Living Ambitions Limited

Living Ambitions Limited - 330a Guildford Road

Inspection report

330a Guildford Road
Bisley
Woking
Surrey
GU24 9AD

Tel: 01483799261
Website: www.careuk.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14th November 2016 and was unannounced.

At the last inspection in September 2015 we found breaches of Regulations 11 need for consent, 12 (safe care and treatment), 15 (Premises and equipment), 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements have been made and these Regulations are no longer being breached.

Living Ambitions 330a Guildford Road provides residential care for up to five people with learning disabilities and physical disabilities. On the day of the inspection there were five people using the service. The accommodation is a detached house arranged over two floors.

There was a Registered Manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of their responsibilities to safeguard people and to keep people safe. Staff were trained in how to respond in the event of a fire and contingency plans were in place to keep people safe. Staff learned from accidents and incidents that had taken place.

Safe recruitment practice was followed to ensure staff were suitable for their roles. People were administered their prescribed medicines by staff who had received medicines training. Medicines records were up to date to ensure medicines were administered safely.

Staff provided care in line with the Mental Capacity Act 2005. Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions.

Staff were well trained and had the skills and knowledge to support peoples individual needs. People were supported by staff who knew them and their needs well. They knew people's history, what support people needed and how they could help people to stay well and independent.

Peoples nutritional and hydration needs were being met. People were able to choose what to eat and drink and were supported to prepare their meals.

The care plans were person centred and enabled staff to provide good quality care to people. They detailed people's routines, what they liked, what and who was important to them, their hopes and dreams, and how they communicated.

People were supported with their health and well-being. People had health action plans. These detailed

their health needs and how they were to be supported to see health care professionals and what medication they were taking and its side effects.

People were encouraged to take part in activities that suited their interests and hobbies. Activities were flexible and based on people's individual needs and preferences.

The complaints procedure was available in an accessible format for people and regular meetings were held to obtain their views.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

Staff reported that the manager was supportive and responsive.

The registered manager works with others to ensure people received the care they needed. This included GP's, social workers, and care practitioners.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff were aware of their responsibilities in safeguarding people and understood how to keep people safe.

Person centred risk assessments promoted independence whilst also ensuring people were kept safe from known hazards.

Equipment in the home had been regularly tested and all equipment was in good condition.

There were enough staff to meet the needs of the people living at the home. Checks were undertaken to ensure staff were suitable for their roles.

Medicines were administered safely by staff.

Is the service effective?

Good

The service was effective.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Staff had a good understanding of the Mental Capacity Act 2005.

Staff were well trained and had the necessary knowledge and skills to provide person centred support

People were supported to choose and prepare their own food. Where people were unable to they were supported to make choices.

People were supported to maintain good health and were provided with person centred support to access health services and support.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were able to express their opinions about the service

Care was centred on people's individual needs.

Is the service responsive?

Good

The service was responsive

The care plans were person centred. They detailed people's routines, what they liked, what and who was important to them, their hopes and dreams, and how they communicated. Staff responded to people as individuals and according to what was recorded in their plans.

There was an accessible complaints procedure in place and people were encouraged to complain at monthly meetings.

People were participating in activities of their choice.

Is the service well-led?

Good

The service was well led

There were appropriate systems in place that monitored the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

Systems were in place to obtain the views of people who were receiving the service.

The registered manager worked with others to ensure people received the care they needed

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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 14th November 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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.

During the inspection we spoke with five members of staff and the registered manager. After the inspection we spoke with two relatives. Most of the people at the service were unable to verbally communicate with us to tell us their experiences. We observed interactions between the staff and people throughout the inspection and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed a variety of documents which included the care plans for two people, staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

We last inspected the service on 9 September 2015. At that inspection we found a number of breaches of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At our last inspection in September 2015 we found that risks to people's health and safety were not always being adequately assessed. At this inspection we found that improvements had been made.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One staff member said, "There are risk assessments in each person's person centred plan and I have read them all. I know what to do to keep people safe, we know people well so can see signs if they need more help. Like helping an individual move round and use his wheelchair safely". Person centred risk assessments had been recently completed for individuals covering travel, epilepsy, safe bathing, hot surfaces, use of chemicals such as cleaning fluids, road safety, moving and handling, falls and trips, and choking. One person who was unable to sit and wait in a hospital waiting room was protected from the risk this would cause them and others whilst allowing them to attend appointments. They were always supported by two staff. The person sat in the car with a staff member whilst one of the staff sat and waited for them to be called. Their plan about supporting them to go out detailed how to keep them safe from traffic, how they accessed local amenities and what support they needed to travel in a car, on the bus and on an aeroplane. Another person was supported to go out at times and to places that were not busy.

There was a fire risk assessment and staff knew what was in this and how to act in the event of a fire. Each person had a Personal Emergency Evacuation Plan (PEEP) which staff understood. These gave staff the knowledge they need to safely support each person in the event of a fire and how they should be helped to evacuate the home. There were individual risk assessments for all emergency events. Fire drills and tests of fire equipment were up to date. A fire drill with night staff was due to be arranged. There was a business contingency plan in place to guide staff in what action to take if the service was unusable. The staff knew where they could find this plan.

Accidents and incidents were documented. There was a system for analysing them and learning from them to try to prevent harm reoccurring. For example one person displayed challenging behaviour towards a member of staff. Action was taken to introduce new staff more slowly to this person so they felt more at ease. Their risk assessment was updated to reflect this. As a result no further incidents had occurred.

In the PIR the manager told us that there was a "pre-planned maintenance schedule in place". We found this to be the case. Improvements had been made since the last inspection. We had identified that flooring in one bathroom was not well maintained and posed a risk to people. New flooring had been fitted in the wet room and bathroom. Equipment in the home had been regularly tested and all equipment was in good condition. The registered manager had a plan for ongoing maintenance and replacement.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of different types of abuse, knew who to report abuse or suspected abuse to, and knew their role in protecting people from abuse. One member of staff said, "If I suspected abuse I would speak to the manager. If I needed to, I would also ring a phone number we can ring anonymously, and I would ring Social Services". Risk assessments were in place to protect people from the different types of abuse. For example people had

risk assessments in place to protect them from financial abuse. Safeguarding incidents had been referred to the local authority and notifications had been sent to CQC when appropriate. A copy of the latest Multi-agency policy and procedures was available for staff to refer to.

The risk of financial abuse was reduced as each person had a deputy appointed by the Court of Protection to manage their financial affairs. Each person's money was counted daily, records were kept of income and expenditure, and all expenditure was receipted.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. On the day of the inspection there were three staff and the manager available to support people. Staff offered care at a time that suited people, spent time with people socialising and supported people to go out when they needed. The registered manager ensured that there were enough staff on duty to support people to attend appointments and leisure and education classes. A senior member of staff was on call at all times if they needed to respond to a shortage of staff. Agency staff were used, but where ever possible these were consistent staff who got to know people, and how to support them. One member of staff said "Agency staff have to read peoples person centred plans and they will always be supported by a permanent member of staff". Agency staff were also able to drive company vehicles so peoples activities were not disrupted.

The Registered Manager told us that they regularly reviewed the needs of people who lived there to ensure that there were enough staff. We reviewed the rotas and saw that there were always the correct numbers of staff on duty.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained a recent photograph, proof of identity, references and full employment histories.

Staff administered people's medicines safely. Staff were observed telling people what medicine was being administered. Every person had allergies listed and there were protocols for giving pain relief PRN (as and when medicine). Information about possible side effects of all medicines were available in each person's care plan so staff could monitor people for these and seek medical advice if needed. Any medicine changes were clearly recorded and communicated to staff so the right dose was given as soon as a prescription changed.

Good

Is the service effective?

Our findings

At our last inspection in September 2015 we found that there were not always clear systems in place to ensure that mental capacity was assessed. We also found that not all staff were trained and competent to check an individual's blood sugar levels which was required daily. At this inspection we found that the necessary improvements had been made.

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. We checked whether the staff were working within the principles of the MCA.

We found that the manager and staff understood their responsibilities in relation to the MCA. One staff member said, "It's about people being able to make their own choices and decisions and if they can't, us acting in their best interests". The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. There was evidence that people's capacity had been assessed when specific decisions needed to be made and that best interest decisions had been made when necessary. This included decisions relating to the administration of medication, dental treatment and eye treatment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff Understood what DoLS was and would make the necessary applications if needed. No-one was subject to DoLS at this location.

People had care plans and support plans in place that were detailed enough to assist staff in delivering effective care. There was a person centred care plan in place for an individual with diabetes. Their care plan detailed what their dietary needs were and what to do when blood sugar levels are not within a certain range. Staff had been trained in how to monitor blood sugar levels and detailed pictorial instructions were in place for staff to follow. Staff confirmed there competency had been assessed.

People received effective care and support from staff who had the skills and knowledge to meet their needs. One relative told us, "They have selected the right people (staff)". Staff received an induction for one week before starting then they worked with experienced staff until they were confident to work on their own. One staff member told us this equipped them well for the role. Staff were kept up to date with the required mandatory training which included areas specific to the people who they provided care to. This included medicines, first aid, food hygiene, moving and handling, safeguarding, fire safety, autism, challenging behaviour and epilepsy. The provider reminded the manager and staff when refresher training was due. Staff competency was being assessed and spot checks were done when the manager or deputy worked with people. Staff performance and training needs were discussed in supervision and appraisal. Agency staff read

peoples care plans before providing support and were supported by a permanent member of staff.

People were able to choose what to eat and drink on a daily basis. Meals were not planned in advance as people chose on the day what they wanted to eat. People were supported to make their own lunch and drinks throughout the day. Those that were not able to make their own lunch were given choices of sandwich fillings and yoghurts by using actual items to choose from. People had plenty to eat and were able to eat their lunch in a place of their choice. One person had chosen to eat in the lounge whilst watching the television.

People's dietary needs and preferences were documented and known by staff. One person who was at risk of choking had a care plan which detailed his dietary needs and gave advice on what they could eat which included when eating out. They had been assessed by the Speech and Language Therapy Team (SaLT) and appropriate advice had been sought to meet the person's needs. Another person had been unwell and lost some weight. One staff member said, "We keep a close eye on his intake, (the person) needs encouraging". Staff were encouraging them and ensuring that when they wanted to eat they were offered additional foods.

People were supported with their health and well-being. One relative said, "If the residents have problems the doctors are there straight away". People had health action plans. There was evidence of peoples and health care professionals' involvement in developing these plans. The plans detailed their health needs and how they were to be supported to see health care professionals such as GP's, dentists, SaLT and hospital consultants, and what medicines they were taking and its side effects. If people had epilepsy, swallowing difficulties, mobility problems or diabetes there was a plan in place to support them with this. For example one person who had difficulty walking had a plan in place to support their movement around the home. This had been developed with a physiotherapist and occupational therapist. The staff had worked with another person's GP to write and implement a health care plan. As a result the GP calls staff regularly to monitor how this person was, whether they need a home visit, or if staff needed advice.

Good

Is the service caring?

Our findings

The PIR that was completed by the registered manager prior to the inspection reflected our findings on the day of the inspection. The manager said that "we try to provide a very homely relaxed environment and each individual's day and lifestyle is dictated by them". We found this to be the case.

Relatives were complimentary about the staff at the service. One relative told us, "The staff are lovely. They keep us in touch with what is happening". Another relative told us, "They have looked after (the family member) extremely well. They are extremely friendly and caring. They are always so willing".

People were supported by staff who knew them and their needs well. Staff were able to describe people's history, what support people needed and how they could help people to stay well and independent. There were detailed life histories for each person which had been completed by the use of photographs. One person's family had provided a number of photos of their family and childhood and had provided information on how they like to spend birthdays and Christmas's as well as their hopes and dreams. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People were supported to keep in touch with their relatives. One relative said "He visited us in the Autumn"

All the interactions between people and staff were caring and kind. Staff touched people appropriately to show affection In the afternoon one member of staff was observed responding to people's needs. One person was sat on the sofa and planned to watch the TV for the afternoon. The person was asked if they would like to lie down, and when they indicated yes, the staff member supported them. Throughout the afternoon the staff member checked with the person that they were comfortable as well as regularly offering them a drink. Other people were given the space to carry out activities of their choice and were supported to make a drink when they wanted. The atmosphere in the lounge was relaxed and calm and people were smiling and happy.

Staff made sure that routines suited people and their preferences and that people had time to relax at home as well as plenty of opportunities to take part in a variety of activities of their choosing. Peoples care plans detailed their routines. This was especially important for one person who needed to do things at set times. Staff told us that they waited until the traffic was not so busy to take this person out and that the person enjoyed walking in the woods which they were supported to do.

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. One person had chosen to stay in bed that morning. In a recent assessment the physiotherapist had said. "The home are managing him safely and are granting (the persons) wishes of staying in bed". The person had also chosen not to continue with an art therapy class but enjoyed occasionally visiting to see his friends. A staff member said, "Some days he chooses to go out, and some not".

People's communication plans were personalised and detailed. Most people used alternative methods

rather than verbal communication. Their plans detailed what various gestures and single words meant, and also told staff what items or pictures they could show the person to make sure they were understood. There were details of what dates were important to people and how they make them feel.

The relationships between staff and people receiving support demonstrated dignity and respect at all times. When staff described people they used respectful terms and showed that people mattered to them.

People's privacy was respected. During the inspection we witnessed staff knocking on a person's door before entering and waiting for a response. The staff handover which reported on peoples well-being took place in the office with the door closed.

Although people were all from the same cultural background they had the opportunity to celebrate different cultures. Staff from different countries had shared their national foods for people to experience different tastes. The staff said they could tell what people had enjoyed by their reactions and expressions.

People were able to express their views and be actively involved in making decisions about their care. They had monthly meetings one to one with their key workers which had been recorded. The registered manager had reintroduced house meetings. These had been proving successful with people sharing ideas for holidays, activities and food. The minutes were done in picture format so it made it easier for people to understand. As a result of the feedback each person had chosen a holiday they wanted from a range of brochures and they were able to decide which staff went with them. Staff had then organised holidays that people had chosen and they had proved successful.

Good

Is the service responsive?

Our findings

The PIR that was completed by the registered manager prior to the inspection reflected our findings on the day of the inspection. The manager said that "support provided is detailed in person centred plans and is tailored to each individual. They also said that "family contact and involvement is encouraged and supported". We found this to be the case.

Relatives we spoke to thought the service responded to their family member's needs. One relative said, "I have always been delighted at the way staff have looked after (their family member). Another said "The staff are lovely. They keep us in touch with what's happening. They told us about investigations he's had".

Care plans were personalised and information on what was important to people was clear. They contained information on people's circles of support and how the person was supported by each individual in that circle. They contained information on what people needed support with, and what they could do for themselves. They also detailed people's routines, what they liked, what and who was important to them, their hopes and dreams, the sort of person they liked to support them and how they communicated. There was evidence that staff had read care plans because they were able to describe how people liked to be cared for, they had a good understanding of each person. Regular reviews were documented in people's care records. Some people had behaviour that challenges. For those people there was a person centred behavioural support strategy in place. One person needed a calm and quiet environment with routine. Staff were observed to be following this persons routine and giving them the quiet space they needed. People were involved in reviewing their care needs. Key workers sat with them and had a conversation with the aid of symbols.

People were encouraged to take part in activities that suited their interests and hobbies. Activities were flexible and based on people's individual needs and preferences. Some people went to adult education classes taking part in line dancing, woodwork, cookery and pottery. Others went to sessions at local day services. There were enough staff to support people to do spontaneous activities such as going shopping and going to the cinema when they wanted to. We observed people asking to go out shopping and for walks and when asked staff immediately responded and supported them. Some people enjoyed individual activities in the home which included knitting, doing puzzles and laying out on the sofa to watch a home improvement programme.

People were supported by staff who had up to date information about their needs and wellbeing. Therefore, they were able to respond and adapt the care and support to suit people. We observed a staff handover. Staff reported on the well-being of people, their whereabouts and what activities they had done and were planning to do. They also reported on what support had been provided to people to clean their rooms, and what people had chosen for dinner.

There were pictorial complaints procedures displayed in people's rooms. Staff continued to encourage complaints by speaking to people about how they could complain at monthly meetings. The staff said they knew how to report complaints to the registered manager. There was a complaints procedure which staff

had read. Relatives were aware of the complaints procedure and who they should complain to. One relative said, "If I was concerned about the home I would have moved him". No new complaints had been made but the registered manager was able to describe what they would do if anyone complained.

Good

Is the service well-led?

Our findings

At our last inspection in September 2015 there were not sufficient processes in place to assure the quality of the service. At this inspection we found that improvements had been made.

The PIR that was completed by the registered manager prior to the inspection reflected our findings on the day of the inspection. The manager said that the manager "is accessible to the staff team and service users" and that monthly audits are completed by the manager. We found this to be the case.

People's feedback about how to improve the service was sought. A satisfaction survey had been completed for people to share their views. These included symbols to assist people's understanding of the questions being asked. As a result of this feedback people had recently been supported to choose classes and individual holidays. Surveys were due to be sent to relatives to gather their views but the registered manager was also in touch with relatives regularly.

Staff understood the aims of the service. One staff member said, "We are working to support people, it is all about them and supporting them to be as independent as possible". Another said "It's about life being good, being able to go out any time, there being no pressure and being flexible". Staff responded to people in a way that showed these aims were used in practice. People were at the centre of the service and staff supported them rather than being led by routines or tasks.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. A provider's representative carried out quarterly audits which resulted in an action plan which they followed up at the next meeting. The registered manager had taken action as a result of this quality monitoring; including increasing how often staff were supervised. The registered manager reviewed all incident and accident forms and reported to head office monthly. This was so people could be supported to remain as safe as possible and lessons could be learnt from any incidents.

Monthly health and safety inspections were completed by the registered manager and health and safety was discussed in team meetings. This was so the manager could be certain the environment was safe for people, and to identify and remedy problems before they become more serious or resulted in an accident or incident.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely

Staff told us the manager was supportive, that they see her on a daily basis and are able to contact her 24 hours a day. They told us they receive regular supervision and that they have appraisal once or twice a year. The registered manager was present with people and actively encouraged people and staff to voice any concerns whilst observing staff practices.

The registered manager works with others to ensure people received the care they needed. This included GP's, social workers, and care managers. They also shared best practice with other home managers. They printed off best practice guidance and shared this with staff to improve the care people received.