

## Living Ambitions Limited







# Care UK - 63a Victoria Avenue

## Inspection report

63a Victoria Avenue  
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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 19 November 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 16 September 2014, where we found the service was meeting all the regulations we looked at.

63a Victoria Avenue is a care home that can provide accommodation and personal support for up to seven adults living with learning and physical disabilities. There were seven people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home were at risk of not having their health and welfare needs fully met because staff were not always properly supervised and appraised by their line managers. This was a breach of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

This point notwithstanding we saw staff looked after people in a way which was kind and caring. Our discussions with people using the service and their relatives supported this. People told us they were happy living at 63a Victoria Avenue and felt safe there. People's rights to privacy and dignity were also respected.

Staff knew what action to take to ensure people were protected if they suspected people were at risk of abuse or harm. Risks to people's health and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies. Regular service checks were carried out at the home to ensure the building was appropriately maintained.

There were enough suitably competent staff to care for and support people. The home continuously reviewed and planned staffing levels to ensure there were enough staff on duty to keep the people using the service safe.

Staff were suitably trained and knowledgeable about the individual needs and preferences of people they supported.

People were supported to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times.

People participated in meaningful social, educational and vocational activities that interested them both at home and in the wider community. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be. We saw people could move freely around the home.

People were supported to keep healthy and well. Staff helped people were able to access community based health care services quickly when they needed them. Staff also worked closely with other health and social care professionals to ensure people received the care and support they needed.

People received their medicines as prescribed and staff knew how to manage medicines safely.

There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Staff supported people to make choices about day to day decisions. The manager and other staff were knowledgeable about the Mental Capacity Act (2005) and best interests meetings were held in line with the Act to make decisions on behalf of people who did not have the capacity to make decisions themselves.

Deprivation of Liberty Safeguards (DoLS) had been applied for to protect people's safety, and the staff were aware of what this meant and how to support people appropriately. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. They checked the quality of service provision and ensured appropriate action was taken when concerns were identified.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. The provider had arrangements in place to deal with people's concerns and complaints appropriately.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe living at the home. There were robust safeguarding procedures in place. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. The service consistently monitored incidents and accidents to make sure people received safe care. The environment was kept safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Good



### Is the service effective?

The service was not always effective.

People were at risk of not having their health and welfare needs fully met because staff were not always properly supervised or had their overall work performance routinely appraised by their line managers.

However, staff were suitably trained and knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Requires improvement



### Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought and were fully involved in making decisions about the care and support they received.

Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

Care was focused on what was important to people and how they wanted to be supported. People's care plans were developed and reviewed with their involvement and contained detail information that enabled staff to meet their needs.

People had regular opportunities to participate in a wide variety of meaningful in-house and community based social, educational and vocational activities that reflected their social interests and personal goals.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Good



## Is the service well-led?

The service was well-led.

People using the service, their relatives and staff spoke positively about the management team. The views of people who lived at the home, their relatives, staff and external health and social care professionals were welcomed and valued by the provider.

The provider monitored the quality of the care, facilities and support people using the service received. On-going audits and feedback from people were used to drive improvement.

Good



# Care UK - 63a Victoria Avenue

## 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 checked 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 19 November 2015 and was unannounced. It was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 also reviewed information about the service such as notifications they are required to submit to the CQC.

During our inspection we met all seven people who lived at the home, the deputy manager, the area manager and three care workers. We also spent time observing care and support being delivered in communal areas and one person's bedroom. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We looked at various records that related to people's care, staff and the overall management of the service. This included three people's care plans and training records for five members of staff.

After our visit we spoke on the telephone to the relative of one person who lived at the home and the registered manager.

# Is the service safe?

## Our findings

The provider took appropriate steps to protect people from abuse and neglect. Two people told us they felt safe living at the home. Another person's relative said, "My [family member] is definitely safe living at Victoria Avenue." The provider had policies and procedures in place which set out the action staff should take to report and deal with any concerns they might have. Other records showed staff had received up to date safeguarding adults training, which the management team and other staff we spoke with confirmed. Feedback we received from staff demonstrated they understood the different types of abuse, what constituted abuse and what action to take if there were suspicions or allegations of abuse.

The provider appropriately supported people whose behaviours challenged. It was clear from two incidents we observed that staff knew how to positively support people who displayed behaviours that challenged the service whilst maintaining these individuals' safety and dignity. For example, in one person's behavioural support plan it outlined discussions about their family were difficult. We observed a member of staff skilfully change the topic of conversation when the topic came up in line with those positive behavioural support guidelines. Staff told us they worked closely with other health and social care professionals to try and identify triggers to people's behaviour and how they could support people to appropriately manage or even prevent these behaviours from occurring. The provider employed a behavioural specialist who worked closely with staff to provide them with greater knowledge and understanding about how to support people in a positive way in these circumstances.

The provider identified and managed other risks appropriately. Assessments were undertaken to identify any risks to people's safety. Plans were developed about how to manage these risks. For example, each person had a set of moving and positioning risk assessments which provided staff with clear guidance about how they should meet people's mobility needs and use their moving and handling equipment safely. During our inspection we saw several good examples of staff correctly using various moving and handling techniques and equipment to help people transfer safely one room in the home to another. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed

to provide them in order to keep them safe. For example, staff were aware who might be at risk of choking because of swallowing difficulties and the support they required eating and drinking to manage this identified risk of harm.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with foreseeable emergencies and events. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people who lived at the home and staff regularly participated in fire evacuation drills. Records showed us staff had received basic fire safety training. Staff demonstrated a good understanding of their fire safety responsibilities and knew what to do in the event of the fire alarm being activated.

The premises were well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, wheelchairs, mobile hoists and overhead tracking devices had been regularly checked and/or serviced in accordance with the manufacturer's guidelines.

There were sufficient numbers of staff deployed throughout the home. People told us there were usually staff around and there was always someone to talk to. Staff duty rosters indicated at least four care staff were usually on duty in the home during the day, which the management team and staff confirmed. Staffing levels ensured people received the support they required with their personal care, activities of daily living and to undertake any hobbies or social interests they had. The number of staff on duty depended on people's needs and what activities they were undertaking each day. For example, the management team planned the weekly staff roster to ensure additional staff were always on duty at specific times of the day to enable people who required two staff to support them in the local community to go out as and when they wished. Staff told us the registered manager and area manager who were usually considered supernumerary to the weekly staff roster often helped out and supported people using the service attend to medical appointments and social activities in the local community.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines

## Is the service safe?

were securely stored in a purpose built medicines cabinet that remained locked when it was not in use. Medicines records showed people using the service had individualised medicines administration (MAR) sheets that included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR sheets that we checked, were completed correctly. Checks of stocks and balances of

people's medicines confirmed these had been given as indicated on people's individual MAR sheets. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Training records showed us staff had received training in the safe handling and administration of medicines and this was refreshed at regular intervals.

# Is the service effective?

## Our findings

Staff did not consistently receive the right level of support and supervision from their line managers or have their overall work performance appraised at regular intervals. Records showed that contrary to the providers own supervision policy in the last 12 months staff had received between one and four individual supervision meetings with their line manager. In addition, no members of staffs overall work performance had been formally appraised by the registered manager in the past year. This was confirmed by the management team and other staff we spoke with. Staff told us the management team were always supportive, although most felt they would benefit from having more formal supervision and appraisal meetings with their line manager. One member of staff said, “The managers here are great, but to be honest I don’t recall the last time I sat down with any of them to have my work appraised. These formal meetings can be a bit of a hit and miss affair.” This meant staff did not always have enough formal opportunities to review their working practices or look at their personal development.

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

Staff were appropriately trained to perform the duties they were employed to carry out. People told us they liked the staff who worked at 63a Victoria Avenue. One person said, “I like my key-worker. They’re good at their job.” Records showed staff had attended training courses in topics and areas that were relevant to their work that included a thorough induction, which had covered learning disability awareness, moving and positioning, food hygiene and infection control. Staff spoke positively about the training they had received and said it was always on-going and relevant to the work they performed. The management team told us to help staff understand the needs of people with autism arrangements had been made for all of them to receive autistic spectrum disorder awareness 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.

Appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed information about people’s capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people’s ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, best interests meetings had been held with their relatives and/or the relevant health and social care professionals involved in their lives. Staff we spoke with demonstrated a good understanding and awareness of people’s capacity to consent and to make decisions about their care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw staff had received recent training and were able to explain the impact of MCA and DoLS on people living at the home. The registered manager had made a number of applications to the local authority to deprive some people of their liberty, which were currently being processed. We saw there were systems in place to ensure timely applications were made to renew the safeguards within the timescales as stipulated in the authorisations.

Staff supported people to eat and drink sufficient amounts. Two people told us the food they were offered at the home was “nice” and that they could choose what they ate at mealtimes. One person said, “we’re having takeaway tonight and I’ve already told staff that I want fish and chips”, while another person told us, “I chose to have sausages for lunch today, which I like.” We saw staff asked people in the morning whether they would prefer to have sausage and mash or pasta for their lunch that day.



## Is the service effective?

People's nutrition and dietary needs had been assessed and were regularly reviewed. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Staff demonstrated a good understanding of people's special dietary requirements and the support they needed to eat and drink. Where people had specific nutritional needs there was detailed guidance for staff on how this should be met. For example, staff were aware what foods were suitable for people with swallowing difficulties without compromising their safety and increasing the risk of them choking.

People were supported by staff to maintain their health. We saw care plans contained a personalised health care action which referred to people's specific health needs and provided detailed information for staff about the potential impact of any health conditions they had. People attended

annual health checks at their local GP surgery and attended dental and optician appointments as necessary. Staff were proactive in getting people support when they were concerned about a person's health. The management team were able to give us good examples of action staff had taken to make timely referrals to various health care professionals, including GPs and speech and language therapists (SALT). One member of staff told us as the home's champion they were responsible for ensuring staff were aware how to support people diagnosed with dysphagia, which they had been formally trained to do by a local speech and language therapist. Staff also supported people to undertake activities to improve their health. For example, several people were supported by staff to regular attend sessions at a local hydrotherapy pool as recommended by their physiotherapist.

# Is the service caring?

## Our findings

People were supported by caring and attentive staff. The two people we talked with spoke positively about the home and the staff who worked there. One person said, “It’s [63a Victoria Avenue] a nice place to live and the staff are good to me”, while another person told us, “It’s alright here. I like my key-worker very much.” Feedback we received from a relative was equally complimentary about the standard of care and support provided by staff at the home. They told us, “Our [family member] is looked after extremely well at the home. We’re very pleased with the place” and “The staff are always so helpful and kind”. Throughout our inspection we heard conversations between staff and people living at the home were characterised by respect and warmth. People always looked at ease and comfortable in the presence of staff.

Staff ensured people’s right to privacy was upheld. We saw staff were always respectful and mindful of people’s privacy. For example, we observed staff ask for people’s permission before entering their bedroom. Staff told us about the various ways they supported people to maintain their privacy and dignity, which included ensuring bedroom, bathroom and toilet doors, were always kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with people that mattered to them. One person’s relative told us staff regularly supported their family member to visit them at their home at agreed times. They also said they were not aware of any restrictions on times they could visit their family member at 63a Victoria Avenue. We saw care plans identified all the people involved in a person’s life and who mattered to them.

The service ensured people could be actively involved in making decisions about the care and support they received. Each person had a designated key-worker who people told us they regularly met to discuss the care they received. . A key-worker is a member of staff who helps people plan and coordinate the care and support they receive. Two people told us staff often asked them what activities they would like to do and where they would like to go on holiday. We saw people’s care plans, their guide to the home and the providers complaints procedure were all available in easy to read plain language and pictorial formats to help people understand what they could expect from the service.

Staff encouraged and supported people to be as independent as they wanted to be. One person said they sometimes helped the homes manager answer the office telephone and had recently been on a first aid course where they learnt how to put bandages on injured people. We saw new work-tops in the kitchen and planting beds in the garden for growing herbs had all been suitably raised to ensure they were wheelchair accessible. We saw a new wheelchair had been purchased for one person who lived at the home. Staff told us the new wheelchair would enable this individual to move more freely around the home and help them gain greater independence in terms of their mobility. During our inspection we observed communal areas and corridors were free from clutter that might prevent people moving around the home.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home’s office so that personal information about people was protected. We observed staff did not discuss personal information about people openly.

# Is the service responsive?

## Our findings

People received person centred care. Each person had a personalised care plan that reflected their individual needs, preferred method of communication, abilities and strengths, personal goals and the level of support they should receive from staff to stay healthy, safe and well. These plans also included photographs of the person and their family, detailed information about their daily routines, how they liked to spend their time, their food preferences and dislikes, social activities they enjoyed, life history, and the names of people who were important to them. Staff told us they had read people's care plans. One member of staff said, "I think the care plans we use at Victoria Avenue are very good and provide us with all the information we need to look after people properly."

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. We saw care plans were regularly updated by people's designed key-worker to reflect any changes in that individuals needs or circumstances. This helped to ensure care plans remained accurate and current

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they could choose what time they went to bed, what they wore, what they ate and what they did during the day. One person said they had chosen who their key-worker would be.

People were supported to pursue social, educational and vocational activities that interested them. People told us they could participate in lots of meaningful in-house and community based activities. One person said, "I often go out in the minibus to college where I learn new things. I like

shopping with staff and playing on my computer in my room as well." Another person told us, "I'm going to watch my favourite band with staff. I like listening to music and painting pictures."

During our inspection we saw staff facilitate a variety of in-house activities for people to join in if they wished which included playing musical instruments in the lounge and painting. The home has its own well equipped sensory room and wheelchair accessible minibus, which people told us they regularly used. Each person had a personalised weekly timetable of planned activities that reflected their specific social interests and hobbies people enjoyed. Regular planned activities included bingo, bowling, playing and listening to music, art and craft sessions, aromatherapy, talking newspapers, going on annual holidays, hydrotherapy, food and clothes shopping, and visiting local pubs, cafes and restaurants. Staff told us one person who lived at the home regularly attended a vocational course at college where they were learning new skills that would help them get a job.

The provider responded to complaints appropriately. Two people told us they felt able to talk to staff if they were concerned or not happy about anything at the home. One person's relative also told us, "No complaints about the home whatsoever." All the people we spoke with told us they did not have any concerns or worries about the service. We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We also saw the home had produced an easy read version of their complaints process. The management team told us there was a process in place for them to log and investigate any complaints they might receive about the home, which included recording all actions taken to resolve these.

# Is the service well-led?

## Our findings

The homes manager is registered by the CQC to run both 63a Victoria Avenue and another of the providers' care homes. The area manager told us the registered manager divides their working time between the two homes spending half their time based at 63a Victoria Avenue. This was confirmed by staff we spoke with. The deputy manager told us they were permanently based at 63a Victoria Avenue and saw the registered manager and area manager there at least twice or three times a week.

People told us they felt 63a Victoria Avenue was well run by an effective management team which consisted of the registered manager, area manager and the deputy. People talked positively about how supportive, approachable and inclusive the management team were. One person said "I like the manager. They're alright." While another person's relative told us, "I think all the managers do an excellent job running the home. Can't fault any of them." The service had a hierarchy of management with clear responsibilities and lines of accountability. It was also clear from discussions we had with staff that they felt the home had an effective management structure in place. Staff told us they felt the registered manager, area and deputy managers worked well together as a team.

The management team ensured there was an open and transparent culture within the service. People were encouraged to make suggestions about how the service could be improved by participating in individual and group meetings with the management team and other staff, and where applicable, family members and external health and social care professionals. For example, people regularly joined in staff meetings and reviews regarding their care plan. The area manager gave us a good example of how one person was supported by staff to regularly meet with people who lived in other Living Ambition homes in the area where they could discuss what the provider did well and what they might do better.

Staff were also asked for their views about the home. They told us there were monthly team meetings they attended

where they were able to discuss their opinions openly and receive feedback about any issues or incidents involving the people who lived at the home. Staff told us they felt able to speak with any member of the management team and were confident any concerns they might have would be taken seriously.

The provider had established effective governance systems to routinely monitor and improve the quality and safety of the service people received at the home. We saw records that showed the provider's quality assurance manager had carried out a thorough audit of the home in July 2015. It was positively noted that where issues had been identified by the quality assurance manager, specifically in relation to staff training and mental capacity record keeping, an action plan had been developed by the homes management team that stated clearly what they needed to do to address these shortfalls. Other records indicated the management team and senior staff regularly carried out their own internal audits that covered key aspects of the homes operation. This included the care and support people received, accuracy of people's care plans, management of medicines, financial management, cleanliness, food hygiene, building and equipment maintenance, fire safety, staffing levels and staff record keeping.

The management team worked proactively with other healthcare professionals to improve their knowledge, learning and understanding of how to care for and support people. For example, the homes dysphagia champion told us they were in regular contact with speech and language therapists to receive on-going training and advice in relation to how best to care and support people living with dysphagia.

The management team demonstrated a good understanding of their role and responsibilities with regard to CQC registration requirements and their legal obligation to notify us about any important events that affect the health and welfare of people using the service. This included incidents and accidents, allegations of abuse, authorisations to deprive a person of their liberty and events that affect the homes ability to function.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People using the service were at risk of not having their health and welfare needs fully met. This was because staff did not always receive the appropriate support, supervision and work performance appraisal from the provider which they needed to enable them to effectively carry out all the duties they were employed to perform.

Regulation  
18(2)(a)