

Living Ambitions Limited

Living Ambitions Limited - 89 Grosvenor Avenue

Inspection report

89 Grosvenor Avenue
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Date of inspection visit:
14 October 2022
20 October 2022

Date of publication:
05 December 2022

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

Living Ambitions Limited - 89 Grosvenor Avenue is a care home registered to provide accommodation and personal care. The service provides care and support for up to 5 adults with a learning disability in one adapted building. At the time of this inspection 4 people were living at the service.

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

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. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported to lead fulfilling and meaningful lives. People were offered a wide range of activities and chose the ones they wanted to participate in. Staff ensured that people's health needs were met by working in partnership with healthcare professionals. People received their medicines appropriately and the medicines prescribed to people were regularly reviewed.

Right Care

Staff were caring and compassionate. People and staff had known each other for many years. This meant that staff had an enhanced understanding of people's non-verbal communication and the ability to manage people's behavioural support needs effectively. Staff were trained and supervised to provide care and support safely and responsively.

Right Culture

The service had a person centre culture and focused on people's individual needs, aspirations and choices. There was an open culture and relatives were welcome. The provider gathered feedback from people and their relatives and used their responses to plan improvements. 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.

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 20 October 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care,

right culture.

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 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.

Living Ambitions Limited - 89 Grosvenor Avenue

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 - 89 Grosvenor Avenue 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 - 89 Grosvenor Avenue 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 not a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 October and ended on 20 October 2022. We visited the service on both dates.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with two people, two relatives, two staff, the acting manager, a registered manager of a separate service who was supporting the acting manager and an area manager. We reviewed four people's care plans and four staff files. We checked medicines storage and medicines records. We also reviewed the service's infection control, health and safety and quality assurance practices.

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 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. Staff understood the provider's safeguarding procedures and their role in keeping people safe. A relative told us that for the service, "Safety is paramount."
- Staff were trained to identify the signs of abuse and to take action to keep people safe if they had any concerns. One member of staff told us, "We are here to care and protect. I would tell the manager and local authority if anything was wrong."

Assessing risk, safety monitoring and management

- Staff protected people from foreseeable harm. People's risks were managed because they were individually assessed and mitigated. For example, one person was at risk of falling if they walked for lengthy periods. To manage this risk staff brought a wheelchair to use should the person become tired or unsteady when out walking.
- Where people had specific healthcare risks these were assessed by healthcare professionals.
- The provider ensured that environmental risks were managed. For example, the provider used specialist contractors for specialist health and safety checks such as electrical, gas and water safety.
- Staff maintained a readiness to protect people in the event of a fire. The service had fire alarms, smoke detectors, emergency lighting and fire extinguishers throughout. In addition, people had individual emergency evacuation plans which detailed the support they required to evacuate the building in an emergency.
- The service had access to a vehicle which was used to support people to engage in activities. People had individual risk assessments for using the car. This meant the right type and level of support was available to ensure the safety of passengers and drivers.

Staffing and recruitment

- People received their care and support from staff who were suitable to provide it.
- All staff successfully completed a recruitment process which included an application, interview, employment references and identity checks.
- As part of confirming the suitability of staff the provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were trained to administer people's medicines and their competency to do so was regularly reviewed.

- Staff completed medicines administration record (MAR) charts appropriately. We reviewed people's MAR charts and found no gaps in recording. This meant people received their medicines as prescribed.
- MAR charts contained recent photographs of people. This helped ensure the right person received the right medicine.
- Staff had guidance in medicines records regarding the administration of 'when required' medicines. This included directions on when to administer 'when required' medicines and how many times this can be done in a 24-hour period.
- People were supported to have their medicines reviewed by healthcare professionals regularly or when their needs changed.

Preventing and controlling infection

- People were protected against the risk and spread of infection.
- 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.
- There was an enhanced cleaning schedule in place. By increasing the frequency with which staff cleaned surfaces and areas of high contact such as door handles, the risk of infection spreading was reduced.
- People were protected by the food safety practices of staff. Staff received food safety training and implemented what they learned. For example, staff used colour coded chopping boards for different food types such as breads and meats. This protected people from the risk of cross contaminated foods. In another example, staff checked the temperature of foods to ensure they were served at the safe recommended temperature. Additionally, each month staff checked the thermometer used to measure the temperature of food to ensure it remained correctly calibrated.

Learning lessons when things go wrong

- The manager reviewed incidents and near misses. Where things had gone wrong the provider ensured they were reviewed and learning shared throughout the staff team.

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 Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed. People and their relatives participated in needs assessments. People preferences for their care and support was reflected in their care plans.
- Where people required specialist assessments these were carried out by health and social care professionals. Staff had guidance in care records to provide care and support in line with these assessments.
- Where people's needs changed, they were supported with reassessments and updated care plans.

Staff support: induction, training, skills and experience

- People were supported by supervised staff. Staff received regular supervision from managers.
- Staff told us they found these one to one supervision meetings positive. One member of staff told us, "Supervision is helpful. I can talk about things to the manager and them to me."
- Staff undertook regular training in a range of areas including health and safety and people's specific needs.
- The provider ensured staff repeated training courses at regular intervals to ensure their skills and knowledge remained up to date. One member of staff told us, "Refresher courses are important because you can forget things."

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

- Staff ensured that people's food and fluid needs were met.
- People chose what they ate and when they ate it. One person told us "I choose what I eat." A relative told us, "The staff's dedication and patience have enabled my [family member] to expand his rigid, limited diet to one that is healthy and far more varied than I could have ever hoped for."
- Where people required their meals to be prepared to specific consistencies to ensure they swallowed safely, this was detailed in care records and kitchen records and followed by staff.
- Staff ensured that people ate well and drank enough.
- Similarly, where people were assessed to require prompting to slow down when eating, this was recorded in their care records and supported by staff at mealtimes.

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

● People's health needs were met. Staff supported people to regularly access healthcare services. For example, people were supported to attend appointments with GPs. One person told us, "I go to my

appointments with staff."

- People had hospital passports. These were documents that contained important information about people for use by healthcare professionals should people need to attend hospital. This information included people's medicines, health needs and communication.
- People were supported to engage in healthy activities. One person told us, "I peddle my exercise bike 100 times every day." A relative told us their family member was supported to go swimming, trampolining, for long walks and to use an outdoor gym.
- The manager and staff worked closely with partners to ensure positive outcomes for people. For example, staff made referrals to, and collaborated with, health and social care professionals.

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

- The ground floor of the service was wheelchair accessible. This included access to bathrooms, toilets, bedrooms, the kitchen and garden.
- Some aspects of the home required attention. For example, communal areas and the stairwells were tired and worn, with paintwork and banisters chipped. Similarly, a wall in one person's bedroom was damaged as the result of a leak. The provider had plans in place to make good the damaged area and to redecorate. We will be monitoring these actions to confirm satisfactory completion.
- People's bedrooms were personalised.

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 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were appropriately supported with mental capacity assessments.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the details of the restrictions in place and how long they were valid for, were detailed in care records and reviewed regularly by the provider.

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 has remained Good. This meant 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 service and the staff. One person told us, "I like living here. The staff are very nice to me." One relative told us, "I find the care given to [my family member] very good. They are always very glad when we take them back after a day out, not like a lot of the care home's they have been in in the past." A second relative said, "The staff are friendly, helpful and experienced. Nothing is too much trouble for them." Adding, "The staff treat my [family member] as a member of family, and without their excellent level of care, I would not have had the peace of mind that my [family member] is being cared for as I would care for them."
- The service had an established staff team with the majority having worked at the service for over 10 years. This meant people and staff knew each other well.
- People's cultural and spiritual needs were supported. This included supporting people's dietary requirements and spiritual expression. One person told us, "I like to say a prayer before eating."

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

- People decided how they received their care and support. Staff supported people to make decisions regarding all aspects of their lives including the activities they engaged in.
- People's bedrooms were personalised. People chose how their bedrooms were decorated. Where people's autism made it difficult to tolerate items on display in their rooms this was respected by staff and their walls were bare. Other people's bedrooms were highly personalised with photographs and posters.
- Care records were personalised and noted what a good day for people looked like. For example, for one person a good day included listening to music and going to the pub." Staff used these records to support people to choose their activities.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be well presented. One relative told us, "My [family member] is always clean, well groomed, and appropriately dressed."
- People's privacy was respected. Staff knocked people's bedroom doors before entering and ensured their dignity when providing personal care.
- Staff met people's personal care needs. A relative told us, "My [family member] is always clean, well groomed, and appropriately dressed." One person told us, "Staff help me to get dressed."
- People chose how they received their personal care. For example, people could choose between using the home's wet room to shower or the bathroom to bathe.

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 has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was person centred. People's care records were person centred and reflected people's choices.
- Where people presented with behavioural support needs these were assessed. Staff followed guidelines developed by healthcare professionals. One relative told us, "Constant vigilance and their ability to anticipate and identify potential triggers of [their family member's] behaviours, are fundamentally crucial to ensuring a calm, stable quality of life, and is vital for managing [their behavioural support needs]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider made policies available to people in accessible formats. For example, the provider's complaints policy was available to people in pictorial and easy to read formats.
- People's communication needs were assessed, and staff had guidance in care records on supporting people's expression and understanding. Where people preferred to use communication devices, staff supported this.

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

- Staff supported people to maintain the relationships that were important to them. People were supported to visit and receive visits from family and friends. One relative told us, "My family and I are always made very welcome."
- People were supported to engage in a range of activities in their local community and beyond. For example, people enjoyed horse riding and day trips.
- Hobbies were encouraged and supported. For example, people who wanted to, were supported to engage in gardening. The service grew flowers, tomatoes, pumpkins, red and green chillies, spinach and fruit.
- Besides gardening, the garden offered people the opportunity to use swings and outdoor furniture.
- Staff supported people to develop their everyday living skills. This included supporting people to develop their cooking, ironing and laundry skills. This meant staff promoted independence.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy in place.
- People and their relatives had access to the provider's complaints process which was available in an easy to read pictorial format.
- The provider's complaints procedure had been reviewed and updated since our last inspection.
- The acting manager and staff knew how to support people should they have any concerns.
- The acting manager was also clear about the process for investigating and responding to complaints.

End of life care and support

- At the time of our inspection no end of life care was being provided at the service. The acting manager told us that referrals would be made to healthcare professionals should a person require end of life care. This meant people could continue to receive care and support in the care home.
- Shortly before our inspection, one person who had been living at the service passed away. People were supported by staff to manage their feelings about their loss. One relative told us staff were, "Monitoring my [family member] to support them in dealing with the loss."

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

- The service was person centred and promoted a positive culture. Outcomes for people were regularly reviewed with them and their relatives with a view to making continuous improvements.
- The views of people, relatives, visitors and healthcare professionals were gathered and acted upon.
- The provider undertook surveys of people's views which were analysed by the provider's quality assurance staff. This meant the provider maintained oversight of people's views and satisfaction with their care and support at the service.
- Staff attended regular team meetings where improvements to people's care and support was discussed and important information shared.
- The provider involved people in the organisation of their service. For example, people met with prospective staff as part of the recruitment process and asked them questions.

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 manager understood the provider's role to keep people, relatives and local authorities up to date with important events at the service.
- The service kept CQC informed of all notifiable incidents in a timely manner.

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

- At the time of our inspection the service did not have a registered manager in post. The provider was attempting to recruit to the role and had advertised and interviewed for the role.
- The deputy manager was covering the service as the acting manager and felt supported in their role by the provider. The deputy had worked at the service for over 10 years and had previous experience of being the acting manager of the service and knew people and their relatives well. One relative told us, "We feel that the deputy manager has been very approachable and always helpful with any problems we may have."
- The acting manager carried out quality checks at the service. For example, the acting manager carried out weekly and monthly health and safety audits. Additionally, senior managers from the provider organisation, and quality monitoring staff carried out checks. Whilst these checks had not resulted in the redecoration of the service, the acting manager recognised this was a quality issue for which the provider organisation was required to take action. At the time of our inspection redecoration had been agreed and planned and we will

be checking to confirm it has been done.

Continuous learning and improving care; Working in partnership with others

- The manager and staff shared learning from training, reviewed incidents and attended forums to enable them to improve people's care.
- The service had an up-to-date business continuity plan. This laid out the actions the provider would take in the event of significant and disruptive events taking place. These included flood, fire and power outage events. The continuity plan detailed how people would continue to receive care and support and the roles and responsibilities of senior staff in this process.
- The service worked in partnership with health and social care professionals to assess, review and plan for people's changing needs.