

Living Ambitions Limited

# Living Ambitions Limited - 231 Stafford Road

## Inspection report

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## Ratings

|                                 |                        |
|---------------------------------|------------------------|
| Overall rating for this service | Good ●                 |
| Is the service safe?            | Good ●                 |
| Is the service effective?       | Good ●                 |
| Is the service well-led?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Living Ambitions Limited - 231 Stafford Road is a residential care home providing the regulated activity of accommodation and personal care for up to 6 people with a learning disability. At the time of our inspection there were 4 people using the service.

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

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. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The support provided to people had improved since our last inspection. People received the support they required to have their needs met in line with their preferences. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

At our last inspection there were insufficient staff available to provide safe care and support at all times. At this inspection we found there were enough trained and supervised staff available to meet people's needs safely and effectively. The environment of the service had been improved since our last inspection and people's risks were identified, assessed, and mitigated. Care records were up-to-date and provided staff with the guidance they required to meet people's needs.

### Right culture

Whilst the service still did not have a registered manager in post, the process for recruiting one was at an advanced stage. Staff were no longer demoralised and disorganised. The staff team had been organised to provide care and support effectively and the views of people and staff were gathered to shape how support was provided. Quality assurance processes had improved to enable monitoring, and drive improvements at the service. These need to be embedded and sustained.

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 and update

The last rating for this service was inadequate (published 07 September 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Living Ambitions Limited - 231 Stafford Road 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, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Living Ambitions Limited - 231 Stafford Road

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 regulatory coordinators, 1 of whom phoned relatives and healthcare professionals.

#### Service and service type

Living Ambitions Limited - 231 Stafford Road] is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Living Ambitions Limited - 231 Stafford Road is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people, 1 relative, 4 staff, 3 healthcare professionals, the deputy manager, and the area manager. We reviewed 4 people's care records and 4 staff files. We checked people's medicines and medicines records. We carried out observations of staff interactions with people as well as of the environment of the care home. We checked quality assurance records, finance records and the physical cash held by the service for people.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider failed to assess and mitigate risks to people in areas related to choking, malnutrition, and fire safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- Where people were at risk of malnutrition or rapid weight loss staff monitored and recorded their food intake and weight. One healthcare professional told us that recording had initially been poor but had slowly improved. By maintaining up-to-date and accurate records staff were able to detect changes and relay them to healthcare professionals if required.
- People at risk of swallowing unsafely had their needs assessed by healthcare professionals. A health professional told us that the service had begun to improve the support people received in line with the guidelines they had provided. The guidelines written by healthcare professionals ensured people remained safe whilst eating and drinking. This included providing people who required food in specific consistencies and thickened liquids.
- At our last inspection we found a lack of preparedness to respond to a fire incident. At this inspection we found staff carried out regular tests of fire alarm systems and supported people to rehearse building evacuations. Specialist contractors tested fire safety equipment and staff received fire safety training. This meant people were kept safe by the service's readiness to respond to a fire emergency.
- People had personal emergency evacuation plans (PEEPs) in place. PEEPs are plans to be followed by staff in the event of an emergency in which the care home needs to be evacuated. They provide guidance to staff and responding emergency service personnel about the specific support individual people require to leave the building safely.
- People were protected against the risk of scalding. The temperature of the water at the taps in people's bedroom sinks and in the service's communal bathrooms were regulated and regularly measured. This meant checks and controls were in place to prevent people's exposure to very hot water.
- People were protected from falls from height. We found window restrictors were in place on all windows throughout the service.

### Staffing and recruitment

At our last inspection we found insufficient numbers of staff were deployed to support people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- At our last inspection there were not enough permanent staff deployed and the service was dependent on agency staff to operate. In response to our finding the provider undertook a major recruitment drive. At this inspection we found all permanent care staff posts had been filled. This meant there were no staff vacancies and no agency staff rostered. One relative told us, "There seems to be enough staff."
- New staff completed a probationary. This lasted 12 weeks. During the probationary period staff undertook induction and key training, shadowed colleagues and met targets set for them.
- The provider followed a robust recruitment process to ensure staff were suitable. This process included reviewing applications, interviewing prospective candidates, taking up employment references and carrying out identity and criminal records checks. This meant people were supported by staff who were safe to provide care.

#### Preventing and controlling infection

At our last inspection we found that the provider failed to adequately protect people from the risk and spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- At this inspection we found that good hygiene practices were followed throughout service. One person told us, "It's always clean and tidy."
- Staff followed an enhanced cleaning programme which involved the frequent cleaning of high contact points such as door handles and work surfaces to reduce the risk and spread of infection.
- Staff received infection prevention and control training. This meant they had the knowledge required to keep the home clean and people protected from cross contamination risks.
- People were protected from the risks associated from poor food hygiene practices. Colour coded chopping boards were used to prepare different food types and food was stored appropriately within the fridge.

#### Using medicines safely

At our last inspection we found some staff were not trained to administer medicines, medicines were not audited and there was an excess of medicines in the service. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

At this inspection we found sufficient improvements had been made and the service was no longer in breach of Regulation 12.

- People received their medicines from staff who had been trained to administer them.
- People's medicines were stored neatly and safely in locked medicines cabinets.
- Staff completed medicines administration records (MAR) appropriately to confirm people had receive the right medicines at the right times.
- Staff had guidance in place for the use of 'when required' medicines. This included the circumstances in which they should be given, along with the maximum number of doses before advice is sought from a healthcare professional.



- Excess medicines stocks were returned to the pharmacy. This reduced the risk of medicines errors.
- The deputy manager audited people's medicines and MAR charts to confirm they received their medicines as prescribed.
- Audits of people's medicines were also undertaken by healthcare professionals who told us medicines management at the service was good.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People told us they felt safe. One person said, "I am safe here."
- Staff received training in safeguarding and understood their role to report any concerns they had about people's safety and support.
- Staff we spoke with understood the provider's whistle-blowing processes and the importance of speaking up to protect people.
- Accidents and incidents were reviewed by the deputy manager and area manager. Learning was shared with the team to reduce the chance of recurrence.

# 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to good. This meant 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

At our last inspection we found people did not always have accurate and complete care records in place for people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of Regulation 17.

- People had care records in place which provided staff with guidance around meeting people's needs. People's assessments stated their needs and care plans reflected people's preferences for how their needs should be met.
- People's support plans were personalised and noted what people could do for themselves and what they required support with. This enabled staff to promote people's independence.
- The service provided people with easy-to-read versions of their care plans which made them easier for people to understand.

Staff support: induction, training, skills and experience

At the last inspection we found the provider failed to ensure that staff received supervision and appraisal. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 18. Staffing.

- Managers supported staff to have regular supervision. These were 1-to-1 meetings at which people's changing needs, organisational changes, staff training, and the support they required from managers was discussed. Records were kept of supervision meetings for later review.
- People were supported by staff who were appraised. Since the last inspection an appraisal process had been introduced at the service. Appraisals were used to review staff performance and for staff to evaluate how well they considered themselves to be working.
- The provider ensured that people received their care and support from skilled and knowledgeable staff. Staff received training in a range of areas including moving and handling, safeguarding, safe swallowing, medicines, infection control and first aid. One member of staff told us, "I find the training informative and

helpful."

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

- People were supported to eat well and told us they enjoyed what they ate. One person said they, "Really like the food."
- The service made referrals to healthcare professionals who provided staff with training to ensure they supported people with meals and drinks prepared to prescribed consistencies. We observed staff serving people with meals in the textures set out in their individual nutritional guidelines.

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

At our last inspection we found that neither the specialist bath nor ceiling tracked hoist required to use it worked. We also found toilets in the service did not have toilet seats. The provider's failure to ensure that all equipment was properly maintained was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of Regulations 2014.

- The provider made a range of improvements to the care home environment. Within the bathrooms these included fixing the specialist bath and hoist and installing a new shower unit. Within the kitchen these included new cabinets, work surfaces, flooring, and patio doors.
- People were involved in environmental improvements including choosing colour schemes and kitchen work surfaces. People also chose to change the position of the large wall mounted television in the lounge.
- The service was wheelchair accessible on the ground floor, where people had access to the dining area, lounge, kitchen, bedrooms and the garden.

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

At our last inspection we found people did not always have care plans and health action plans and staff were not always following the guidance of healthcare professionals. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People had complete and up to date care records. These included Health Action Plans (HAPs). These contained important information about people including their health needs, medicines, and the outcomes of tests and appointments. HAPs also contained summaries of advice from healthcare professionals such as physiotherapists, occupational therapists, speech and language therapists, chiropodists, and opticians.
- Staff supported people to attend annual health checks. These were yearly appointments with healthcare professionals when people's health was reviewed. These checks were also used to review the outcome of appointments.
- The service supported people's oral health needs. Staff supported people to manage their oral hygiene and to be examined by dentists.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were appropriately supported with mental capacity assessments.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the details of the restrictions in place and how long they were valid for were detailed in care records.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection we found the provider's failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 17.

- The service did not have a registered manager in post. One relative told us, "Managers are coming and going, which doesn't help the service There is no continuity." A deputy manager who was leading the service was supported in their role by 2 registered managers from other services managed by the provider locally and by the area manager. The area manager told us that the recruitment process for a new registered manager was near to completion and hoped they would be in post soon.
- Since our last inspection the staff team had been reorganised and had areas of responsibility delegated to them. A shift leading system had been introduced. This involved staff being given specific responsibilities each day for coordinating activities and appointments, administering medicines and checking cash and receipts.
- At our last inspection the service did not have a keyworking system in place. Keyworkers are members of staff with specific responsibilities for individual people. These include shopping for personal items, liaising with relatives and maintaining personalised bedrooms. At this inspection we found people were supported by staff members organised into a keyworking system.
- The provider carried out a range of audits at the service. These were carried out by the deputy manager, area manager and the provider's quality team. Checks included care records, food safety, finances, staff training and health and safety. Action plans were created and reviewed where shortfalls were identified.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The positive outcomes people wanted to achieve were set out in their care records within a document entitled "My goals". Dates were set by which goals were to be achieved and the outcomes were reviewed.
- People contributed to their weekly activity plans. These plans listed people's care and support needs throughout the week. They included activities such as personal care, dining, trips, appointments, and

community-based events. For example, 2 people who have been long term friends were supported to attend a community-based woodwork session together.

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

- The deputy manager and area managers understood the requirement to be open and honest when things had gone wrong and ensured that the local authority and CQC were informed about important events at the service.

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

- At our last inspection we found people and relatives were dissatisfied with the way care and support was delivered and staff were demoralised and unsupervised. At this inspection people and staff told us things had improved. One person said, "I'm happy now." A member of staff told us, "I enjoy working here. I love the sense of togetherness. I love to be part of a team."
- People were supported to attend and participate in resident's meetings. These were used to obtain people's views about their care and support. The minutes of these meetings showed issues such as activities and food were discussed.
- The provider gathered the views of staff. The deputy manager led team meetings which were used to discuss supporting people's changing needs and improvements at the service. General performance issues were also discussed such as timekeeping, incident reporting and effective handovers.

Continuous learning and improving care

- The provider supported managers and staff through a programme of learning and development. This meant the increased skills and knowledge of staff led to improved care and support for people.
- The service had a business continuity plan in place. These are the plans the provider has in place in the event of serious disruption at the service. This meant staff could continue to provide care and support to people following an emergency.
- At the time of our inspection the provider was upgrading their IT systems. They planned to migrate care, support, and planning records to an electronic format. This meant outcomes for people would be more easily planned and reviewed and enable greater organisational oversight.

Working in partnership with others

- The service worked collaboratively with other organisations. For example, the provider worked with the local authority as it investigated concerns at the service and audited the quality of care and safety at the care home.
- The service also worked with health and social care professionals to assess, plan and review people's care and support.