

Living Ambitions Limited

# Living Ambitions Limited - Staffordshire

## Inspection report

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17 November 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Living Ambitions Limited - Staffordshire is a supported living service. There were a range of types of accommodations such as independent apartments and bungalows. There were 12 properties. It varied per property how many people lived there. The service supported 42 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Risks were generally assessed and planned for and staff knew people well. We have made a recommendation about ensuring all aspects of people's health and wellbeing are robustly assessed and planned for. Medicines were generally managed safely, however we found omissions at one property. We did have some mixed feedback regarding staffing levels. However, overall people were supported by enough safely recruited staff. People were protected from the risk of abuse. People told us they felt safe and relatives confirmed this. People were kept safe and infection control measures were in place and being followed by staff. Lessons were learned when things went wrong.

Quality assurance systems were in place which were largely effective, however they had failed to identify all the omissions we identified such as some missing documentation. Some further work was needed to ensure everyone was supported with their protected characteristics. There was a clear sense of duty of candour and learning from incidents. People and relatives felt positive about the management of the service and people were empowered to make their own choices. The service worked in partnership with other organisations and professionals.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 January 2020).

### Why we inspected

The inspection was prompted in part due to an increased number of concerns we received about the service and about how staff supported people. A decision was made for us to inspect and examine those risks.

Whilst we found areas for improvement relating to quality assurance and ensuring all risks were assessed and planned for, we did not find ongoing concerns about staff approach with people.

We received concerns in relation to staff approach with people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good, however well-led has deteriorated to requires improvement. This is based on the findings at this inspection. We found some improvements were needed. The registered manager took action to respond to our feedback.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Living Ambitions Limited - Staffordshire on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Living Ambitions Limited - Staffordshire

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by five inspectors and an assistant inspector. An Expert by Experience made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 16 November 2021 and ended on 18 November 2021. We visited the office

location on 16 November 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked the local authority and Healthwatch whether they had any feedback to share about the service. They did not have any feedback to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the information we held about the service, such as notifications the provider had submitted. We used all of this information to plan our inspection.

#### During the inspection

We visited people in their homes and spoke with other people and relatives over the phone. We spoke with 16 people who used the service and seven relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, managers, senior care workers and care workers.

We reviewed a range of records. This included a mixture of 16 people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were generally assessed and planned for. Most people had plans and assessments in place to keep them safe; however, some improvements would have been beneficial.
- Some risks to people's health were not always assessed, such as oral health plans or general checks on health and well-being like well man or well woman checks. Following our feedback, action was taken to address this and incorporate this into people's care plans. However, there was liaison with many other professionals such as GPs and emergency health care about people's health and wellbeing.
- Where people needed weighing to ensure they remained a healthy weight, this had not always been completed and alternative arrangements or methods had not been considered.
- However, people in general had risk assessments and plans in place to keep them safe. We found no one had come to harm as a result of any missing care plans or risk assessments. For example, one person was at risk of ingesting inedible items. They had a plan in place for this and staff were aware of the person's needs. In another example, fire safety and moving and handling plans were in place.

We recommend all aspects of people's health and wellbeing needs are robustly assessed and planned for.

### Using medicines safely

- Medicines were generally managed safely, and people told us they received support with their medicines. One person said, "Staff help with tablets." Another person said, "I have [details of medicines], staff help me, I get them when I need them."
- However, for one person, they had medicines in stock which staff were expected to administer however there was no corresponding medication administration record (MAR). A MAR should be in place to guide staff and act as a record when medicine has or has not been given. Therefore, there was an increased risk of medicine errors and potential harm to the individual.
- One other person had eye drops prescribed. There was an expiry on these drops based on their opening date, however these drops had been administered to the person after this date. This could put them at risk of harm because they were using medicines which may no longer be effective.
- Whilst these issues were in place at the time of our visit, a senior staff member had already recognised work was required with medicines and had an action plan in place to start addressing these.
- Despite these omissions for one person, relatives felt there were no concerns with people receiving their medicines. Other people's records, other than those noted above, showed staff were recording when medicine had been administered and stock levels matched records.

### Staffing and recruitment

- We did have some mixed feedback regarding staffing levels. However, overall people were supported by enough safely recruited staff. People told us, "I press a buzzer, they [staff] come." Another person said, "I don't wait [for staff], everyone comes at regular times... Staff come at other times if I need something as well."
- It was acknowledged there were staffing pressures nationally which was causing some staff shortages however shifts were covered by permanent staff and agency staff were not required at the time of the inspection.
- People's care was often arranged and funded by local authorities who informed the provider of the amount of care each person needed. When the provider had identified what the person needed in comparison to what the local authority commissioned was different, the provider raised this in order to get this changed.
- Staff were safely recruited as checks were made on their suitability to work with people who used the service, such as references, employment history and criminal record checks.

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

- People were protected from the risk of abuse. People told us they felt safe and relatives confirmed this. One person said, "I do feel safe, very safe, very happy." Another person said, "The staff make me feel safe." One relative said, "Absolutely no doubt about that [being safe]."
- Staff understood what could constitute abuse and knew to report their concerns, both with the organisation or to external organisations, such as the local safeguarding authority or police.
- Referrals were made to the local safeguarding authority when necessary.

#### Preventing and controlling infection

- People were protected from the risk of cross infection.
- People and staff confirmed staff wore appropriate personal protective equipment (PPE), such as a mask, gloves and aprons. We observed staff wearing PPE appropriately. One person said, "They [staff] all wear face masks. They wear gloves and aprons when they do food."
- People and staff confirmed they were supported to be tested for COVID-19 regularly, in line with government guidance. People and staff confirmed they had been offered the COVID-19 vaccine.
- Staff confirmed they received training in infection control, such as handwashing and PPE.
- Relatives confirmed they were supported to visit people when it was safe for them to do so and measures were in place to reduce the risk, such as carrying out COVID-19 tests, wearing PPE and having their temperature checked. When visits had not been possible, people were still supported to keep in touch with their relatives such as via telephone calls and the sending of photographs.
- Relatives felt staff supported people well to maintain a hygienic environment.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. One relative said, "They [staff] have always tried to learn from anything that's happened, done all they can so things are better, they learn from any incident. I am satisfied."
- There was clear evidence of when a complaint had been received or following safeguarding investigations, action was taken to reduce the risk of repeat incidents. Trends were monitored for accidents and incidents and learning shared.
- Feedback was acted upon following queries raised at inspection.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were quality assurance systems in place, however these had failed to identify some of the concerns we found. Also, when things had been identified, it was not always clear what action had been taken to address omissions.
- In some instances, when there were care plans or risk assessments missing or had not been updated, this had been identified and a plan was in place to update these. However, in other instances this had not been recognised. For example, one person's mobility plan had not been updated despite their mobility changing. Some information was available in their care file about this, however this was not reflected in all the necessary places, so there was a risk staff could access the incorrect information.
- Medicine processes in one property had identified some improvements were needed, however omissions such as missing MARs and one out of date medicine for one person had not been immediately acted upon.
- Systems in place also failed to update documentation for one person. One person's MAR stated their medicine could be given covertly. Covert means medicines which are hidden in food or drink, so people don't know they are taking it. There was no other documentation in place such as mental capacity assessments or best interest decisions in place to consider this. Staff confirmed the medicine was not being given covertly, however these records were not in place to ensure they had the legal authority to do so or the MAR had not been updated to reflect this change. Following the inspection, the registered manager told us they had requested the MAR be updated to reflect the covert medicine was no longer needed to be labelled as covert.
- However, medicines processes in other people's homes had been effective. Therefore, systems were not consistently effective.
- Some monitoring was not always being done effectively, such as food diaries, bowel and fluid monitoring. No one had come to harm as a result of this yet, but there were not always clear processes in place to ensure these were done.
- Our feedback was promptly acted upon and the registered manager was proactive in making improvements.
- The rating from the previous inspection was clearly being displayed and notifications were being submitted as required. Notifications are events providers are required to inform us of by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people

- People's protected characteristics, such as sexuality, had not always been considered.
- In one example, a person could display changed behaviours which staff may have to respond to and whilst a plan was in place to support staff, this plan had not been developed to support the person during these times or how to reduce the risk of incidents. It had not been developed to support the person holistically and taking their needs into account.
- However, despite this omission, people confirmed they were well supported and had choice and were involved in their care. People and relatives felt the management team were approachable.
- People enjoyed being supported by staff and felt they were empowered. People confirmed they received person-centred care and they were involved. People confirmed they could choose when to go to bed and get up, could choose their food and could choose where they spent their time at home.
- One person said, "If I don't like something it's easy to deal with, I talk to the [manager] or the carers. I like being my own boss and having my own space." Another person said, "The staff are always cheerful, they are good to us."
- One relative said, "It's a home from home. It's not regimented, it's my relative's home. When my relative comes home, they ask when they are going to go back, they have no problems going back home."
- Staff knew people well and knew their needs and their preferences. Whilst some care plans had not been recently reviewed or were not present, generally they were in place and detailed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Relatives told us they were informed if their relative was involved in an incident or if anything changed in their care. One relative said, "As far as I know, nothing is kept from us. My relative had a fall last year and banged their head, they told us... We are told about any major health [changes]." Another relative said, "They [staff] tell me if something happens."
- The registered manager was clear in their duty of candour and there was clear evidence of action taken and communication with those involved in incidents following investigations. The registered manager explained, "It's being open and transparent, recognising when things have gone wrong and sending formal communication out."
- There was continuous learning and improving. Whilst some omissions were noted, work was often already ongoing to resolve things.

Working in partnership with others

- The service worked in partnership with other organisations and professionals.
- Relatives were aware of other professionals involved in people's care and they were kept updated about this. If people's needs had changed, referrals were made for a change in support or additional equipment.