Living Ambitions Limited

Living Ambitions Limited (Doncaster)

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

Living Ambitions Limited (Doncaster) provides personal care and support to people living in shared, supported living projects and singularly, in their own homes in East Yorkshire and North East Lincolnshire. At the time of our inspection there were 170 people with a learning disability and, or a mental health related condition using the service, mostly on a 24 hour basis.

The inspection took place on 18, 19 and 20 April 2017 and was announced. This is the first inspection of the service since it was taken over by the provider, Living Ambitions Limited.

The service had an established registered manager in post. 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 and associated Regulations about how the service is run.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy, liked the staff and did the activities they liked to do.

People spoke highly of the staff who supported them. They told us they felt safe and comfortable with the staff and they received a good service. Policies and procedures were in place to safeguard people from harm and the staff we spoke with understood their responsibilities.

Detailed risk assessments helped to protect people from risks they may encounter in their daily lives.

The registered manager monitored the quality of the service; they held electronic records which related to all aspects of the service such as safeguarding, complaints, accidents and incidents.

Person-centred care plans were in place to support staff to provide a personalised service. Records demonstrated that regular reviews were carried out of people's needs and the service they received.

The support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. People were positive about the different social groups they could attend as well as following their own routines like attending adult social centres. Some people we visited

told us that they preferred to stay at home and follow their own interests as they were more independent.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. People's dietary needs were catered for and we saw clear instructions were followed when a person had involvement from the speech and language therapist (SALT).

Our observations, together with our conversations with people, provided evidence that the service was caring. The staff had a clear understanding of the differing needs of people living in their own properties and we saw they responded to people in a caring, sensitive, patient and understanding professional manner.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We saw that the complaints procedure was written in plain English using pictures and words which described how people should raise any concerns the may have. It also explained to people how they could obtain an independent person to assist them if needed.

Staff records showed the recruitment process was robust and staff were safely recruited. Training was delivered to staff in order to help them support people's specific needs. An induction process was in place and staff training was up to date. Competency checks were routinely carried out.

Most staff confirmed they received regular supervision and appraisal and team meetings were held within each household. Staff felt there were enough staff employed to manage the services with a consistent team.

We found staff understood the principles of the Mental Capacity Act (2005) and their responsibilities when they assessed people's capacity. Decisions that were made in people's best interests had been appropriately taken with other professionals and relatives involved.

Service managers and team leaders carried out spot checks of support workers and they regularly courtesy called people who used the service and their relatives. An annual satisfaction survey was used to formally gather opinions about the service.

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.

People told us they felt safe living at home with the support of their care workers. Safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

Individual needs had been thoroughly risk assessed and preventative measures put in place that did not overly restrict people's freedom.

The staff recruitment process was robust and staffing levels were effectively managed.

Medicines were well managed and monitored.

Is the service effective?

Good

The service was effective.

Staff training was provided in a variety of topics to meet people's needs. Staff were supported by the office team through supervision, appraisal and meetings.

People's consent was sought in relation to their care and support. People and their relatives were involved in care planning.

People were supported to eat and drink well. People's general healthcare needs were met and the service involved other health professionals as necessary.

Is the service caring?

Good

The service was caring.

People and relatives told us all staff were caring and friendly. Staff understood people's needs and responded well to these.

People were treated with dignity and respect. They told us staff respected their home and their belongings.

People were involved in decisions about care and support and given choice and control over their lives. Staff encouraged independence and individuality.

Is the service responsive?

Good

The service was responsive.

The service was responsive and met people's changing needs. Care records were person-centred and assessments were regularly reviewed.

A complaints policy was in place and people were aware of how to complain. People and their relatives told us they felt comfortable raising issues with any of the staff.

Is the service well-led?

Good

The service was well-led.

The provider had a clear vision for the service and the registered manager communicated this to the staff team.

Services previously run by the health authority in a particular geographic area had been taken over by the provider. The registered manager and the management team were working to help the people who used the service and the staff in these services to adjust to the changes.

The registered manager held comprehensive records which showed she monitored the quality and safety of the service. Audits took place to ensure staff undertook their role competently. Feedback was sought from people and their relatives to ensure satisfaction.

Living Ambitions Limited (Doncaster)

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 was planned to check 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 18, 19 and 20 April 2017 and was announced. We told the registered manager before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be available. The inspection team was made up of three adult social care inspectors 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern.

We also reviewed all the information we held about the service including notifications that had been sent to CQC by the registered manager. We spoke with the local council contract monitoring officers who also undertake periodic visits to the service.

We visited eight supported living addresses and one person living in their own home. Overall, we visited 17 people who used the service. We spoke with 10 staff supporting people living at those properties. We also called five people by telephone to gain their views of the service and we spoke with three of people's

relatives. This helped us evaluate the quality of interactions that took place between people using the service and the staff who supported them.

We visited the service office and met the regional manager, registered manager the quality assurance officer, several senior staff, administrative staff and team leaders. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at eight people's written records, including the plans of their care. This included four people's records that were kept at the agency office and four people's files that were kept in their homes. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at staff personnel and recruitment files, including records of staff training and support, and the provider's quality assurance systems.

Good

Our findings

We asked if people felt safe in their home and they said that they did. For instance, one person said, "I feel safe and sound here and do not worry about anyone or anything. I have been here for many years and nothing has changed." Another person responded, "Yes, I know what safe means and I have no concerns." Another person said, "I am OK here."

Some people had limited verbal communication. However, most people we visited or phoned indicated they felt safe and happy using the service. We saw staff supporting people and they interacted well with them, people were relaxed, happy and well cared for.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to a manager. We saw staff had received training in this subject. Records we saw showed that safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

Staff we spoke with told us there were enough staff to ensure people could live their lives as they chose. Some of the people lived in supported living houses and had staff support on a 24 hour basis including staff awake at night, while others only needed a member of staff that slept at the property. Staff told us staffing levels were determined by the needs of people living in the properties. This enabled then to take part in activities of their own choice.

People and relatives told us they thought there was enough staff employed by the provider. One relative said, "The staff are consistent and they don't have a high turnover." Staff told us they worked well together, were flexible with one another and they covered for each other to provide consistency to people.

The registered manager told us recruitment was on-going to fill vacancies. We checked the recruitment records of newly employed staff and saw that the appropriate documentation was completed and pre-employment vetting checks were carried out. This meant that the registered manager ensured staff were suitable to work with vulnerable adults.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and

their care given in a way that suited their needs, without placing unnecessary restrictions on them.

All of the risk assessments we looked at, which were contained within people's care records, were up to date and had been recently reviewed. The risk assessments had clear detailed instructions for staff to follow. Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively. For example, staff had a list of strategies to try and calm a person's behaviour and there was detailed information which could help staff understand what triggered certain types of behaviour.

We were present with a team leader when one person was being supported through a period of distress. The following day team leaders were in the office reviewing the incident, discussing the risks and updating the person's assessments and plans to reflect any lessons learned during the incident. They were preparing to discuss this with the staff supporting the person, in order to help them to maintain the safety of the person and of themselves in similar circumstances in the future.

Staff told us about a number of people whose behaviour had improved markedly and as a consequence their quality of life had improved. This showed that people were protected from the risks they faced in their daily lives and staff were aware of how to minimise those risks.

Accident and incident report forms were completed by staff to record events of this nature. These were kept within the person's records and staff recorded who they had passed the information onto and what action was taken. Service managers dealt with these incidents and liaised with external professionals if necessary.

Some people told us staff supported them with taking their medicines. We saw that medicines were stored and administered safely in the houses we visited. Staff and people who used the service were aware of what medicines were to be taken and when they were required.

Some people were prescribed medicines to be taken only 'when required', for example painkillers. The support staff we spoke with about this knew how to tell when people needed these medicines and gave them correctly. In support plans we looked at we saw protocols to assist staff when administering this type of medicine.

Good

Our findings

The staff we spoke with told us that people using the supported living service were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to maintain their independence and supported them to continue with their daily activities. For example, people attended social centres during the day and attended disco's and pubs in the evenings. One person told us, "The staff support me all the time and I am very lucky. If I want to go out I don't wait, it happens straight away." Another person said, "I like the fact that I get support going to the shops and going out"

Most people we visited could communicate their wishes. Some people used simple signs to communicate their wishes. Staff was knowledgeable about people's needs and knew how to support them.

People told us the staff made sure they had enough to eat and drink. The support that people needed with food and drinks preparation was in people's care records. People who were at risk of malnutrition, dehydration or had a specific dietary requirement had an 'Eating and drinking' risk screening tool completed and, for example, a choking risk assessment if necessary as part of their health and well-being support plan. Staff monitored food and fluid intake for people at higher risk. We saw involvement from dieticians and speech and language therapists was sought and staff followed their advice and guidance to support people's individual needs. This showed that staff monitored nutrition and hydration needs and provided sufficient support to manage a balanced diet.

Menus were devised to suit the people living in the various homes and people told us how they assisted with shopping and food preparation. People described to us their favourite food which included healthy options and take away foods. One person said, "I am quite independent and can do loads of jobs and help with the cooking." While another person told us, "I do not choose my food, but do ask for fish finger sandwiches sometimes, which are my favourite. I do not get something I don't like" Another person said, "Staff do the cooking and it is nice."

Staff supported people to maintain their general health and wellbeing and ensured their needs were met. Daily report books showed support workers had reported issues and concerns to the office staff regarding people's healthcare needs. In addition, we saw care records which showed when a GP or district nurse had been contacted on someone's behalf. Care records also showed that the service was involving and referring people to other external healthcare professionals, such as an occupational therapist, dentist or optician.

The provider employed a training officer to deliver induction, training and assess initial competency. New

staff completed the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. New care workers were subject to a three month probationary period in which they shadowed experienced staff, had their competencies regularly assessed and attended probationary review meetings with a service manager or the registered manager.

We saw training records which confirmed topics which the provider deemed mandatory were regularly refreshed. This included health and safety and food hygiene. Staff were also provided with bespoke training that suited the particular needs of the people they supported. This included positive behaviour support, epilepsy, autism, diabetes and person-centred working.

Staff expressed mixed views about the training and support provided. Services previously run by the health authority in a particular geographic area had been taken over by the provider. The registered manager and the management team were working to help the people who used the service and the staff in these services to adjust to the changes. Staff in the more recently acquired locations felt they had received better quality training and more responsive support from their previous employer. However, they all confirmed they had the skills, competencies and knowledge to deliver safe, effective support to people who used the service.

Records showed that formal one to one supervision and appraisal meetings took place and spot checks were carried out. Most support staff confirmed they had been spot checked and had their performance at work had been competency checked. Most staff said they felt supported by their line managers and could contact them if needed for advice and direction. People we spoke with confirmed that senior staff had visited their home to check everything was OK. This meant that people received a service from staff who were suitably trained and competent in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack We observed and listened to the office staff making and receiving telephone calls. Communication was good and we witnessed support staff being informed and kept up to date with actions taken or changes to an individual's care package.

People told us that their support workers asked for consent before carrying out any tasks. None of the people we spoke with said that they were made to do anything that they did not want to do and they were asked what they wanted at all times. They told us staff would knock on their bedroom door before entering and ask their permission to complete tasks. Care plans showed that where possible people had 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We observed that the service assessed people's capacity in respect of individual decisions appropriately and used local authority assessments to support this.

Decisions that were made in people's best interests were recorded, including who had been involved in making the decision. For example, healthcare professionals or people's relatives. The registered manager told us some people who used the service were subjected to restrictions under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation because it was not safe for them to go out alone. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf.

Good

Our findings

People and relatives spoke very positively about the staff and the support provided. People told us they were happy with where they lived and the staff who supported them. They told us the staff were nice and kind. When we asked if people thought the staff were caring the comments included, "Oh my goodness, the care is just great", "I couldn't ask for better care they are so kind and lovely" and "They [staff] are very kind and good." One relative said, "[My family member] is very happy and has a very good life, thanks to these folk [care staff]."

People we spoke with felt the staff spoke to them with respect. They told us staff respected their home and their belongings. People understood the importance and concept of respect and dignity. Staff we spoke with described to us how they would maintain a person's dignity and respect their privacy.

The staff we spoke with believed people were happy with the service overall. They told us they had no concerns about people's safety and wellbeing and felt they had a good team of genuinely caring staff who delivered a good service to people. People and relatives' comments reflected this.

We observed lots of positive interaction between support workers and people being supported by the service. Interactions were caring and friendly and staff displayed professionalism throughout our visits. We saw staff offered reassurance and encouragement to people. People told us that staff were respectful and spoke to them in a way that made them feel valued. One person we spoke with said, "Staff understand me. They know how much I can do for myself and they treat me with respect." Another person said, "Staff are very nice they treat me right." Other comments included, "We like to go to the snooker together, I always win," "We are mates and like doing things together."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during the day and people told us that support staff encouraged them given to undertake household tasks like cooking their own meals and tidying their accommodation. One person told us, "If I want to change my mind that is fine, or want to have a lie down I am not made to do what I don't want to do."

Some people who used the service had diverse needs in respect of the Equality Act 2010. This is a law that prevents discrimination on the basis of a person's age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity and these are now known as 'protected characteristics'. We saw no evidence to suggest that people who used the service

were discriminated against and no one told us anything to contradict this. Care plans were devised to make sure people's needs were met in a way which reflected their individuality and identity. Staff told us they had training in equality and diversity, which had reminded them to promote individuality and ensure people's personal preferences, wishes and choices were respected.

Some people's care plans had been produced in an 'easy read' format to ensure the person could understand their own care plan. Where ability allowed, people had signed their care planning documentation themselves or a relative had signed it on their behalf. People had been given a 'service users' guide' which contained information about the provider; what to expect from the service, what assistance could be offered, basic policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding team, advocacy and CQC contact details were also made available. The 'service user's guide' and the provider's statement of purpose were also available in an easy read format.

There was evidence that advocacy services had sometimes supported people. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The registered manager was aware of how to refer a person to an independent advocate from the local authority if people needed the support.

Sensitive information was kept confidential. We saw that records containing people's personal details were kept in cupboards and computerised systems in the office were password protected. Staff confirmed that they were aware of the need to keep information about people safe and secure.

People who used the service told us they were involved in developing their person centred plans which were written in a way they could understand. They told us they had been asked for information about themselves to contribute to the plan in order to ensure support workers fully understood their needs, wishes and preferences. The support plans described how people wanted to receive their support and showed the people who were important to them and things they liked to do. For example, we saw an 'All about me' record which contained information about the person if they needed to go into hospital. We also saw that where appropriate, people's care plans contained information about their preferences around emergency treatment, any advanced decisions and what they wanted at the end of their life. An advanced decision is a decision people can make now to refuse a specific type of treatment at some time in the future.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Good

Our findings

People and their relatives confirmed that they had been involved in their initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, support plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

When asked if staff listened to them people responded, "They listen to what I ask for.", "I can always say no." and "I enjoy it here and ask for things and it is OK."

Care needs assessments were person-centred and included information about people's lifestyle, past history, preferences, hobbies and interests. This enabled the service manager to match the person with a team of suitable staff. Regular reviews of the care packages they provided to people were undertaken.

Care and support plans described people's individual needs and included what action staff should take to meet these needs. We saw very detailed information was included to provide specific guidance to staff. Staff shared examples with us of how people's needs changed and that the service had been able to respond with additional hours of support. Equally, services had been decreased for people who had gained further independence. Staff told us and records confirmed that information about changes in people's needs was communicated effectively between the office staff and the individual services in order to ensure paperwork reflected the current situation. All of the paperwork we reviewed matched the description that people and staff gave us of the service being delivered.

People chose how to spend their time and pursued hobbies such as going to the cinema, going out for meals or playing sports. Some people had activity care plans devised by staff based on their interests and hobbies in order to give their day structure and routine. People and relatives had been asked what they were interested in and staff encouraged and facilitated activities by conducting research into local amenities and accompanying people as necessary. We saw in care records that people enjoyed a wide variety of meaningful activities and hobbies.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us they liked to go shopping for clothes. They showed us new clothing that they had bought. Another liked to go to rock concerts while others had interests in horse riding, supporting their favourite football team and playing snooker. One

person said, "I go out with staff in the car every day."

People also told us about holidays they had been on. For example, one person had been to Blackpool which another had been away with a member of staff to Cumbria. They said, "I had the best time of my life, I will never forget the trip and the wonderful scenery we saw."

The support workers had a clear understanding of people's preferences and where they would enjoy going and this was evidenced by the amount of photos that had been taken. Photo albums were compiled by people and their support workers and they had some proudly displayed around their home.

There was a complaints policy and procedure in place and it had been made available to people in the 'service user guide' and 'statement of purpose'. The service maintained an electronic complaints register to track any complaints and monitor trends. The register included a brief description, an outcome and any follow up action. This showed the provider operated an effective system to respond to any complaints raised. People we spoke with did not raise any complaints or concerns about the care and support they received.

Staff told us if they received any concerns about the services they would share the information with a manager. Most staff told us they had regular contact with their manager both formally at staff meeting and informally when they carried out observations of staff practice when providing care and support in people's homes.

Good

Our findings

At the time of our inspection there was a registered manager in post. They had been re-registered with the Care Quality Commission in April 2016 after a new provider had taken over the service. The registered manager was aware of her responsibilities and had submitted notifications as and when required.

The registered manager was present during the inspection and assisted us by liaising with people who used the service and staff. She was knowledgeable about people and was able to tell us about individuals' needs.

The registered manager was supported by a team of service managers, administration staff, team leaders and support workers. The provider also had a clear management structure of regional and operational staff.

Staff meetings took place and we saw minutes which confirmed that staff had an opportunity to raise any issues or concerns with their team leaders or service managers. The management team used these meetings to cascade information about the service to the staff. This demonstrated that open communication was encouraged in the service.

The registered manager explained that the Doncaster office had recently taken over the running of services in North East Lincolnshire, previously provided by an NHS provider. They were aware that there was work to do to help the people who used the service and the staff in these services to adjust. As a result of the changes in management personnel, management arrangements and changes to staff terms and conditions, staff morale was not good in these teams compared with teams in the other, more settled geographical areas.

We visited some of the people who used the service in this area and spoke with the staff members supporting them. There were issues raised by staff who were feeling 'cut adrift'. One staff member explained that the context of this was that their previous managers had been located very nearby and had been very involved in day to day decision making, and although staff enjoyed having more autonomy in some ways, they felt they had not been well prepared for this. We looked at the minutes of staff and senior staff team meetings that had been undertaken in the North East Lincolnshire area and saw that staff's concerns about the changes were taken seriously and action carefully considered and planned to provide management support during the changes.

The registered manager told us that they and the other members of the management team scheduled time to get to know the people who used the service and the staff in these services. They were gradually

discussing the aims and principles of Living Ambitions and introducing policies and procedures and documentation. However, some staff remained unhappy about the changes to their terms and conditions.

The care records we saw reflected the service which was being delivered to people. All known risks had been identified, assessed and mitigated against. People's records had been reviewed recently and the service had been responsive to people's changing needs. Updated policies and procedures and new paperwork with the Living Ambitions logo was being introduced.

We saw the service used a range of quality monitoring tools. Team leaders and support staff conducted daily and weekly checks on aspects of the service such as medicines, finances and health and safety. Service managers made monthly visits to carry out a full audit of medicine records, personal finances, quality of care and the safety of the premises. The service managers reviewed and updated care records and audited daily notes and other records to ensure they were of a high standard. Spot checks were carried out by the service managers at each of the individual services which also covered staffing issues, personal finances, medicines and other household safety checks.

The quality assurance system was used effectively. This reported on all aspects of the service including safeguarding issues, accidents, incidents, complaints and staffing. The registered manager and quality officer collated the information from all of the individual services to gather an overall picture of service performance. This was then relayed to the senior management and provider for general oversight.

People who used the service and their relatives told us they had been given opportunities to be involved with the running or the service and provide feedback about their services. Some people told us they had received an annual satisfaction survey, whilst others had provided feedback when prompted over the telephone. A staff member explained people could attend Listen to me' meetings and were supported to say what they thought of the service. Additionally, when people lived in a shared, supported living situations, they had monthly 'Living together' meetings.

Information was on display in the office to inform staff and visitors of advice and guidance which may benefit them. Posters which described the provider's whistleblowing policy and local safeguarding information were displayed which showed staff were encouraged to question practices. We checked whether the provider had displayed their latest CQC performance rating, which they had, along with a copy of their last CQC report. This showed transparency and compliance with registration regulations.