

Living Ambitions Limited

# Living Ambitions Limited - Chorley

## Inspection report

Mitchell House  
King Street  
Chorley  
Lancashire  
PR7 3AN

Tel: 01257246444

Website: [www.livingambitions.co.uk](http://www.livingambitions.co.uk)

Date of inspection visit:

13 March 2018

14 March 2018

Date of publication:

24 April 2018

## 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

This inspection visit took place on 13 March 2018 and was announced. The provider was given 48 hours' notice because the service delivered domiciliary care to people who lived in supported living. We needed to be sure staff in the office and people the service supported would be available to speak with us. This service is a domiciliary care agency. It provides 24 hour care for people living in supported houses.

At the time of our inspection there were 18 supported living homes and 49 people who received support from the service.

This service provides care and support to people living in 18 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the last inspection in December 2016 we asked the provider to take action to make improvements because breaches of legal requirements were found. The provider had failed to ensure there were effective systems in place to monitor the safety and quality of all aspects of the service.

There was a registered manager in place. 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.

During this inspection we found the management team had addressed the issues and had implemented systems to ensure people were safe.

Audits were completed and conducted by independent auditors, they included, medication processes, each environment at the supported houses and care records. These were now taking place regularly. Any issues found on audits were quickly acted upon and any lessons learnt to be implemented to improve the quality of service provided for people.

The management team had addressed the issues and had implemented systems to ensure people were safe. For example risk assessments were completed for all people living in supported houses to ensure they were safe.

Medication administration had been improved and made safer to ensure people received their medicines on time and correctly.

People who lived in supported houses and their relatives told us staff were caring and kind towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful

independent lives. One person who was a tenant in supported housing said, "Yes they are great always looking after me so well."

The service had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We found there was an appropriate skill mix of staff to ensure the needs of people who lived in supported houses were met. New staff worked alongside experienced staff members and shadowed them to ensure they understood their role.

Care plans were organised and had identified care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had skills, knowledge and experience required to support people who lived in supported housing.

People who lived in supported houses were sufficiently supported to maintain their physical and mental health. Staff escorted people to appointments and maintained contact with community health and social care professionals.

We spoke with people in the houses and they told us mealtimes were a relaxed social occasion. One staff member said, "We generally pick and choose on the day and it is their choice what anyone wants." People had a choice of what they wanted to eat and staff were aware of people's needs in this area. One person who lived in one of the houses said, "I like pizza a lot and help cooking it."

People told us staff, the registered manager and management team were polite, sensitive and respectful in their approach to caring for people in supported houses.

People who lived in supported housing and their relatives knew how to raise a complaint and who to speak with. The management team had kept a record of complaints received and these had been responded to in a timely manner.

The service used a variety of methods to assess and monitor the quality of the service. These included staff meetings, surveys and visits to the supported houses.

## 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 ●

We found action had been taken to improve the safety of the service.

Arrangements for managing people's medicines had improved to ensure people were protected against the risks of unsafe medicines practice.

Recruitment procedures the service had in place were safe.

Effective risk assessments were now in place also written plans were documented to manage these risks.

There were processes for recording accidents and incidents.

Staff were aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised.

### Is the service effective?

Good ●

We found action had been taken to improve the effectiveness of the service.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. Their rights were now protected in accordance with the Mental Capacity Act 2005.

Care plans included people's likes and dislikes about eating and their needs were catered for.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

Staff supported people to attend healthcare appointments if required. They liaised with other healthcare professionals as required if they had concerns about a person's health.

### Is the service caring?

Good ●

The service remained caring.

People who used the service told us they were treated with kindness and respect by staff at the service.

Staff were aware of privacy and dignity and how to support and care for people in a sensitive, caring and compassionate manner.

The management team were knowledgeable about local advocacy services, which could be contacted to support people if required.

People's care plans reflect their personal wishes and any support they required to express their choices and decisions.

### Is the service responsive?

Good ●

We found action had been taken to improve the responsiveness of the agency.

People told us they were happy and that they received personalised care and support.

Care plans had improved and outlined people's care and support needs.

The registered manager had a system to ensure people's records were updated both at the office and in the supported houses.

The management team had a system to check and manage people's complaints and concerns.

### Is the service well-led?

Good ●

We found action had been taken to improve the leadership of the service.

Systems for monitoring the quality and safety of the service provided had significantly improved.

A range of audits were in place to monitor the health, safety and welfare of people.

The management team consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

# 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 service is a domiciliary care agency. It provides personal care to people living in supported houses. It provides a service for people with learning difficulties. In addition they support people who have a physical disability and younger adults.

We gave the service 48 hours' notice of the inspection visit to ensure we had access to the office base and because we needed to be sure that they would be in.

The inspection team on the day consisted of two adult social care inspectors.

The inspection site visit was on 13 March 2018. It included an on-site office visit. We visited three supported houses, telephone interviews with people who lived in the houses and relatives. In addition we visited the office location on 13 March 2018 to see the registered manager and management team.

Prior to this inspection, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events.

We received information from the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with six people who lived in supported houses, three relatives and nine staff that included, team leaders and support workers. In addition we spoke with the registered manager, area manager, two service managers and members of the audit team. We looked at the care records of four people who lived in supported houses, training and recruitment records of staff.

In addition we looked at records relating to the management of Living Ambitions Chorley and medication records. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels focusing on how staff provided care within the supported homes.

# Is the service safe?

## Our findings

At the last inspection in December 2016 we found risk assessments were not always in place in care records. This meant people were put at risk through lack of care planning. In addition we found people's medication was not clearly recorded in accordance with their policies and procedures and people were at risk.

These findings demonstrated breaches of Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the management team had addressed the issues and had implemented systems to ensure people were safe. For example risk assessments were completed for all people living in supported houses to ensure they were safe. Staff were aware of any risk and had the knowledge to mitigate risk individually to ensure they promoted independence within a risk framework. One staff member said, "We look at all risk personal, the environment and within the houses to make sure people are kept safe." We found risk assessments were now completed as part of people's care plans.

Environmental risk assessments were in place, which covered areas such as fire awareness, lighting and entrances to the houses. Records show risk assessments were reviewed on a regular basis or if circumstances changed. Other risk assessments were in place relating to cross infection, medication administration and domestic tasks.

Medication administration had been improved and made safer to ensure people received their medicines on time and correctly. A new medication audit system was now in place and staff we spoke with told us it was much better and more accurate.

Associated recordkeeping followed the National Institute for Health and Care Excellence guidelines. For example, we saw there were no gaps in documentation. We looked at records of four people and found they were up to date and in order. Staff we spoke with told us medication systems had improved and were safer.

There was an audit trail of medicines received, dispensed and returned to the local pharmacy. We found they were stored in a clean and secure environment in the houses we visited. All staff who administered medication received training and competency testing to underpin their skill and knowledge. One staff member said, "Anybody involved in giving out medicines are trained and constantly have any training updated."

People we spoke with who lived in supported houses and relatives said they felt safe in the care of staff who supported them. Comments were positive and included, "Yes I live here with [staff member] we get on great." A relative said, "I feel glad in the knowledge [relative] is so well cared for and safe."

We looked at how accidents and incidents were managed in the supported living homes. One of the management team told us any incidents that occurred were addressed and they monitored for trends and patterns. We found an example where one person had a number of falls. Following an assessment of the



falls the service reacted by seeking advice from health professionals and the person had been reassessed. The outcome was a reduction in falls after action was taken by the service. We also saw evidence of this in accidents that had happened and action taken to reduce the risk of further incidents. They told us they analysed any incidents and learnt lessons to ensure people were kept safe.

Staff had received infection control training and were provided with appropriate personal protective clothing such as disposable gloves and aprons when required. This meant staff were protected from potential infection when delivering personal care.

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. This was confirmed by staff we spoke with. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service did not respond to concerns they had raised with them.

We looked at staff records related to three personnel recruited over the last year and found they contained required documentation to ensure they were suitable people to work with vulnerable adults. This included references and criminal record checks from the Disclosure and Barring Service prior to the employee's commencement in post. The management team assessed gaps in employment history to ensure candidates were suitable.

We saw personal evacuation plans (PEEPS) were in place at each house we visited for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Each house had staffing rotas in place with sufficient numbers deployed and with specific skills to meet people's needs and wishes. We saw the duty rota reflected the needs of people who lived in the houses and support was provided in a relaxed and timely manner. Staff we spoke with were happy with the numbers of staff available to support people and their individual needs. One staff member said, "We don't have a problem with staffing levels, if we are short the manager sorts it out."

# Is the service effective?

## Our findings

At the last inspection in December 2016 we looked at how the service gained people's consent to care and treatment in line with the MCA. We found that mental capacity had been considered however, recording was not consistent throughout the service.

These findings demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the management team had addressed the issues. They had implemented systems to ensure recording systems in terms of a person's mental capacity was consistent. In addition records contained information for staff to recognise the mental capacity of each person to ensure they received the right care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We found up-to-date records were in place, including mental capacity assessments and legally authorised deprivation records. Throughout our visits to supported properties, we observed staff did not limit people's movement and supported them to move about the homes as they wished.

Care records of people who lived in supported houses contained evidence consent to care had been obtained. Each area of their support planning evidenced agreement to how they wished to be assisted and support provided.

People supported in the houses had received a full assessment of their needs. This ensured the service had information about the support needs of people and they were able to confirm these could be met. Following the assessment the service, in consultation with the person to be supported or family member had produced a plan of care. Care plans we looked at were organised and had identified care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

We found evidence staff received regular supervision to support them in their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. The two-way discussion gave a forum for discussions about personal development, work performance and training.

We found the registered manager and staff recorded details of other healthcare professionals involved in people's ongoing care. These included the person's GP, community and hospital specialists, social worker and community mental health professionals. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We spoke with people in the houses and found mealtimes were a relaxed social occasion. One staff member said, "We generally pick and choose on the day and it is their choice what anyone wants." People had a choice of what they wanted to eat and staff were aware of people's needs in this area. Care records included people's likes and dislikes about different types of food and drink. One person we spoke with in one of the houses said, "I like pizza a lot and help cooking it."

Each supported living property had a kitchen area that people could use. Information about different food and meals were also provided in picture format to support people with communication difficulties. Kitchen areas were clean and hygienic. Staff told us they had received food and hygiene training as part of their mandatory training courses.

We saw evidence that the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at the supported houses continued to receive effective care because they were supported by staff who had a good understanding of their needs and were well trained. We were able to establish through our observations and discussions they received effective, safe and appropriate care which was meeting their needs and protected their rights. Staff confirmed they received regular training and there was no shortage of attending relevant courses that supported them in their role. For example staff comments included, "Excellent training opportunities here the best I have had." Also, "You are always supported to gain more knowledge by attending courses the management are really good at that."

.

# Is the service caring?

## Our findings

People being supported and their relatives told us they found staff were compassionate, caring and supportive. One person who lived in a supported house said, "Yes they are great always looking after me so well." A relative said, "We are so glad of the support they give [relative]. They are so kind considerate and we have no issues with the way [relative] is treated."

Care records checked included evidence about people's preferences for social hobbies, meals and details how they want to be supported. Staff encouraged people and their representatives to be involved in their care planning. For example daily routines they preferred were discussed and times they liked to get up and go to bed. One relative said, "We went through everything together which was a good experience." People and their relatives confirmed they were fully consulted about how they would wish to be cared for in the supported houses.

We looked at care plan records of people and found they contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described support the person received and outlined how they wished to be supported. In addition information about the level of independence each person was able to achieve and factors for staff to encourage individuals to live their own lives. A staff member said, "Promoting independence is a big part of our support network, to encourage people to choose how they want to live."

During visits to supported living homes we saw staff treated people with dignity, sensitivity 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. We visited one home and a person who lived there gave us permission to look around their bedroom. It was personalised with posters and photographs of the person's family. They said, "I love Manchester United that's why I have posters up." Interactions we observed between staff and people who lived in supported living were based on people's strengths, focusing on promoting independence and encouraging people to be as independent as possible. One staff member said, "Giving people autonomy and help people to be independent as they can is what we do."

We found staff documented people's diverse needs and assisted them to maintain their different requirements. For example, people's religion and any special religious requirements. Staff we spoke with were aware of the importance of protecting people's human rights and treating them as individuals. We found the provider's documentation stated equality and diversity was extended to all personnel. For example, information outlined no staff should be subject to unlawful discrimination on the grounds of gender reassignment and sexual orientation. This intended to give staff confidence they worked in a safe and non-prejudiced environment.

We spoke with the registered manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Staff and the management team supported people to help them to maintain their important relationships with family and friends. For example, they encouraged relatives to visit and join them for social events. One relative said, "We go and visit often and they are so good and very welcoming when we go."

# Is the service responsive?

## Our findings

At the last inspection in November 2016 we found care plans were not consistent and did not contain all information for staff to follow. In addition care plans were vague and in some records where needs had not been care planned at all. This showed a lack of consistency and meant people were at risk of receiving inappropriate care.

These findings demonstrated breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans we looked at were now more in-depth and information about people's preferences and support requirements were detailed. This meant staff could refer to care plans to ensure people received the right support. A staff member said, "Much better now and we have worked hard to ensure all documentation is up to date and thorough for people."

Clear admissions assessment processes were in place so staff had a good understanding of people's needs before they started to support them. Assessments contained relevant information from other professional health and social care agencies. This helped to ensure the person's needs could be met. A relative told us they were now much more contactable and involved them in their relative's ongoing care needs.

We found in supported homes we visited staff provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

People were supported and encouraged to take part in activities. Different activities and trips out were organised for each of the supported properties. One person who lived in supported living said, "I enjoy going to football matches and go a lot." Other comments from people who lived in supported homes included, "I enjoy trips to the Lakes and Blackpool." Also, a relative said, "I know there is a lot going on where [relative] lives. They are always out and about."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the assessment procedures identified information about whether the person had communication needs so they could access information independently. For example care records used picture formatting so that people with difficulty understanding were able to identify pictures and communicate their needs to ensure they were understood.

The service had a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and

responded to appropriately. One relative we spoke with told us they had information provided to them on the process of making a complaint, they said, "I know who to talk with however never had to complain, no complaints whatsoever."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided, should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed

The management team and staff showed a good understanding of people's end of life care requirements, which included clear documentation of their preferences. They were tactful and respected where individuals did not wish to discuss such sensitive issues. When we discussed end of life care with staff we found they had a good understanding of related principles. The registered manager strengthened this with relevant training. A document named 'last wishes' was formed with the person that detailed preferred church service and funeral plan.

# Is the service well-led?

## Our findings

At the last inspection in December 2016 we recommended that quality assurance be improved in line with best practice. This was to ensure any risks or shortfalls in care were identified in order to ensure improvement for all people who lived in supported homes.

At this inspection we found the management team had addressed the issues and improved their auditing system to ensure the service was continually monitored and consistent. The management team had independent auditors who provided audits for the service and recommended where improvements could be made. One staff member said, "The system is really good and has improved the service and identified any shortfalls so that we can act on them and improve the service." Regular audits had been completed reviewing medication procedures, the environment in each home and care records.

The service had a range of quality assurance systems to gather people's views of the agency such as annual surveys, house meetings and management meetings. A recent survey in 2017 resulted in positive comments from people who lived in the houses and their relatives. There were 52 sent out and only positive comments received so far. The management team analysed responses and acted on any negative comments to ensure the service continued to improve.

People supported by the service told us the registered manager and staff team were friendly and approachable. They said the registered manager and staff were respectful, helpful and listened to them. They told us they felt the service was well led. One relative said, "There have been definite improvements with the management side of things."

We found the service had clear lines of responsibility and accountability. The registered manager, management team and staff team were experienced, knowledgeable and familiar with the needs of the people they supported in the houses. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a well run and consistent service.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, healthcare professionals and social workers.

Staff meetings were held approximately three monthly and also informal tenant meetings in each property. One person who lived in one of the supported homes said, "We plan trips out and daily activities together." One staff member said, "The meetings are useful and give a chance to express opinions and improve things." Staff told us the team worked well together and regularly discussed how to improve the service for people who lived in the supported houses.

The service had on display in the reception area of their office premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.



