

Living Ambitions Limited

Living Ambitions Limited - 89 Grosvenor Avenue

Inspection report

89 Grosvenor 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 6 September 2017 and was unannounced. At our last announced comprehensive inspection of this service on 28 July 2015 we rated the service 'good'.

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Living Ambitions Limited - 89 Grosvenor Avenue is a care home that can accommodate up to five adults with personal care and support needs. The home specialises in supporting people with a learning disability and who may be living with an autistic spectrum disorder. There were five people living at the home at the time of our inspection.

The service had a registered manager at the time of the inspection. 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 protected from avoidable harm and the risk of abuse by a staff team trained in safeguarding adults and who assessed and managed identified risks. The provider vetted staff to ensure their suitability and there were enough staff available to support people safely. People's medicines were stored safely, recorded appropriately and administered as prescribed. The care home was clean and the service had plans in place to respond to a number of emergency scenarios.

People were supported by knowledgeable staff who received training to meet their specific needs. Staff were supervised by the registered manager and their performances were appraised. People were treated in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff supported people to eat well and to do so safely. People had timely access to healthcare services and received specialist input from health and social care professionals when they required.

People and staff shared positive relationships. Staff were viewed as caring, empathetic, kind and they knew people well. People were supported to make decisions, develop their independence and maintain the relationships that were important in their lives. Staff treated people with dignity and respect.

People received personalised support that met their assessed needs and preferences. Staff sensitively and safely managed people's behavioural support needs. A keyworker system was used so that each person had a designated member of staff who was responsible for enabling people to meet their changing needs in a person centred way. The service gathered people's views and relatives felt they were well informed, regularly consulted and listened to by the manager and staff.

The service was well led by an experienced registered care manager. People, relatives and staff spoke

favourably about the registered manager. The service had an open culture and the team was stable and well established. The quality of the service that people received was subject to audits and the registered manager used these to drive improvements. The service worked in partnership with other agencies, services and individuals to achieve the best 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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Living Ambitions Limited - 89 Grosvenor 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 was planned to check 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 6 September 2017 and unannounced. This meant the provider did not know we were coming. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service. This included our previous inspection report and statutory notifications received from the provider since the last inspection. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with two people and interacted with two people who did not use verbal communication. We spoke with one relative, four staff and the registered manager. We read four people's care records which included needs and risk assessments and care plans. We reviewed four people's medicines records and stocks and five people's health information which included health action plans and hospital passports. We reviewed six staff files which included pre-employment checks and supervision records. We also reviewed the service's training matrix, the individual training records of five staff and we read the minutes of six team meetings. We checked records related to accidents and incidents covering a two year period and the health and safety records including of checks carried out by external specialist contractors. We also reviewed the provider's quality auditing records.

Following the inspection we received information from two more relatives and we contacted three health and social care professionals to gather their views about the service people were receiving.

Is the service safe?

Our findings

People continued to be safe receiving care and support. One relative told us, "[Person's name] is at a very high risk of lots of things going wrong, but the support and understanding, the thinking ahead and the care and concern he gets from every member of staff keeps him incredibly safe, and very happy. Safe, but not suffocated." Another relative told us, "[Person's name] is perfectly safe here. I don't feel the need to worry. I can sleep soundly."

People were protected from abuse. Staff received regular training in identify signs of abuse and had a clear understanding of their role to report any suspicion that a person may be at risk of abuse. A member of staff told us, "I would report urgently to the manager. Police might need to come straight away. If the registered manager wasn't around I could contact an area manager or a [health and social care] professional." Staff explained the provider's whistleblowing policy to us and knew they had a duty to inform an external agency such as CQC or Local Authority if concerns they raised about people's care and safety were not addressed by the provider.

People who were at risk of foreseeable harm had their risks identified and managed. Staff undertook individual assessments of people's risks. These included risks associated with people's mobility, activities, behaviours and swallowing. When required staff made referrals to health and social care professionals who supported people with specialist assessments and guidelines for staff to follow to keep people safe. This meant people's risks of avoidable harm were reduced.

People's needs were met safely because of the availability of sufficient numbers of staff. One relative told us, "There are always enough staff." The registered manager ensured the service maintained a level of staffing that was in line with people's assessed needs. Where individual people required the support of two staff to safely participate in an activity this was provided.

People were supported by suitable staff. The provider used robust recruitment methods to ensure that staff were safe to work with potentially vulnerable people. Prospective staff submitted applications and were interviewed for positions. Successful candidates had two references taken up, criminal and barring records checks and provided proof of their identity, address and previous employment. New staff worked through a probationary period during which time the registered manager confirmed their safety and suitability.

People received their medicines safely from staff who received training in the administration of medicines. Staff maintained accurate Medicines Administration Records (MAR). MAR charts were signed by staff to confirm that medicines were given in line with the prescribing GP's instructions. Where staff had not administered medicines the appropriate notations were made on MAR charts. For each of the medicines people received, care records contained a list of possible side effects for staff to be aware of and the actions they should take if people presented with them. Where people were prescribed 'when required' medicines MAR charts contained specific instructions regarding the circumstances in which the medicines were to be administered and the maximum number of times this may happen in a 24 hour period.

People were protected by the provider's plans in the event of an emergency. People were supported with personal emergency evacuation plans (PEEPs). These detailed the support people required to respond promptly and safely to an emergency. For example, PEEPs stated how people would be supported to get to and remain safe at assembly points should an evacuation of the building be required.

People lived in a clean environment. Staff followed a daily cleaning programme which the registered manager audited. Staff used personal protective equipment (PPE) including gloves when providing personal care and followed good hygiene practices around food storage and preparation. This meant people's risks from harmful bacteria were reduced.

Is the service effective?

Our findings

People's needs continued to be effectively met by a skilled staff team. One relative told us, "I think the staff are trained, skilled and knowledgeable." Another member of staff told us, "[Staff] have a very good understanding of autism and of learning disability, and they have had training on other aspects of care such as gastrostomy care and other medical training."

The registered manager ensured that people were supported by trained staff. Staff received training in core areas including safeguarding, first aid and mental capacity. Training also included subjects specific to the needs people presented with including autism awareness and behavioural support. The registered manager and deputy manager supported new staff through an induction process. Induction included a one week classroom based course when staff received training in core areas followed by a period when they shadowed experienced staff. The registered manager explained that whilst in future new staff will complete the care certificate during their first 12 weeks of the service, the team was stable and well established at the time of our inspection and the newest member of the team had joined the service before the introduction of the care certificate.

People were supported by supervised staff. The registered manager and her deputy provided staff with one to one supervision meetings to discuss the delivery of support to people. Records were maintained of these meetings and noted the training staff had undertaken, required and planned to do. Additionally, staff were supported with annual appraisals at which the registered manager reviewed their performances including their skills, knowledge, communication and team work.

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. We found that where people were subject to DoLS supporting documentation was clear, accurate and in place. This information included details of the restrictions in place to keep people safe and the assessments carried out to determine that people lacked capacity to make specific decisions.

People's nutritional needs were assessed and met. Where people required nutritional support to lose or gain weight the service worked with dieticians to achieve people's goals. We found that two people were supported to gradually lose several stones in weight. A relative told us, "Staff here supported my relative to lose four stone and they are so much better for it." Another person was supported on an on-going basis with a fortified diet to gain and maintain their weight.

People's preferred meals were noted in care records. For example, one person's care records noted that they liked, "bland food" while another person's care records emphasised their preference for spicy food. A third person's records noted their enjoyment of, "biscuits dunked in hot chocolate." People, their relatives and records confirmed that staff consistently met people's food preferences.

Staff ensured that people had regular access to healthcare services as their needs required. People who presented with diabetes were supported with referrals to appropriate professionals. For example, people met with diabetic nurses, chiropodists and opticians. People's care records contained a section entitled, 'staying well', within which staff recorded the dates, outcomes and follow up plans from people's health appointments. People were supported to have hospital passports. These contained information to be used by health and social care professionals in the event that people were admitted to hospital. These records contained important information about people including their health conditions, medicines, allergies, communication needs and contact details.

Is the service caring?

Our findings

People were supported by a caring staff team. One person told us, "I think the staff are very, very nice." One relative told us, "I am only too happy to say how much I appreciate the staff, how caring they are and how much progress my [relative] has made here." A second relative told us, "I think the staff at Living Ambition Ltd are excellent and very caring." Whilst a third relative said, "I cannot fault any of them, they each continually go the extra mile to make [relative's] life as fulfilling and as much fun as possible." Adding, "Absolutely nothing is too much trouble for the staff if it means that [relative's name] will be better cared for."

Staff knew people well and developed positive relationships with them. One relative told us, "They know who [relative's name] is, what makes him tick...and what will bring him joy." Adding, "The staff are more like his friends than his carers." A member of staff told us, "Each person communicates differently but building relationships is the most important thing we do. People need to be comfortable and happy with you, then you can do the other things like skills teaching, activities or managing behaviour." We observed positive interactions between people and staff throughout the time of our inspection.

People were supported to maintain important relationships. Relatives told us that staff supported people to remain actively involved in family life by visiting relatives and attending family functions including a wedding. Staff kept relatives continuously informed about events in people's lives. Relatives told us that staff made them feel welcome when visiting the service. Care records contained a section entitled, 'My circle of support'. These detailed the relationships that were important to people such as, relatives, key staff and health and social care professionals. These care records contained a number of photographs to increase their accessibility to people.

People were supported to make decisions about how they received their care. The choices people made included what they wore, what they ate, where they went and what they did. One relative told us, "The staff constantly find ways to engage with [person's name], knowing how playful he is, and how, with his huge personality he wants to turn everything into a game wherever possible. The staff all respond to this playfulness." A member of staff told us, "We understand people's communication and how they make choices. We have a good idea what people like and they let us know if they don't like our suggestions."

People's independence was promoted. Staff assessed people's skills around activities of daily living and supported people toward greater independence. One relative told us, "[Staff] understand about the importance of... choices and autonomy." People were supported with skills teaching for activities which included personal care and cooking.

People were treated with respect by staff. One relative told us, "Staff treat my [relative] with dignity and respect. Staff knocked on people's doors before entering their bedrooms. People were referred to by their preferred names and staff entries in care records were written in a respectful way that conveyed respect and promoted people's dignity."

Is the service responsive?

Our findings

People received a service that was responsive and personalised. Relatives told us that the service met people's individual assessed needs. One relative told us, "I can't say enough great things about how happy, content, calm and engaged my [relative] has become since moving to the service two years ago" Another relative said, "The staff meet my [relative's] needs in a safe and personalised way."

People had their needs assessed. Where appropriate some areas of need were assessed by health and social care professionals. The registered manager ensured that care plans were in place which provided guidance to staff on meeting people's assessed needs. A member of staff told us, "The care plans are very clear. By reading them you know what you're doing and how to do it right." Care records were regularly reviewed and amended to reflect changes to people's needs.

Care records contained details about people's preferences. These details included people's likes and dislikes and areas of interest. For example, one person's records noted their interest in sensory experiences. Staff supported this person to use vibrating equipment such as vibrating pillows and to engage in sensory activities with textures, sights, sounds, bubbles and massages. Another person's care records noted their enjoyment when using swings and listening to music.

People were supported to engage in a range of activities. One person told us, "I enjoy the things I do." These included physical activities such as swimming, going to the gym, using the home's trampoline, cycling, golfing and walking in parks. People were also supported to engage in a number of social activities such as going to the pub, café, discos, social clubs and restaurants. One relative told us, "The staff are determined to put in place as many meaningful experiences for [person's name] to enjoy as possible."

People were supported by individual staff through the service's keyworking system. One member of staff explained the role of a keyworker to us, "My role as a keyworker is to plan activities, mark special occasions and to buy clothes, toiletries and shopping with people. We practice skills like cooking and I arrange appointments." People were supported to have monthly meetings with their keyworkers and records were maintained about keyworking activity.

People had detailed assessments and plans to meet their behavioural support needs. Care records noted the indicators that people may be becoming agitated. These indications included changes in facial expressions and the sounds people made when they felt anxious. Additionally, care records informed staff what people may be trying to express when they presented with behaviours which may challenge. For example, one person's care records invited staff to consider if, through their behaviour, the person was expressing, "I am confused about what is happening", "there are too many people close to me," or "I am bored." This information enabled staff to act promptly in order to reduce people's anxiety and defuse behavioural situations. One member of staff told us, "You have to know people well here. When you know people you can tell if there is a problem because they are acting outside of their normal. Then it is a process of elimination to find out what's up."

People were supported to meet together, share their views and make decisions at service user meetings. Staff attended these to record discussions and decisions for the service to act upon. The service was also active in gathering the views of relatives. One relative told us, "There is real collaboration between staff and family." They added, "I've had so many conversations with the manager, the assistant manager, his care workers, all pro-actively asking for my opinion or sounding me out on what I think of their ideas...I know they will listen to anything I might have concerns about, or comments about the way they do things."

The service had a clear complaints procedure in place. No complaints had been received since the last inspection. The registered manager also had a folder which contained positive feedback received from relatives about the care people received.

Is the service well-led?

Our findings

People, relatives and staff told us the service was well-led. One person told us, "The manager is very good. She is a very good person." A relative told us, "[The registered manager] is down-to-earth, approachable and with their fingers on the pulse so they never miss a trick... there is a trust and a mutual respect that runs through every encounter I've seen them have with staff. Yet they maintain high expectations, and they seem to know how to bring the best out of each staff member." Another relative said, "I have great admiration for the way [the registered manager] goes about her job and keeps up the good standards here." A member of staff told us, "[The registered manager] leads from the front. She sets the example for us to follow."

The registered manager promoted an open culture at the service. Relatives told us they felt consulted and well informed and staff told us they felt free to share their views. One member of staff told us, "You can talk to [the registered manager] about anything. She makes herself available and she's kind hearted." The registered manager arranged team meetings. These were used to discuss how people's needs were met and how the service could improve. For example, at one meeting the registered manager discussed infection control practices and people's activities, whilst at another team meeting they led discussions about laundry and safeguarding.

Staff understood their roles as well as that of the service's management. Communication within the team was effective. One relative told us, "The staff are very efficient. I can phone and pass on a message to anyone of them and in a very short time the manager will be back in touch." A member of staff told us, "We communicate well as a team. We use handovers to keep each other in the loop and we document everything in our communication book and diary." Another member of staff said, "One definite advantage we have is that the team is so well established. We haven't needed to recruit anyone for four or five years. So we know each other and the homes systems really well. That said though, the manager would not tolerate us getting complacent."

The registered manager checked the quality the service. Each month the registered manager completed audits. These were detailed and covered areas including medicines, care records, maintenance, infection control, and DoLS authorisations. Where actions were required the registered manager formulated an action plan and ensured that each task was completed. A relative told us, the manager checks the quality of care my [relative] receives by asking my views and responding to any concerns I may have.

The provider worked collaboratively with other agencies to ensure positive outcomes for people. This including working with funding authorities, the Local authority and with a number of health and social care professionals. 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.