staff administered the right medicines to the right people.
- People's medicines were stored securely in a locked medicines cabinet, the keys to which were held by a member of staff. This meant people were protected from the risks associated with accidently accessing medicines.
- Where people were prescribed 'when required' medicines staff had guidance as to when these should be administered and the maximum number of times this could happen in a 24-hour period.

Preventing and controlling infection

- The service was clean, and people were protected against the risk and spread of infection.
- Staff followed an enhanced cleaning programme which included regularly cleaning frequently touched locations throughout the service such as doors and handles. This reduced the risk of any infections spreading.
- The registered manager ensured that staff followed published guidance when wearing personal protective equipment (PPE). This included masks and gloves when providing personal care.
- Staff received training in infection prevention and control, using PPE, health and safety, and food hygiene to keep people safe.

Learning lessons when things go wrong

• The registered manager and deputy manager reviewed instances when events had not gone to plan. They shared learning from these reviews with staff to promote improved safety and to prevent recurrence.



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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was person-centred. People received care based upon their unique needs and known preferences. Staff supported people with skills teaching to empower people and promote their independence.
- People and staff knew each other well. The staff team was well established, with some having worked at the service for over 10 years. This meant they understood people's non-verbal communication, how they made choices and how to support people to achieve positive outcomes.
- The service was open, and relatives felt welcome. One relative told us, "Staff are very friendly and helpful."

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

- The registered manager understood their responsibility to share information about important events at the service with people, their relatives, and external professionals.
- The registered manager forwarded notifications to CQC in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager, deputy manager and staff were clear about their roles. The registered manager was registered with CQC to manage two of the provider's services. Their time was split between the two services, and they were supported in their role by an area manager.
- The quality of the service provided to people was regularly checked. The registered manager coordinated the auditing of a range of areas including the home environment, health and safety, staff training and care records. Where shortfalls were identified, action was taken to address them. This meant the provider continuously sought to improve people's care and support.
- •The registered manager ensured that people's care plans were regularly reviewed and updated to reflect peoples changing needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider gathered the views of people and their relatives and used these to shape the service.
- The registered manager arranged regular meetings for staff to attend. These were used to discuss people's changing needs, equality characteristics and improvements to their care and support. Minutes were kept of

team meetings for later review and to ensure that agreed actions were completed.

Working in partnership with others

- The service worked in partnership with others to meet people's needs. For example, the service worked with a range of health and social care professionals to assess, plan and review people's care and support.
- To manage people's anxiety the service supported a number of healthcare professionals to visit the care home. For example, dentists, opticians and chiropodists all visited the service to meet with and examine people. This helped to familiarise people with healthcare professionals, their equipment and examination methods and reduced people's fears around receiving treatment.