Living Ambitions Limited

Living Ambitions Limited - 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?	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 20 December 2017 and was unannounced. At our previous comprehensive inspection in November 2015 the service received an overall rating of 'Good'.

Living Ambitions Limited - 63a Victoria Avenue provides personal care for up to seven adults with a learning disability. There were seven people living in the service at the time of our inspection. Living Ambitions Limited - 63a Victoria Avenue 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 care service was 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.

The service had 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.

People were supported by staff to be safe at the service. People's risks were assessed and reduced by the plans put in place and staff understood how to protect people from abuse and improper treatment. People received their medicines safely and there were sufficient numbers of safely recruited staff available to deliver care and support. Staff routinely checked the home environment for cleanliness and safety and the service was prepared to respond quickly in the event of an emergency.

People's needs were assessed and they were met by trained and supervised staff. People accessed healthcare services whenever they needed to and were supported to eat healthily. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were upheld and they were supported with planned transitions into the service.

Staff were caring and kind towards people. Accessible information was available to support people to make decisions and people were supported to be independent. Staff supported people to maintain relationships and relatives were made to feel welcome when they visited.

People contributed to the planning of their personalised care. People were supported to have assessments of their communication needs and were supported in line with them. People's bedrooms were personalised. Staff supported people to engage in a wide range of activities.

The registered manager led a staff team which felt supported and able to contribute their views. The quality

of the service was the subject of on-going auditing and review. The service worked collaboratively with external organisations to secure positive outcomes for people.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Living Ambitions Limited - 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 20 December 2017. It was unannounced and undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We also read previous inspection reports.

During the inspection we spoke with three people, one relative, three staff and the registered manager. We read four people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We read four staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance checks as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted three health and care professionals for their views regarding the service.

Good

Is the service safe?

Our findings

People living at Living Ambition 63a Victoria Avenue continued to be safe. Staff delivering care and support received training in how to keep people safe. Staff understood how to recognise signs of improper treatment and told us they would report their concern if they had any suspicion a person was at risk of abuse or neglect. Staff told us that whilst they were confident the registered manager and provider organisation would take appropriate action in response to any concern they raised, they felt confident to whistle blow if the appropriate actions were not taken.

To prevent people's risks of experiencing avoidable harm the registered manager carried out risk assessments. These covered a range of areas including people's mobility, health, environment and behaviour. For example, people at risk of falling were supported to have falls risks assessments and were supported by staff to undertake daily leg strength and stretching exercises. People's risk assessments and risk management plans were reviewed annually or when their needs changed. Risk assessments were undertaken by the registered manager.

There were staff deployed in sufficient numbers to keep people safe. The registered manager ensured that enough staff were available at all times to meet people's needs and undertake activities. All of the staff supporting people were suitable to be working in a care setting because they had been recruited using robust procedures. Prospective staff submitted applications and were interviewed. They supplied proof of their identities and eligibility to work in the UK and their details were checked against criminals records and lists of people banned from working with children and vulnerable adults.

People received their medicines safely and as prescribed. People's medicines were stored in a locked medicine cabinet which was clean and well organised. Staff recorded medicines administration onto people's individual medicines administration record [MAR] charts. We reviewed the MAR charts for each person and found there were no gaps in recording. Where people were prescribed 'when required' medicines protocols were in place to help ensure their safety.

Staff were trained to keep people safe in the event of an emergency. Staff undertook regular fire safety training and supported people to practice fire evacuation drills every six months. People had personal emergency evacuation plans (PEEPs) in place which detailed how staff should escort them safely from the building in the event of an emergency. To protect people from the risk of infection and cross contamination staff followed the appropriate hygiene practices such as wearing personal protective equipment (PPE). PPE included single use disposable gloves and gloves which staff wore when supporting people with personal care. Staff were trained in infection prevention and control as well as food safety.

The service reviewed instances where things had gone wrong to learn and improve people's safety. For example, the service undertook a series of actions following an investigation into a safeguarding concern. This led to improvements in people's privacy and dignity as well as improvements in the physical security of the home such as the installation of a videophone entry system.

Good

Is the service effective?

Our findings

People's needs were assessed before they were admitted to the service to ensure the service could meet them effectively. People's needs were assessed by health and social care professionals and by the registered manager. People participated in their assessments and these were reviewed with people, their relatives and professionals annually or when people's needs changed.

Staff received the training they required to meet people's needs effectively. The registered manager ensured that all staff completed training deemed by the provider as being mandatory and they received refresher training in these areas. Mandatory training included health and safety, infection control and deprivation of liberty safeguards. Staff also undertook training to meet the specific needs presented by people using the service. This included epilepsy awareness and autism awareness.

People were supported by supervised staff. The registered manager regularly met with staff to discuss their delivery of care to people in supervision meetings. The registered manager also conducted observational supervisions to ensure that staff were working in line with the training they received. Records of both supervision processes were kept for later reference. Additionally, staff received an annual appraisal where their performances were reviewed and their training needs identified.

People ate nutritious food and had plenty to drink. People chose what they ate and received the support they required to meet their assessed nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

The service followed the provider's planned procedures for the transitioning of people into the service. This involved referrals to the provider's head office, receiving assessments from the person's social worker and a visit by the registered manager to the person for a further assessment to be carried out. We looked at the transition arrangements for one person who moved into the service and found their assessments and care plans were completed before their arrival at the service. Additionally, specialist equipment to support the person to move safely was in place before the person moved into the care home.

People were supported to maintain good health. The service maintained a close working relationship with healthcare professionals to ensure people's needs were met in a timely way. Where people presented with health needs staff made referrals and appointments for people and supported their attendance at them. People's health needs and the input they received from health professionals were recorded in care records and reviewed.

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 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 principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service made appropriate referrals for assessments where people lacked capacity. Restrictions put in place to keep people safe were as a result of assessments and best interests meetings led by health and social care professionals and people were supported by independent advocates. Records supporting people's DoLS were in order and stated when the restriction would expire and therefore need to be reviewed.

Good

Is the service caring?

Our findings

People received care and support from staff who were caring. One relative told us, "They have chosen very good staff to work here. They care about what they do and about my [family member]. You can see they are kind."

People's communication needs were assessed and met. Staff supported people to develop communication passports. These provided staff with information about the best ways to support people's understanding as well as detailing how people expressed themselves. For example, communication passports noted the signs and gestures people used and how people made choices. One person's communication passport explained how they used small images on a keyring, which they kept on them, to inform staff about their choices.

Cultural events that were relevant to people were celebrated. The inspection took place five days before Christmas. The service was festooned in decorations and people had been supported to purchase presents for relatives. Those who wanted to were supported to wrap their gifts. One person told us how pleased they were to have been supported to purchase particularly glittery wrapping paper. Shortly before the inspection the service hosted a Christmas party for people living in the service, their friends and people living in other services.

Care records provided staff with positive and personalised information about people. Within a section of people's care records called, 'What people like and admire about me' one person's stated, "I have a lovely singing voice" and, "I have a beautiful smile." Similarly, care records noted people's likes and dislikes. One person's stated they liked, "Lots of hand on hand contact" and "using the exercise bike." Another person's stated they liked, "To spend time in the garden." Care records also noted what people disliked for example, one person's noted that they didn't like being in crowded places whilst another person's noted they didn't like to go out in the rain. In both cases staff supported them to avoid what they didn't like."

People had access to information enabling them to make decisions. People were given a service users guide which presented them with easy read information about the service. Staff supported people to make decisions about how their care and support was received. Where people required additional support around decision making the service accessed advocacy services. Advocates supported people in best interests' decision making meetings. Records of advocacy involvement and best interest meetings were maintained by staff in people's care records.

People's continence needs were assessed to ensure that staff maintained people's dignity. Care records noted the support people required to use the toilet, change pads or maintain intimate personal hygiene. Staff ensured people's privacy was maintained whilst providing personal care by closing bedroom and bathroom doors. Staff knocked people's doors before entering.

Relatives were made to feel welcome when they visited the service. One relative told us, "The staff are always lovely. They fuss and offer drinks and food to eat." Staff also went the extra mile to meet and escort one relative who travelled to the service using public transport. The service did not apply any restrictions on

visitors.

Good

Is the service responsive?

Our findings

People received personalised care and support that was delivered in line with their preferences and assessed needs. One person told us, "I talk to staff about what I need." A relative told us, "I have been pleased with the care from day one. The staff have really talked to us and they look after [family member] just as we have agreed."

People's bedrooms were distinctive. People decided upon the colour schemes for their bedrooms and personalised them as they chose. For example, one person's bedroom contained a fibre optic light display which gently changed colour. This was described as calming for the person if they felt agitated and aided sleep when they were restless at night. Another person preferred to have an array of technology in their bedroom for entertainment. This included a computer, telephone and satellite television. People were supported to display photographs of themselves and relatives and any art work they wanted to.

People contributed to planning their care. We found that care plans guided staff when supporting people to maximise their independence and developing their skills around everyday living tasks. For example, staff provided people with the level of support they required to do laundry, lay the table, load a dishwasher and tidy their bedrooms.

Staff supported people to engage in a range of activities based upon people's preferences. Activities at home included, sessions from visiting therapists including art and music therapists. The service had a sensory room where people were supported. Sessions in the sensory room involved using light displays and a music system whilst relaxing on large bean bags. The service held parties for people's birthdays and arranged barbeques in the garden. Activities in the community included, bowling, visiting a hydro pool, pub trips and attending courses at college where people learned skills towards greater independence. During the preceding year staff had supported people to holiday in Devon, Brighton and Blackpool.

People's communication needs were assessed and met. Staff made referrals to healthcare specialists who assessed people's expression and understanding and provided staff with guidelines to support both. For example, one person used Makaton. Makaton is a sign language system based upon natural gestures. The signs the person used were recorded in care records and the registered manager confirmed during observational supervision that staff used and responded to the person's Makaton signs correctly.

A complaints procedure was in place. It was produced in easy to read form and contained pictures to support the understanding of text. No complaints had been received by the service. The registered manager was clear about the provider's complaints procedures and the use of advocates to support people through the process. People were supported to understand the complaints procedure which had been produced in an easy read format.

Good

Is the service well-led?

Our findings

People were supported in a service where the quality was continually reviewed to identify shortfalls and to drive up improvements. The registered manager completed an in-depth quality audit each month. Audits were undertaken of people's health and risks, the environment and repairs to it as well as issues related to staff, such as training. The registered manager submitted completed audits for approval to the area manager and they were reviewed by the provider's quality assurance team. Action plans were put in place to meet identified shortfalls and the outcomes from action plans were reviewed for satisfactory completion.

Staff delivering support to people felt supported by the registered manager. One member of staff told us, "I feel supported. I get supervision and I feel able to talk about things." Staff we spoke with said the service had an open culture and they felt able to share their views. The registered manager organised regular team meetings on most months. We read the records of three team meetings. These showed that staff discussed people's needs and improvements to the service. For example, the registered manager and team discussed the transition of a person into the service, using the care home's sensory room and orientating new agency staff. The registered manager encouraged staff by sharing compliments received at team meetings.

Staff understood their roles and responsibilities. The service had a dysphasia champion. Dysphasia is a term that describes swallowing difficulties which present a risk of choking or aspiration. The dysphasia champion was a member of staff responsible for developing eating and drinking support plans for people to ensure they ate and drank safely. This member of staff received training from speech and language therapists (SALT) and used these skills to make referrals to SALT on behalf of people living in other services managed by the provider.

The registered manager and staff received support from the provider organisation. The registered manager attended meetings with the registered managers of the provider's other care homes where good practice was discussed. The service had access to the provider's in-house behavioural support therapists who provided assessments and guidelines for people who presented with behaviours which may challenge. Additionally, senior managers visited the service to review care and support.

People were encouraged to share their views about how they received their support. The service supported people to share their views. People were assisted to hold residents meetings. We read the minutes of residents meetings and found that people were supported to discuss menu suggestions and what to do if a fire alarm was activated. When asked in one residents meeting about the activities they would like to participate in the minutes showed that people suggested dining out and bowling. We found that people had been supported to do both.

The registered manager worked collaboratively with other organisations to promote positive outcomes for people. Staff worked closely with the healthcare professionals from the local multidisciplinary team to assess people's needs and develop guidelines to for the delivery of care and support. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.