

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

About the service:

Living Ambitions provides residential care for up to five people with learning disabilities and physical disabilities. The accommodation is a detached house arranged over two floors. The service is registered to provide accommodation for those who require personal care. At the time of our inspection, there were five people living at Living Ambitions.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People and their relatives told us they felt safe living at Living Ambitions. Risks to people's safety had been assessed and measures implemented to keep them safe. A positive approach to risk taking was followed to ensure people's independence was maintained. Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

Staff had received training and support from healthcare professionals with regards to people's individual health needs. This had enabled staff to provide people with individualised support in these areas.

People were offered choices in their food and how they spent their time. Relatives told us that staff were caring and treated them with respect. People were supported to maintain relationships. Staff had worked at the service for many years and positive relationships had developed between people. There was a warm and homely atmosphere and people were clearly comfortable living at Living Ambitions. People's dignity and privacy was respected, with personal care and conversations taking place behind closed doors.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home. There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service.

Why we inspected:

This was a planned comprehensive inspection to confirm the service remained Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection

is scheduled accordingly.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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.'

Notice of inspection:

This inspection took place on 1st May 2019 and was unannounced.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Living Ambitions Limited - 330a Guildford Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

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. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This

enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager, deputy manager and two staff members. Following the inspection, we spoke with two relatives who are in frequent contact with the service. We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us they felt their loved ones were safe. One relative said, "I feel [my relative] is safe and very well looked after. Another relative said, "I feel [my relative] is safe and is treated very well."
- Staff were aware of safeguarding policies and procedures. A staff member told us, "I would speak to the manager or the local authority if I had any concerns. Another staff member said, "I'd speak to my line manager. If I felt I couldn't speak to them I'd go to CQC or the safeguarding team. I would be comfortable to follow the whistleblowing procedure if I needed too."
- Records showed that where required the local authority safeguarding team were informed of any concerns.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were assessed and guidance for staff on how to keep people safe was incorporated into support plans. One Person had an individual risk assessment with regards to road safety. It detailed to sit in the back seat of the car and to ensure that doors were locked when traveling. Another person had an individual risk assessment around cycling to ensure that they were kept safe whilst conducting an activity that was important to them.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.
- Fire risk assessment in place which detailed any improvements that could be made. Each person had a personal emergency evacuation plan which detailed what support they would require in the event of evacuating the building.

Staffing and recruitment:

- There were sufficient staff deployed to meet people's needs. It was recognised by the registered manager and staff that the team always pulled together to ensure all shifts were covered. A staff member told us, "We have good agency and staff do more so people are still able to get out and about doing things." Another staff member told us, "We work well as a team to ensure everyone can be supported to live how they want."
- Staff told us that they felt they had enough time to spend with people which included being able to go out with them and be flexible around peoples needs and wishes around what they wanted to do.
- Recruitment files evidence staff had been recruited safely. This included a Disclosure and Barring Service (DBS) check, written references and a full employment history.

Using medicines safely:

- Medicine administration records (MAR) were fully completed and provided staff with descriptions of the

medicines people were taking. There were protocols in place for as and when medicines (PRN).

- People's individual medicine profile included a recent photograph of them, and information on their GP and any allergies they have.
- Medicines were observed being administered. Time was taken to explain what the medicines were for and people were offered a drink with them. Staff observed discreetly to ensure people had taken their medicines before moving away.

Preventing and controlling infection:

- People lived in a clean and well-maintained environment. Cleaning schedules were in place and records showed that these were followed.
- Staff had access to personal protective equipment to use when supporting people with their personal care needs.

Learning lessons when things go wrong:

- Accidents and incidents were recorded, including details such as what had occurred and what actions were taken as a result of this. The registered manager was able to analyse the information for any trends of issues that needed to be addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were continually reassessed to ensure they received the support they required. There had been no new people moving in to the service since our last inspection.

Staff support: induction, training, skills and experience:

- Staff were up to date with their mandatory training. A staff member told us. "The trainings good, I always enjoy it. I've been here a long time but things change so I find the training is important to keep up to date." The registered manager said. "There is online training for staff but I also like to try and keep the spark in the team by offering different types of training."
- Staff received regular supervisions. A member of staff said, "I have regular supervisions and I am encouraged to share my ideas on any improvements, I feel listened to and supported."
- Staff had completed training in areas relevant to people's individual needs such as autism, diabetes and epilepsy to provide the care they required safely.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were encouraged to help in the preparation of meals and drinks.
- People contributed to menu planning through regular meetings where food choices were discussed and put forward by each individual person. Peoples choices from the meetings were reflected in the menu offered to people. A member of staff told us. "We always offer choices but know through experience what people like and don't like. We incorporate photos of meals into the menu planning with them. We don't use ready meals, we try to make as much fresh food that's healthy and balanced. We cater for individuals."
- People were supported to have frequent drinks or encouraged to make their own.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support:

- Referrals were made to healthcare professionals to ensure people had access to the healthcare they required.
- People had a hospital passport in place. This document could be taken to hospital with a person to inform staff of their health and care needs.
- Health Action Plans were in place which listed appointments and checks to be completed over the year. For example, dental, cardiologist, GP Health check, thyroid checks.

Adapting service, design, decoration to meet people's needs:

- People's rooms were personalized and filled with items important to them. One person who enjoyed watching films had their own collection of DVD's that they could choose from when they wanted.
- The building was suitable for the needs of the people. The registered manager recognised that the building will need to change as the people get older to ensure it remains suitable and accessible for them.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorized and whether any conditions on such authorizations were being met.

- People's legal rights were protected because staff followed the principles of the MCA. A staff member told us, "Everyone here has capacity to make decisions on a day to day basis like what to do, what to eat, what to wear. With some bigger decisions we need to talk to them and help them understand the possibilities so they can decide. In other things we need to look at their capacity and their best interests with other professionals."
- Where required DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process. For example, one person lacked capacity to consent to an operation. A best interest decision was made which involved staff, the persons family and healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Relatives told us they felt staff were kind. One relative told us, "Staff are friendly, often coping with difficult times but they have a very loving and affectionate attitude." Another relative told us, "When staff bring [my loved one] to visit they are very good with him and make sure that he is well looked after during his visit which helps me and my mum."
- Staff demonstrated an understanding of people's individual communication needs.
- Staff cared about people and treated them in a friendly and endearing way. We observed one staff member comforting a person who was anxious about an upcoming hospital appointment. We also observed another staff member spending time with a person to do an activity and share a joke with them. The person was smiling and clearly enjoying the time being spent with them. A staff member said, "This is their home and they know how they would like to be treated and how they would like staff to be with them."
- People were supported to keep in contact with and visit relatives. One person was supported by two carers to travel and visit his mum when they wanted to go. This was important for this person to keep in contact with family who meant so much to them.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in planning care where possible. People's families were also involved in this process. One relative told us, "I am not able to get to see [my loved one] as much as I did but when I do I am always asked for my opinion on his care."
- People were involved in day to day decisions around their care. People had choice in when they got up and went to bed. The registered manager told us. "The routine of the day for people is fluid, based on people's preferences." We observed people being asked what they would like to do during the day and their responses were both supported and respected.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity and privacy was respected. A staff member told us. "I always knock on people's doors and ask if I can come into their room. I always take time to explain to people what is happening and offering them a choice when it comes to personal care." Personal care was being delivered in private.
- People were encouraged to maintain their independence, such as being supported to make their own lunch. People were also encouraged to take part in household jobs. We observed people assisting in tasks with smiles on their faces and in a happy mood.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalized care to meet people's needs, preferences, interests and give them choice and control:

- People had input into the planning of activities and a choice over which activity they would like to do. A relative told us, "Staff always ensured [my loved one] was able to get out and about but as his needs have changed and he is not able to get out like he used to staff have adapted the activities they do with him, so I feel very happy knowing that he can still do the things he enjoys." A staff member told us, "The gentlemen living here are maturing, so it is important to ensure we can provide things for them to do that both match their needs and promote their independence."
- People received personalised support and were enabled to make choices regarding how they spent their time. Staff knew people well and were able to provide details of people's life histories, things they enjoyed and what motivated them. We observed staff talking to people about things they had done or enjoy doing. This clearly had a positive impact on the people as they were fully interacting with staff and the atmosphere had a family feel to it.
- The service was adapting to people's needs as they grew older. The registered manager told us, "We're now going for more of retirement type service; they're safe and happy with staff who know them well."

Improving care quality in response to complaints or concerns:

- Although the service had received no complaints, there was a policy in place to support people in raising a concern if required. It gave clear guidance on how complaints would be responded to.
- Relatives told us they would feel comfortable in raising any concerns. One relative told us, "Any problems I'd take them straight to [the registered manager]."

End of life care and support:

- End of life planning was in place within the service. Staff were working to make people's plans more detailed and personalised and families had been involved in the process. At the time of our inspection no one was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us the registered manager was friendly and approachable. One relative told us, "[the registered manager] is excellent and well organized, whenever there has been a problem with [my loved ones] health she has always sought to resolve it, at times it's been like she's had a magic wand." Another relative said, "She is a lovely woman. She keeps me and mum updated all the time and I have never had a problem."
- Although people received responsive care in line with their needs, records for some people required updating. The registered manager told us a new care planning format was in the process of being introduced and staff were enthusiastic about completing this process with people.
- Staff told us they felt supported in their roles and felt listened to by the registered manager. One staff member told us, "[the registered manager] has built an amazing environment here, she has been a great mentor and friend." Another staff member said, "I feel I'm supported here. I can go to her with any problem or any concerns. It's a rewarding job, it's often the little things that are the most rewarding." The registered manager said, "I've been here a long time so I'm relaxed about most things but if I shout [the regional manager] will come. She phones and asks if there's anything I need. We have regular management meetings and supervisions. Anything I need I ring and I get. There's nothing I would change."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.
- Monthly quality checks were completed by the registered manager on a regular basis. This included information such as staff absence, training and supervisions. Finance information, end of month checks, daily notes checks and care plans updates. The registered manager told us that a new safety champion role is being introduced and this will look at monthly safety audit checks.
- Systems were in place to review and monitor complaints and accidents and incidents should they occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were encouraged to be as involved as possible in the running of their home. House meetings took place where people were able to discuss anything they were unhappy about or anything they would like to change. Records showed that the view of people were fully considered. People had held meetings to discuss new furniture in the home and holidays they would like to go on. From these meetings two holidays had

already been completed for people.

- The service actively sought feedback from relatives. One relative said, "They have sent me a survey to complete." Another relative said, "They ask for feedback over the phone and when we visit." The registered manager told us, "We have sent out satisfaction surveys to relatives, to date we have received 1 reply." No concerns have been raised by relatives.

Continuous learning and improving care; Working in partnership with others:

- The service had close working partnerships with outside agencies. One person attended sessions with then National Autistic Society on a regular basis. A staff member told us, "[Person] goes to the art centre, where they can make their own art to sell, he really enjoys going there." Records showed that people had access to healthcare professionals as and when they needed it.
- There was a clear vision for the service going forward. The registered manager told us, "I would like these gents to live out their years here. They've had a very rough start in life and it's been a joy to see them enjoying life here."