

Living Ambitions Limited

Living Ambitions Limited - Chorley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Living Ambitions Limited - Chorley supports people to live independently. There are 23 properties in the area. There is a staff team on hand 24 hours a day to cater to any support or healthcare needs. Every person has full control over their life in a space which looks and feels very much like home.

Each supported tenancy is managed on a day to day basis by a support team leader and is provided line-manager support by the registered manager. 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.

We looked at how the service protected people from avoidable harm. We found the quality of risk assessments to be variable. Some risk assessments did not provide clear guidance for staff about the action they needed to take to help maintain people's safety.

We looked at how the service managed people's medicines. Medicines were not always given as prescribed by the doctor. We found there were no care plans for "as and when required" medication.

We identified concerns about staffing levels in some parts of the service. We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff.

We found that staff were able to tell us about safe guarding principles and recognised signs of abuse. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

The principles of the Mental Capacity Act 2005 (MCA) had not been embedded into practice and we identified concerns relating to how people's mental capacity had been assessed prior to asking people who use the service to consent to care.

Staff were not provided with effective support. Supervisions were not always undertaken with staff.

We observed people being supported and saw that staff interacted with people in a kind and caring way. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In relation to safe care and treatment, safeguarding people from abuse, valid consent, good governance and staffing.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Staff had a good understanding of safeguarding and were aware of how to report safeguarding concerns.

Medicines were not always given as prescribed by the doctor.

There were no care plans for 'as required' medicines.

We identified concerns about staffing levels in some parts of the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Restrictive practices were in place that were not authorised by the relevant authority.

Supervision and appraisals for staff were not always completed and staff were not well supported in their work performance.

People were sufficiently supported to maintain their physical and mental health.

Is the service caring?

Good ●

The service was caring

We saw that staff had good skills to communicate with people on an individual basis.

We saw that staff interacted with people in a kind and caring way.

We saw staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were person centred and included detailed descriptions about people's care needs however these were not always up to date.

People who used the service were supported to take part in activities.

People and their relatives said they knew how to raise a complaint.

Is the service well-led?

The service was not consistently well led.

The manager was open and approachable and the staff team felt supported.

There was a quality assurance system in place to monitor the quality of the service being provided. This did not always pick up inconsistencies within people's records.

Requires Improvement 

Living Ambitions Limited - Chorley

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 14 and 17 March 2016, and was unannounced. The inspection team composed two adult social care inspectors, a pharmacy inspector 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 care service.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. 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. We received feedback from a social work professional whose feedback is included within this report.

At the time of our inspection there were 58 people who used the service. We met with nine people and spent some time observing them receiving care and support. However, not everyone could provide us with verbal feedback. We were able to speak to 14 relatives of people who used the service on a regular basis. We also spoke with seven care workers, and the registered manager. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; seven care records, five staff personnel records, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

We asked people who lived at the service if they felt safe. People we spoke with said: "Yes I feel happy and safe". And: "I like it here".

Relatives told us: "There is a risk of (son) being hit sometimes by another resident but the staff are aware of this". And: "We have had a safeguarding incident with (son), the staff were good with this".

We looked at how the service protected people from avoidable harm. We saw that risk assessments were completed as part of people's care plans. However, we found the quality of these to be variable. We viewed some risk assessments which contained out of date information. In addition, some we viewed had not been updated for several years despite there being changes in the needs of the people they related to.

We also found that some risk assessments were missing. In one example, we saw that a staff member had written on a person's care plan that a risk assessment was required for a specific issue, but this had not been actioned.

Some risk assessments did not provide clear guidance for staff about the action they needed to take to help maintain people's safety. For example, one person was at high risk of choking but there was very little information for staff about how to manage this risk.

Risk management at the service was found to be inadequate. This amounted to a breach of Regulation 12 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. Medicines were not always given as prescribed by the doctor. We found one person that did not have their medicine to relieve anxiety for three days as it had not been ordered in time. This may have increased the risk of them becoming anxious. A second person who was taking a vitamin tablet had two missing signatures on their Medicines Admission Record sheet (MARs). Two days before the second missing signature the MARs had been signed to state the medicine was unavailable and had not been given for two doses. We checked the quantities of the medicine to see whether the second missed signature had been given but not signed for; however the quantities suggested the dose had not been given.

The second person had throat lozenges bought from a pharmacy in their bedroom that interacted with the medicines they were prescribed by their doctor. It was unclear who had brought them in to the home; however one carer said that staff may have brought them in. A third person had a medicine for colds and flu, which contained paracetamol. The third person was taking regular paracetamol from their doctor and having both in their cupboard increased the risk of a paracetamol overdose. There was no care plan in either of these peoples records to support the use of homely remedies. Another person was taking a medicine to help with behavioural symptoms. On the day of our inspection we could not confirm this medicine had been given during a seven day period as staff could not find the MARs.

Staff completed medicine administration records (MARs) sheets, these were handwritten and not double signed as per best practice guidelines. When these are completed by anyone other than the pharmacist they should be an exact copy of the information displayed on the medicines bottle or box.

We found care plans for 'as and when' medication were not always completed. For example, one person who was prescribed paracetamol did not have a care plan to reflect when and how this medication should be administered. There was no record of the number of medications given for variable doses. This lack of protocols for medication increased the risk of medicines overdose and misuse.

We were informed by one of the managers that senior supporters carried out weekly medicine audits; however in the first house we visited, we could only find 11 audits from the previous five months.

This was a breach of Regulation 12 (1) (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified concerns about staffing levels in some parts of the service. We visited one property where four people who had complex needs lived. There were significant risks associated with each one of the people's care, which meant they required a high level of support and observation. One person required personal care to be provided by two staff members. Despite this, we found by viewing the rota and talking to staff, that there was sometimes only one staff member on duty.

We spoke with staff about how they provided a safe service whilst working in the property alone. They told us they felt unsafe when this was the case. We also saw an entry in the service's communication book by a staff member raising concerns about working alone with no other staff support. We discussed staffing levels with the registered manager. They told us that the hours of support were commissioned by the local authority and they are currently looking into this.

In discussion, we were advised by managers that agency staff were used across the service. However, we found there was no formal process for checking that agency staff had suitable knowledge and experience. Managers told us they accepted a verbal assurance from the supplying agency that people had sufficient training and confirmed they did not request to see a profile outlining a person's knowledge, skills and experience.

This amounted to a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff to manage their finances. There were a range of checks in place designed to safeguard people from financial abuse. However, we found that checks were not always properly completed. In addition, we found that people were not always supported to manage their finances effectively. Two people had experienced problems with benefit payments because they had not been supported to return information in a timely manner.

We saw that fire risk assessments were carried out by locality managers. It was not clear that they had the suitable knowledge and qualifications to carry these out properly.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

We found that staff were able to tell us about safe guarding principles and recognised signs of abuse. One staff member told us: "I understand about types of abuse. I would tell my manager and I have access to the local authority's contact number to report abuse". Another staff member told us: "We receive safeguarding training it is everyone's responsibility to protect people who live here". We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Is the service effective?

Our findings

We observed staff support people who lived at the service. We saw that staff had good skills to communicate with people on an individual basis.

People we spoke with told us staff were well trained and competent: "Yes staff know what they are doing": "Staff understand the girls very well". And: "They do everything they can". However, one person said: "The core staff are really good, but there are a lot of staff changes and sometimes they have the wrong attitude".

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "The induction was good, it gave me information to be able to start the job". And: "Yes I feel we get enough training".

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We asked staff about their understanding of the MCA. One staff member told us: "I have not yet completed training but I am aware that the MCA is to protect people around making decisions".

We looked at staff training records and found that six out of 50 staff had received training in the MCA and DoLS.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the service did not have sufficient systems in place to enable assessment of a person's mental capacity prior to completing any best interest decisions.

Some information in relation to capacity and best interests decisions was confusing and at times, conflicting. We viewed the care plan of one person and saw that they had been assessed by an external professional as having capacity to manage their own finances. However, we saw that this was not happening in practice.

Failings identified to adequately assess a person's mental capacity prior to making decisions on their behalf amounted to a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each file we viewed contained a checklist called a DoLS self audit which required the person completing it to check whether any restrictive practices were taking place. However, in two examples this had not been completed and was blank. In another example this had been completed but no follow up action taken by the staff member.

For one person who used the service we found there were a number of restrictive practices in place due to risks relating to their behaviour. However, we could find no mental capacity assessment or best interest decision in their care plan in relation to these restrictive practices.

These restrictions without the relevant authorisation resulted in a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care for one person who had a low body weight and low appetite. His care plan advised staff to encourage him to eat. However, there were no arrangements in place to monitor his intake or to monitor his weight. This meant risks to his nutritional health were not being managed safely.

Some care plans we viewed were missing important aspects of health care, for example in relation to nutrition and skin integrity. We viewed the care plan of one person which stated they had variable skin integrity but there were no actions recorded for carers to take in relation to this.

Staff supervision was not always consistent at the service. Some of the staff we spoke with said they had not received supervision for some time. The manager told us they aimed to complete staff supervision every three months; however the records we were shown did not demonstrate these had taken place consistently. The registered manager told us they would try to ensure that staff supervision was conducted more regularly.

These shortfalls in supervision of staff amounted to a breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that each supported living house had a kitchen area that people could access. We observed lunch being prepared and served in one house and saw that people enjoyed their meal of cheese and ham toasties.

People were sufficiently supported to maintain their physical and mental health. Staff escorted people to appointments and maintained contact with community professionals. One person we spoke with told us: "They do an excellent job with my daughter as she would not go to any appointments before she went to live there".

Is the service caring?

Our findings

We received some positive comments about the staff and about the care that people received, such as: "Very friendly and approachable". And: "They do everything they can and spend as much time as they can with people".

We found that people had been actively involved in the review of their care plans. We asked relatives if they felt they were included in plans about their loved ones' care. One person told us: "Yes his care plan is up to date": "We have regular reviews and we are involved". And: "Yes we have regular planning meetings".

During the inspection, we saw staff treated people with dignity and respect. We observed staff knocked on people's bedroom doors and bathroom facilities were lockable to enable people to feel that their dignity was protected. Two people showed us their bedrooms and said: "I like my room it's a nice colour". And: "I can collect things in here, these are my things".

People were supported to maintain contact with friends and family members outside of the service. One person told us: "The staff help me to ring my mum, she is in a care home now and we can go to see her soon".

We observed people being supported at four houses. We saw that staff interacted with people in a kind and caring way. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

We saw that people had individual bedrooms that had been personalised. People had their own space that facilitated privacy and independence. People told us that that they were happy. People's individuality was maintained. An example of this was a person who used the service who liked to collect items of interest. The service had worked with the individual and their family to implement a care plan around this to ensure the persons wishes were respected whilst also ensuring it was safe.

People were able to maintain their independence within the homes we visited. One relative told us: "The staff have done a lot with my daughters independence, they have really encouraged her".

The service had policies and procedures that covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of these and were implementing them when supporting people.

Is the service responsive?

Our findings

We saw that people had their own personal spaces and these had been personalised.

People had personalised care plans in place to guide staff as to how they wanted their care to be provided. Care plans included details about people's specific preferences and wishes. For example, one care plan we viewed contained a good amount of information about what a good day would be like for the person and also what a bad day would be like.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. However it was difficult to see the benefit of some of the strategies in place to support people with complex behavioural needs. For example, for one person who had some complex behaviours it had been agreed that he would be asked to enter into a behavioural agreement each day. As the person lived with a form of dementia and short term memory loss, it was not clear that his needs had been properly considered.

We found that the standard of care planning differed across the homes and staff teams. In one house we found some strategies for supporting people to be unclear and at times, confusing. In one part of a person's care plan, relating to behavioural support, it stated 'Do not ignore' in another part it stated 'do ignore'.

However in a different house we found that the information held in the care plans were documented to a good standard with person centred, in depth strategies for supporting the people who use the service.

We recommend that the provider reviews the documentation and care planning across the service in order to ensure the same good standard for everybody who uses the service.

People knew how to raise concerns if they were unhappy about their care or the service. One person told us: "We have some issues and they are being addressed at the moment" Another person commented: "If we are worried we just go in and ask".

We found that documentation around complaints was not always completed and reviewed. For example we found one recent complaint had been initially recorded however there was no details on what action, if any, had been taken. This was discussed with the registered manager and they recognised that professional recording at the service is an area for improvement.

Service users are generally supported to have an active social life. We spoke to one person who told us: "I go fishing with the staff and we are going to a show tonight".

Relatives told us: "My brother is encouraged to go out he makes his own mind up": "They go out as much as possible". And: "They are very good at maintaining his independence; he has a season ticket for football, goes bowling, to the resource centre and on holiday". However we received conflicting opinions across the houses. One relative told us: "My son doesn't get out much at the moment, they are short of staff and not

many can drive".

Is the service well-led?

Our findings

We found a positive culture at the service was reported by the staff members we spoke with. However staff told us that this was an ongoing improvement. This was due to the recent change in provider which has resulted in some changes with staffing and the paperwork that is being completed.

Staff told us they felt supported by management overall. One staff member told us: "Management are approachable and listen to me".

We asked relatives about management and they told us: "I am not quite certain who the current manager is as it has changed": "The manager is ok, very approachable and friendly". And: "They are very approachable and hands on".

A wide range of written policies and procedures provided staff with clear guidance about current legislation and up to date good practice guidelines. These were reviewed and updated regularly and covered areas, such as The Mental Capacity Act, Deprivation of Liberty Safeguarding, medicines, appraisal, staff supervision, individual planning and review and health and safety. However, our findings throughout the inspection demonstrated that staff were not always following their own policies and procedures.

We were advised by locality managers that quarterly audits were carried out in each individual house. However, when we requested to see some of these, we were told they were not available as all the audits had not been completed.

Other audits we did see showed that issues had been identified. However, there was no evidence these had been followed up. For example, one audit found a lack of witnessing by staff in relation to checks of people's money. The audit stated these had not always been completed correctly but then did not state what needed to be done to rectify it or how the issues would be followed up. In addition, some audits were not dated or signed so it was impossible to ascertain when the issues had been identified.

In discussion, managers we spoke with told us they ensured that lessons were learnt from any adverse incidents such as medication errors. However, when discussing medicines errors it was apparent they were not aware of all those that had occurred. This indicated that the system for recording and monitoring such incidents was not always effective.

The shortfalls in quality assurance amounted to a breach of Regulation 17 (1) (2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see in the case of one property, that an action plan had been implemented for the purpose of rectifying a number of areas found to be in need of improvement including care planning. Each required action had a set date and we were told by the locality manager that checks would be made to ensure the improvements were completed within the required timescales.

When viewing the communication book in one of the properties visited we saw two entries written by staff members on two separate occasions stating that they had been unable to contact an on call manager when issues had arisen outside of office hours. This was of concern as it indicated that managers were not always available to assist people in an emergency situation.

This amounted to a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff used a communication book during staff handovers. This was used to record things that happened on a daily basis and to direct staff to read a particular person's care records. This helped staff keep up to date with people's changing needs or provided an update on a specific event. Records included a section for 'something special that happened today'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (3) (4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not ensure that lawful authority was in place prior to a service user being deprived of their liberty for the purpose of receiving care or treatment.</p> <p>Regulation 13 (5).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service provider had not implemented a robust system for assessing and monitoring the quality of service provided.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f).</p>
Regulated activity	Regulation

The provider did not ensure staff received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The provider did not make sure sufficient and suitable people were deployed to cover both the emergency and the routine work of the service.

Regulation 18 (1) (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users.</p> <p>Regulations 12 (1) (2) (a) (b) (c) (d)</p> <p>The provider did not have suitable arrangements in place to make sure that medicines were managed in a safe way.</p> <p>Regulations 12 (1) (2) (f) (g)</p>

The enforcement action we took:

Warning Notice Issued to provider for Regulation 12 Safe care and treatment