

Living Ambitions Limited

Living Ambitions Limited - 32 Ringstead Road

Inspection report

32 Ringstead Road
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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 comprehensive inspection took place on 28 June 2018 and was unannounced. At our last comprehensive inspection on 17 July 2015, we found the provider was not meeting legal requirements in relation to staffing. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, effective, to at least good. We undertook a focused inspection on 19 January 2016 to check the provider had followed their action plan and to confirm that they now met legal requirements. We found the provider had taken the necessary action and improved the rating in the effective question to good. In May 2017 the provider informed us that the service was closed temporarily due to a planned refurbishment of the premises. The service reopened on 4 June 2018.

Living Ambitions Limited- 32 Ringstead 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.

Living Ambitions Limited- 32 Ringstead Road accommodates five people in one adapted building. Accommodation is provided on three floors. The service specialises in the care and support of people with a learning disability, autism and behaviours which may challenge the services they require. There was one person using the service at the time of our inspection.

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.

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

Since our last inspection, the service had undergone major refurbishment to create more living space for people using the service. People had the use of an additional lounge and orangery in the garden which was furnished with sensory equipment. Bedrooms each had ensuite facilities and the service had been redecorated throughout.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were well organised, kept up to date and contained personalised information about the individual person's needs and wishes. The person's care plan gave direction and guidance for staff to follow to help ensure they received their care and support in the way they wanted. Risks in relation to their care

and support were assessed and planned for to minimise the risk of harm. These records were reviewed regularly and whenever people's needs changed.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The staff had developed positive working relationships with health and social care professionals.

Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse. The provider followed an appropriate recruitment process to employ suitable staff. Staffing was managed flexibly so that people received their care and support when they needed it.

People received their medicines as prescribed and medicines were stored and managed safely.

The provider's training programme was designed to meet the needs of people using the service. Staff had the knowledge and skills they required to support people. Training included supporting people who presented behaviours that could result in harming themselves or other people. This helped staff to manage situations in a consistent and positive way, and protect people's dignity and rights.

People took part in activities they liked or had an interest in and maintained relationships with people that mattered to them. People decided how they spent their time and staff supported their choices and independence.

People, their families and staff were encouraged to share their views and contribute to developing the service. Any concerns or complaints were acted on and the provider used feedback to improve the service. Staff were positive about their experience of working at 32 Ringstead Road. They knew their roles and responsibilities and felt supported by the registered manager and each other.

There was effective leadership and direction from the registered manager who in turn had full support and guidance from the provider. Regular support visits, audits and quality assurance checks took place and the provider had good oversight of the service. Where improvements were needed or lessons learnt, appropriate action was taken.

There were systems in place to ensure that people received their care and support in line with best practice. The provider worked in partnership with other agencies to support the development of joined-up care.

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.

People were protected from abuse and risks to people's safety were identified and planned for. Steps were taken to minimise these risks and keep people safe.

People were supported by sufficient numbers of staff and the provider followed the required recruitment process.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

The provider assessed people's needs and choices for care and support.

People received support from staff that were appropriately trained and supported to carry out their roles.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 and staff understood the requirements of this to protect people's rights.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs. They had access to the services they required to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported to make their own choices and decisions as far as possible.

There were positive relationships between the person using the service and staff. Staff knew the person well and what was important to them.

People were supported to maintain relationships with those close to them.

Staff treated people with dignity, respect and kindness.

Is the service responsive?

Good ●

The service was responsive.

People's needs were regularly assessed, monitored and reviewed to ensure they received appropriate care and support. Care plans provided detailed and personalised information about people's needs and preferences.

People took part in meaningful activities that reflected their interests. People had opportunities to maintain and develop their independence.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided effective leadership and led by example.

The atmosphere in the service was open and inclusive. Staff were clear about their roles and responsibilities and worked as a team.

The provider used a range of audits and checks to monitor and assess the quality and safety of the service. Where issues were identified, action was taken to improve the care and support people received.

Living Ambitions Limited - 32 Ringstead Road

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 unannounced inspection took place on 28 June 2018 and was carried out by one inspector.

Before the visit we reviewed information about the service which included inspection history and any notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not ask the provider to complete a provider information return (PIR) prior to this inspection as the service had recently reopened following a planned closure for refurbishment. A PIR is a form that asks the provider what they do well and what improvements they plan to make.

We spoke with the registered manager, deputy manager, two members of staff and the area manager who was visiting the service. Due to their needs, the person using the service was unable to share their views about their experiences. We therefore carried out observations and reviewed records about the person's care and support.

We looked around the premises and checked records for the management of the service including quality assurance audits and checks, meeting minutes and health and safety records. We checked recruitment records for two members of staff and information about staffing levels, training and supervision. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, the registered manager sent us information we had requested concerning quality assurance systems, staff training and care planning. We also spoke with the person's relative and a

professional involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our report.

Is the service safe?

Our findings

People were protected from the risk of abuse and harm because the provider took the required action to keep people safe. Staff had received safeguarding training to help them identify possible signs of abuse and understand what action to take. Staff told us they would report any concerns to management and were confident these would be followed up appropriately. The provider had relevant reporting procedures to support this.

Risks concerning the premises and in delivery of care were well managed. People were supported to take positive risks to promote their independence. Detailed assessments explained what the person's needs were and the support they needed to minimise potential risks. Their care plan recorded steps put in place to protect their health and wellbeing. For example, making sure they were always supported by staff in the local community so they could participate in the leisure activities they enjoyed. Staff spoke knowledgeably about the person's care needs and how to manage associated risks. There was information to show staff what could lead to behaviour which might become challenging. Staff knew how to avoid this occurring and what to do when incidents occurred. They told us what effectively distracted the person and how to support them when upset or distressed. This corresponded with guidance recorded in the person's care plan.

Any accidents or incidents were recorded and the provider learnt from these. For example, following an accidental fall, measures had been put in place to keep the person safe and reduce further risk. The registered manager checked all accident and incident reports every month. This enabled her to recognise and address any patterns or trends and reduce the risk of these events happening again.

People lived in a safe environment that was well maintained. The premises had undergone significant refurbishment and the provider had made sure all necessary safety checks and tests had been completed by appropriately skilled contractors. This included checks on gas, electrical fire and water safety. Staff completed regular health and safety audits that included making sure hot water temperatures were safe, the environment was clean and free of hazards and equipment was safe for people to use. Aside from one, windows had appropriate restrictors and radiators were covered to reduce the risk of people coming to harm. We found a window restrictor in the first-floor lounge was faulty and brought this to the attention of the registered manager. She confirmed this was repaired immediately after our inspection.

People were protected from the spread of infection and the environment was kept clean and tidy. A relative told us, "The house is always very clean and well maintained." Staff followed effective infection control procedures when supporting people with their personal care needs. Food hygiene practice was safe and staff understood their responsibilities. We found the kitchen area and equipment was clean and well maintained. Food items were stored appropriately, had been labelled after opening and staff maintained records of food and fridge/freezer temperatures.

People were protected from those who may be unsuitable to care for them. The provider followed a robust recruitment process and people using the service were involved in this. Staff did not start work until satisfactory checks had been completed. These included a criminal records check and two references to

confirm staff were of good character and had the right skills and experience to support people. Staff records we reviewed showed that the provider had undertaken all other required checks.

People using the service received appropriate staff support to meet their needs. When we inspected, one person had moved in earlier in the month and a second person was visiting the service with a view to moving in permanently. The deputy manager, plus two care staff were on duty and worked flexibly to provide support when people needed it. For example, there was always two staff to support one person using the service with activities in the community. The registered manager confirmed that staffing levels would be organised in line with people's individual needs and this would be planned through the assessment process before another person moved in. A relative told us, "my (relation) is well looked after, (their) 1-1 staff are with (them) at all times."

Medicines were stored and managed correctly in line with national guidance. People received their prescribed medicines when they needed them. Information about people's medicines was accurate and explained how they preferred to take them. Where people needed medicines 'as required' or only at certain times, there was additional guidance about when and how they should be administered. Medicines prescribed for the person corresponded with their medicine administration records (MARs). There were no gaps in the signatures for administration and staff completed audits of medicines to minimise the risk of error. Staff were trained in how to manage medicines safely and their competency to administer medicines was assessed every year to check practice was safe. We saw up to date records to support this.

Is the service effective?

Our findings

People received effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. Arrangements were made to make sure people received effective and coordinated care when they were referred to or moved between services. We found the transition process for the person had been managed in a planned and structured way to make sure the home was suitable for them. Prior to the move, the registered manager completed a full needs assessment to determine what support and care the person wanted and required. This involved the person, their family and other relevant professionals involved with their care. Staff also spent time with the person in their previous place of residence to get to know them and find out their preferences. Records showed that the person had opportunities to visit the service for meals and overnight stays before moving in permanently. There was accurate information about the person and what support staff provided to help them settle in to their new home. A relative told us, "Before my (relative) moved to the house, myself, the manager and the area manager had lengthy conversations and meetings about how they would accommodate my (relative's) needs. I am in regular contact and the staff will contact me if they need to follow up on something."

People were supported by staff who had the skills and knowledge to provide appropriate care. A relative told us, "The staff are well trained and meet my (relative's) needs very well." Staff completed a two week induction which was followed by a programme of required training organised by the provider. This training covered areas such as moving and handling, infection control, safe handling of medicines, safeguarding adults, fire safety, food hygiene and first aid. A new staff member told us their induction programme was good and relevant to their roles and responsibilities. The induction involved shadowing experienced staff, getting to know people using the service and reading people's care plan records and key policies.

Staff told us the training was comprehensive and gave them the skills to meet people's needs. This included training that would benefit the person they supported. For example, staff were due to attend a communication course on Makaton (a form of sign language) so that they could interact with the person in their preferred manner. Other relevant training involved learning how to respond to behaviour that may be challenging and interaction therapy for people with autism.

We noted that some training was overdue for two members of staff and had not been updated within the expected timeframe. This meant there was a risk they may not be up to date with current best practice. Following our inspection, the registered manager confirmed she had planned and booked the training staff needed over the coming months.

Staff told us they felt well supported by the registered manager and they received regular one-to-one supervision meetings. These gave staff opportunities to talk about their work performance and personal development, including training needs. Supervision records we reviewed were detailed and focussed on the needs of people using the service, day to day issues in the home and staff feedback.

People were supported to have a balanced diet and their nutritional needs were assessed and monitored. Meals were planned weekly and the person went to the supermarket to select food and drink items of their

choice. During our inspection staff supported the person to choose their lunch and prepare drinks or snacks as they wished. Staff were familiar with the person's food preferences and dietary needs. Information about any risks associated with eating and drinking were clearly recorded. Staff understood and managed these risks to enable the person to eat as independently and safely as possible.

People were supported to maintain good health and had access to healthcare services for routine checks, advice and treatment. Staff maintained accurate records about the person's healthcare appointments, the outcomes and actions required. Referrals had been made to other external professionals to make sure their needs were met. The person had a health action plan and a hospital passport. This provided healthcare staff with important information about the person and their health if they were admitted to hospital.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

Throughout our inspection staff offered choices and supported the person's decisions about what they wanted to do. Staff understood the person's individual communication needs and how they expressed themselves. Care plans explained where a person could not give consent and what actions were needed to protect and maintain their rights. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interests. Staff completed yearly training in MCA and DoLS. They were aware of the legal requirements and how this applied in practice. Policies and guidance about the principles of the MCA were available for staff to reference.

The registered manager had assessed where the person was being deprived of their liberty and made a referral to the supervisory body. This was in process at the time of our inspection. Records demonstrated the correct process had been followed.

People were provided with a well-maintained environment that was designed and equipped to meet their needs. The recent refurbishment showed the provider had considered the anticipated needs of people using the service. These needs included behaviours that might challenge the services people require. An orangery had been built in the garden and provided people with a quiet area if they needed additional space or somewhere to relax. We saw furniture and fittings were made safe and secure to minimise the risk of people coming to harm.

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere at 32 Ringstead Road. During our inspection, the person using the service chose where they wished to spend their time and staff offered choices about what they wanted to do. We observed positive relationships and the person was happy in the company of staff. They often smiled, laughed and enjoyed interacting with the staff supporting them. A second person who was considering moving to the service shared jokes with members of staff and told us they visited whenever they liked. A relative told us, "They(staff) are very caring and support my (relative) with respect and kindness." They also commented, "(my relative) seems very settled and happy."

We found staff were had detailed knowledge of the person they supported. Staff could describe what they liked, disliked and their preferred activities. Staff explained how they supported the person if they were feeling unhappy or upset. This included using distraction techniques by engaging with them in an activity.

The provider ensured that people using services were at the centre of their care. Records about people's care and support needs were individual, presented in a meaningful way and kept up to date. Staff were clear about their role in providing person centred care.

People were encouraged to maintain relationships with people who were important to them and these details were recorded in their care plans. Staff had consulted with relatives to find out about the person's past experiences and interests. A family member had completed an 'all about me' document which included information about 'my life so far', 'my perfect day', 'my gifts and talents' and 'what support do I need'. This helped staff gain an understanding of the person's background and what was important to them so staff could develop a meaningful support plan. The plan also reflected the person's preferred means of communication and how staff should support them.

People were supported to develop their independence and staff empowered them to do so. Care plans provided guidance about how staff should support the person as well as what they could or wanted to do unaided.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture such information. This was to ensure the person received the appropriate help and support they needed with their individual and cultural needs. Staff had completed equality and diversity training to enable them to support people's personal needs. One member of staff told us. "I always give choices, we are all equals, there's no difference."

Staff gave us examples of how they maintained people's privacy and dignity including knocking on doors and making sure the person received personal care in private. A staff member explained how they maintained individuals' dignity by reminding people to cover themselves after taking a shower or bath and supporting people to dress appropriately for the type of weather.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. The person's care records provided comprehensive information about the care and support they required, as well as their preferences and daily routines. There was a profile summary which provided essential detail about what the person liked and did not like, what was important to them and how best to support them whilst keeping them safe. Staff had information about how to meet the person's communication support needs such as using clear language, signs and pictures and observing body language.

There were comprehensive details about how the person was supported with the move to their new home. Known as 'My move on plan', this outlined what staff needed to know about the person and the tasks and activities which needed to be completed beforehand. For example, it included information about supporting the person to understand the move with other sections on "ensuring my home is right for me", "setting up home", "letting people know about my move" and "making sure everything is ready." The plan was fully completed and enabled the staff to support the person in the best ways to meet their needs. The registered manager had planned a review meeting with family and other professionals to discuss progress with the person's placement. The person's relative told us, "The staff have gone out of their way to make my (relative's) transition to Ringstead Road a happy and pleasant one."

A staff member told us about a second person who was due to move in and discussed how the staff team were preparing. For example, a psychologist had provided training on how to support the person's specific needs. They told us this was important as the person needed a consistent approach and their support plan changed regularly.

Staff had a clear understanding of the care planning process and of the outcomes they were supporting the person to achieve. This included social, emotional and health related needs and goals. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. The person had an additional support plan for their preferred routine at night. Staff told us care plans were informative and gave them the individual guidance they needed to care for people.

The provider had arrangements for making sure people's care and support needs were kept under review. Care plans were reviewed at least six monthly or more frequently where a person's needs had changed. For example, following an illness, an incident or accident or change in behaviour. Yearly meetings were held involving the person, their relatives and other professionals as needed. Staff completed daily records about people's health and wellbeing and shared information about any changes concerning people's care and support. A relative told us, "The manager and support workers contact me with information on a regular basis, they also let me know straight away if any problems occur, we work together closely."

Care plans recorded what was meaningful to the person and how staff should support them with their activities in the home and local community. A relative told us, "The house has kept up with my (relative's) activities from her previous home and added extras to keep her active and help maintain her mental health." Staff shared examples of supporting the person to try new activities and experiences. This included

enrolment on new courses at a local college to try yoga and dance. Staff spoke about confidence the person had gained since moving to the service. One staff member said, "It's rewarding when people do new things and seeing the progress (name of person) is making and now likes coming into the garden."

During our inspection staff supported the person with their planned activities. These were recorded as 'my weekly plan' and showed the person had opportunities to take part in a variety of activities based upon their interests and preferences. They were also supported to develop and maintain relationships in the wider community by accessing local leisure amenities and meeting people from the provider's other services.

Information was presented in ways that promoted people's involvement and understanding. People's care records were supplemented with pictures, photos and clear language to help them access and understand the information. There was a complaints procedure printed in easy read format and displayed where people using the service could see it. The provider had a clear policy for managing complaints and records confirmed there had been no complaints since our last inspection.

Although people using the service were young adults, the provider had arrangements in place to support people with their personal wishes at the end of their lives. Any requests by the person or their family were discussed and documented as part of the individual's support plan.

Is the service well-led?

Our findings

The same registered manager was in post since our last inspection. She also managed another of the provider's services and divided her time effectively between the two homes. We observed effective team work and communication between members of staff and the registered manager during our visit. This promoted an open and inclusive atmosphere and showed that staff worked together to meet the needs of the person they supported. The person's relative told us, "The service is run extremely well with my (relative's) needs being met to a very high standard."

Staff felt fully supported by the registered manager and spoke positively about working for the provider. Their comments included, "The manager is always there to talk to, she involves you and asks for your opinions" and "They (the provider) are a supportive employer, you can access the training you want and there is very good communication." Staff told us they felt comfortable to report any concerns and were confident to use the provider's whistleblowing procedure if necessary.

The registered manager understood her responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. Records confirmed the registered manager had notified us appropriately of any reportable events.

The provider had a clear vision and strategy about the way care and support should be provided. The registered manager and staff had a clear understanding of the values for the service. These formed part of staff induction and on-going training, and were discussed at team meetings. Staff were aware of these values and demonstrated this by promoting people's rights, independence and quality of life.

People and their relatives or representatives were involved in development of the service and given yearly questionnaires to share their views. The provider used the information to see if any improvements or changes were needed at the service. As the service had recently reopened, we reviewed results from previous surveys which showed people who participated were happy with the care and services provided.

Staff meetings were held every month and included discussions around the care provided and any matters that affected the service, including issues staff wanted to raise. Meetings were also used to share learning and best practice.

Effective quality assurance systems were used across all the provider's services and included a range of checks to monitor that people were safe and appropriate care was being provided. There were checks on people's care records, risk assessments, finances, medicines, the premises and health and safety practice. The registered manager completed a monthly audit which included data about these checks and details of any accidents and incidents, safeguarding and DoLS events, staffing information, complaints and compliments. The audit was shared with the provider and enabled them to have an oversight of how the home was run. The provider used this information to identify where improvements were needed and where trends or patterns may be emerging.

The provider also monitored how the service was performing against set objectives and CQC's fundamental standards of care. The area manager carried out a quarterly audit based on the five key questions and score rating against the key lines of enquiry (KLOEs). An action plan based on findings from these audits identified planned improvements in the service, the actions to be undertaken and timescales for completion.

The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services at a local and national level. At service level, staff accessed resources and training through the local authority and other professionals such as the dietician and speech and language therapist. The area manager attended learning events at forums run by the local authority and information from these events was shared with staff through meetings and correspondence. At national level, management meetings were held to discuss legislative changes and lessons learnt. The area manager told us night support plans for people had been implemented because of an incident in another service. The provider's quality assurance team shared information about latest guidance and updates from CQC.

The service worked positively with external professionals and their feedback comments supported this. One professional spoke about a "proactive" registered manager who had managed the transition for the person using the service well. They told us this was "planned responsibly with the manager keeping in contact with the person's family and maintaining routines." Records showed how the service engaged with other agencies and professionals to respond to and meet people's care needs.