Living Ambitions Limited

Living Ambitions Limited - Essex

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 16 and 18 March 2016. Living Ambitions provides support to individuals in their own home. The service supports individuals with a learning disability and some people may also have a physical disability, and at the time of the inspection was supporting 83 people living in supported living accommodation and provided outreach support to a further 21 people in their own homes.

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 legal responsibility for meeting the requirements in the Health and Social Care Act and associate Regulations about how the service is run.

The service is registered for the provision of personal care in people's own homes. This includes assistance or prompting with washing, toileting, dressing eating and drinking. We call this type of service a 'supported living' service. The service also provided other forms of support such as shopping and assistance to access the community.

Some of the people's accommodation was provided by separate landlord, usually on a rental or lease arrangement. The service was solely responsible for the provision of the support service and not for the provision of the premises. This meant people could choose an alternative service provider if they wished. People who used the service had a wide range of support needs, ranging from mild to severe learning disabilities. Some of the people had very complex support needs and required support from the service 24 hours a day. Other people were more independent and received support for just a few hours a day to help with their daily routines.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained.

Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medicines safely.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

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 knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Staff followed correct procedures for supporting people with medicines so that people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support

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Concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Living Ambitions Limited - Essex

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.

The inspection took place on 16 and 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we visited the service's administrative office and three house in other locations where people who used the service lived. The premises visited, included shared occupancy houses which were leased or rented from private landlords independently of the service provision. The Expert by Experience carried out telephone interviews on 17 and 18 March 2016 with people who used the service, relatives and members of staff.

One the day of the inspection we spoke with the Acting area manager who was covering for the registered manager and one of the directors, we also spoke with the office manager. Following the inspection visit we spoke with three relatives, six people who used the service, and eleven members of staff.

We looked at ten people's care records and examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring information and complaints.

Good

Is the service safe?

Our findings

All of the people we met were relaxed and happy with the staff who supported them. One person told us, "I get on with all the staff they know me and know what I like and don't like." People's relatives told us they had confidence in the service and they felt their relatives were safe. One of the relatives commented, "My [daughter] is very safe when they take her out the staff know what they are doing." Another relative told us, "[Relative] is totally safe we are very lucky to have them."

There were systems in place to protect people from abuse and potential harm. Staff were clear about what was abuse and understood the need to report concerns. They told us they had undertaken training in safeguarding and were encouraged to raise concerns. The manager was aware of the local safeguarding procedures and their responsibilities to make notifications. We saw that concerns had been responded to appropriately.

There were clear processes in place that were followed so that staff were recruited safely. These included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to work until satisfactory checks and references had been obtained.

People's care records contained clear risk assessments to guide staff on measures that needed to be taken to minimise risk. For example, one person's care plan identified they had epilepsy, therefore they had a detailed risk assessment to guide staff on what to do in the event of them having a seizure in order to minimise the risk of them coming to any harm. Another person's care plan stated they may become agitated during personal care and therefore, outlined what staff should do in the event of this person showing agitation this included, two to one support for an agreed number of hours when this person was receiving support with personal care. Staff spoken with were clear about the contents of the management plans and were able to outline their responsibilities.

When incidents occurred they were investigated and action plans were put in place to minimise the risk of recurrence. For example, we saw that a medication error had occurred the staff member had to re-do their training and further competency assessments were carried out before they were able to give medication again.

Staff knew what to do in the case of emergency situations. For example, some people's support plans contained protocols for responding when they experienced epileptic seizures. Staff received training in providing the required medications and knew when and who to notify if the seizures were prolonged. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP. Staff had access to the service's on-call telephone number. This was available in case they needed to contact a senior person in an emergency.

Although the service was not directly responsible for the premises and equipment, they still carried out regular health and safety checks to ensure the environment was safe in people's homes. For example they had copies of gas safety certificates. The provider had a range of health and safety policies and procedures

to keep people and staff safe.

There were sufficient numbers of staff deployed to meet people's support needs and to help to keep them safe. The staffing support was tailored to each person's individual needs. This varied from two to one staff support for people who had complex needs to a few hours support each day for people who were relatively independent. Staff spoken with were able to give an example of when a person's needs had changed which meant they required more support, therefore staffing hours had also been increased. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported.

Some people required assistance or prompting to take their prescribed medications. Systems were in place to enable the safe administration of people's medications. Staff received training in how to give medication. They were then shadowed by an experienced staff member until they were assessed as competent by a senior member of staff. This involved observation of their practice and successful completion of a detailed questionnaire. Staff were reassessed on an annual basis to ensure their practice was safe.
Monthly medication audits were carried out to ensure that medications were stored, administered and used safely.

Good

Is the service effective?

Our findings

People's relatives thought that staff were effective in meeting people's needs. One person's relative told us, "The staff are well trained they know what they are doing they are very competent."

Staff were knowledgeable about people's needs and preferences and support was provided in line with people's individual support plans this ensured people experienced a good quality of life. One member of staff told us, "[Persons name] is unable to speak, but recognises key words, they have a brilliant sense of humour and love listening to music." One relative told us, "The staff know [relative] very well, she likes continuity with the same people the staff ensure that happens." Another one said, "All the staff know [relative] likes and dislikes."

Staff told us they received comprehensive training in how to effectively meet people's needs. This included general training such as safeguarding, medication, health and safety. Training had also been provided to enable staff to meet specific needs of people who used the service. For example, staff received training relating to autism, behaviours that challenged and epilepsy. Staff told us that the induction and on-going training programme gave them the skills and knowledge they needed to carry out their roles. We spoke to a new staff member who told us they were working through a 'staff development plan' this enable care workers to demonstrate high quality care in a health and social care setting they told us they had a mentor who supported them with their plan. At the end of the induction period the member of staff had a meeting with the manger to discuss their learning and understanding of their roles and responsibilities.

Many of the people supported by the service had limited or no verbal communication skills. Staff received individualised communication training to enable them to understand and communicate with people effectively. For example, staff were taught to use a sign language specifically for people with a learning disability (Makaton), picture boards, symbols, and other methods of communication.
We observed staff communicating with people both verbally and using Makaton and pictures. Staff explained that some people needed time to process information and each person had different communication needs.

When people lacked the mental capacity to make informed decisions the service followed a best interest decision making process. People who knew the person well, such as family members and health and social care professionals, were involved in making multi -disciplinary team best interest decisions. Staff received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions at a certain time. The service followed the MCA code of practice to protect people's human rights. Staff understood that people's consent to care and treatment should always be sought.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Some people were independent and able to buy their own food shopping but were assisted by staff to prepare their meals. One person told us, "I help to cook and I choose what I want to eat." A relative told us, "

[Name of relative] is encouraged to help cook and it always smells delicious [relative] eats really well." People who were less able to make decisions were involved with their meal choices as far as possible. Staff helped people to make meal choices in ways they could understand such as looking at pictures or pointing to the foods they liked. Staff told us that they became familiar with each person's tastes and preferences.

Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. The staff told us they had excellent links with the local GP practices. Support plans contained health action plans and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within the support plan.

Good

Is the service caring?

Our findings

People told us the carers were kind and caring, one person told us, "I made the most brilliant choice ever coming to live here, I love living here and I am very happy." Another person said, "The staff are good and kind we have a laugh and I am very happy with the staff." Relatives told us, "We can't fault the staff, they are absolutely fantastic." Another one told us, "We were really pleased when a member of staff stayed at the hospital with [name of relative]. It meant they missed their train home but they went over and above what was expected."

One of the staff told us, "Our aim is to help people to be as independent as they want to be as this is important for their self-esteem. We don't want to automatically do things for people; we want to enable them to do things for themselves."

People told us their privacy was respected. One person told us, "If I want I just go to my room and close the door and the staff know to leave me alone." People told us that the staff promoted and respected their independence. One person said, "They let me do as much as I can for myself," but if they needed assistance staff would help them.

We observed staff speaking to people in a friendly and caring manner, looking for a response of gestures or body language from people who could not verbally communicate. When staff spoke with us they were respectful in the way they referred to people. Staff spoke compassionately about the people they supported and wanted to promote people's welfare and well-being. A consistent team of staff worked with individuals and the approach of the staff we spoke with was person centred. We observed them observing a person that appeared to be in discomfort and they acted upon this considering what they could do to make the person more comfortable.

People told us they felt that the staff listened to what they said and acted upon their comments. One person said, "I tell them what I want help with and they help me."
Records showed that people, and where appropriate relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records.

People were supported to maintain on-going relationships with their families. If needed, people were supported to visit their families and people's relatives were encouraged to visit them. For example, one person was expecting a visit from their parent later on in the day when we visited. One relative told us, "[name of relative] comes home every Sunday for the day."

Good

Is the service responsive?

Our findings

The service provided personal care based on each individuals needs and preferences. Some people needed full support with all their personal care needs whereas others were more independent and only needed a few hours support each day. People's care needs had been assessed before receiving the service, which helped to ensure the service was able to meet their needs.
A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. People where possible had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed where possible to say they agreed with the care as part of the initial assessment process. People had a core team of staff including a key worker responsible for ensuring their support plan and risk assessments were up to date and appropriate to their needs.
Staff understood people's individual communication methods and assisted them to express their needs and preferences in ways people could understand.

Support plans were reviewed by people's key workers on an on-going basis to ensure they remained appropriate and up to date. Monthly reports were completed on 'how are things going?' What is working well? What is not working so well? How do you want things to change? An action plan was then produced if any shortcomings were identified and progress on implementation was followed up by senior staff. The 'live' copy of the support plan was in the person's home. A copy was also kept in the services' administrative office and updated by the locality manager every couple of months, or sooner if there were significant changes to a person's support needs.

The service involved people in staff recruitment and selection procedures. Some people had completed a work book 'choosing my staff' this was in pictorial easy read format and included questions such as what we like about our staff? What staff should support me to do? Some people had been part of a forum where it was decided what questions should be asked at interview and had been part of the interview panel. Prospective staff visited people in their homes before the final selection process to ensure that people would be happy with them working in their home and for managers to observe interactions between each party.

We saw that people were supported to follow their interests and chose what they wanted to do. A relative told us, "[name of relative] goes out every day somewhere and she chooses where she wants to go, " another person said, "[name of relative] likes to go out for lunch or for a walk to the shops we often see them out and about." The office manager told us that one person came to work in the office helping with tasks which they really enjoyed.

The service sought people's views through a variety of methods from informal contacts with people and their relatives, to regular support plan reviews and an annual satisfaction survey. The manager told us they had not had a great response to people completing the survey, we saw the results from the recent one and the comments were all positive. The service held a three monthly forum and invited some people and their

relatives to come along and have a discussion the recent one was "working together for change." People and their relatives told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or with the team leaders and received appropriate responses. None of the people we spoke with had any complaints but they knew they could contact the service's administrative office if they were unhappy with the local response.

The provider had a policy and procedure for managing complaints. This included agreed timescales for responding to people's concerns. Details of how to make a complaint were included in the provider's guide to services which was given to people and their relatives. The service had not received any written complaints in the last 12 months.

Good

Is the service well-led?

Our findings

The service had a registered manager who was aware of their responsibilities. The service also had locality managers to help support the day to day running of the supported living services and the staff. Staff told us they received good support from the management team. Comments included, "There is always someone on the end of the phone, there is good support" and, "We communicate well, there is very good team morale and the managers are very approachable."

Staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. Staff told us everyone in the organisation from the top down focused on the well- being of the people they supported. Staff told us they felt well supported by the management team. One member of staff said, "The managers want the best for the people we support, my manager worked as a support worker before she applied for the manager's position." The service had clear aims, objectives and values their value statement was, "We believe that every one of us can make a difference, we see the world from the point of view of our service users, and we continually strive for innovation and new ways to improve the service we offer."

The service gave out an annual 'employee award' this was awarded to staff for 'going the extra mile' and a celebration ball had been held where the employee received the award. We saw photographs of the event and everyone had been invited, including the people the service was provided to.

Decisions about people's support needs were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from a range of external health and social care professionals when needed.
There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager supervised the service and the locality managers and they supervised the team leaders and support staff. Staff said everyone worked well together as a committed team.

The provider had a comprehensive quality assurance system to ensure people's needs were met effectively. The provider had a central quality department who arranged for the service to be audited on an annual basis. The auditors used an electronic audit tool to rate services against a comprehensive set of quality standards. If threating for any standard was unsatisfactory the tool automatically generated an appropriate pre-populated action plan to improve performance in that area. Service shortfalls were escalated to the appropriate level of management for action, depending on the level of concern identified by the ratings. The manager showed us that the service was not currently 'under escalation.'

Each locality manager was also responsible for carrying out audits on quality indicators, such as incidents, safeguarding notifications, medication, complaints and health and safety checks. This information was sent to the manager who collated them in an aggregated report and forwarded to the quality department. The manager met on a monthly basis with the locality managers and actions were discussed as audit objectives had to be achieved within 4 weeks. Staff told us that managers and senior staff carried out 'spot' checks on a regular basis to ensure everyone was working to best practice.

People and their relatives were encouraged to give their views on the service directly to management and staff and through regular support plan review meetings.
Annual satisfaction questionnaires were also circulated to gain people's views.