

Living Ambitions Limited

Living Ambitions Limited (Doncaster)

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Living Ambitions Limited (Doncaster) is a supported living service and provides personal care and support to people living in shared, supported living projects and singularly, in their own homes in South Yorkshire and North East Lincolnshire. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity personal care.

At the time of our inspection there were 148 people using the service. 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

People told us they were safe and staff treated people well. People's known risks were assessed and managed to reduce the risk of avoidable harm. Staff knew how to keep people safe and how to report any concerns relating to people's safety. Staff had good knowledge of people's preferences and used these to support people safely.

Medicines were managed safely and people received their medicines when needed. Staff received an induction and ongoing training and felt supported by the registered manager. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services when required.

People were supported by a caring and consistent staff team who supported them to maintain their independence and dignity. People and their relatives were involved in the planning and review of their care. Staff used care plans to ensure people received care in line with their preferences.

People and relatives knew how to raise a concern if needed. The registered manager had systems in place to monitor the service and to ensure lessons were learnt when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Living Ambitions Limited (Doncaster)

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 two inspectors and an assistant inspector.

Service and service type

This service provides care and support to people living in '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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and about their experience of the care provided. We spoke with 27 members of staff including the registered manager, senior locality manager's, service manager's and support workers. We also carried out observations of how staff interact with people.

We reviewed a range of records. This included 11 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 training information and quality assurance information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's had robust policies, procedures and guidance in place that gave staff guidance on how to keep people safe.
- People told us they felt very safe. One person said, "The cameras outside and having staff help me to feel safe." and "I feel very safe."
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and how to report this.
- Staff helped people to understand how safeguarding issues could be reported to other agencies. For instance, one person said, "I've lived here a while and if I was really concerned about something I would go to the Police."

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- People's care records contained risk assessments which had been reviewed regularly. For examples, risks relating to nutrition, behaviours and any specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. Care plans were comprehensive and individualised to meet the person's needs.
- Equipment was managed in a way that supported people to stay safe.
- Each person had a personal emergency evacuation plan (PEEP). This ensured there were arrangements in place to support people to evacuate the building safely in the event of an emergency.

Staffing and recruitment

- There continued to be robust recruitment procedures in place to ensure staff were suitable to work with people. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.

Using medicines safely

- Processes were in place for the ordering and supply of medicines and medicine administration records demonstrated people received their medicines regularly.
- Medicines were regularly audited by the staff, service managers and senior locality managers. The systems and processes in place meant any errors were identified and action was taken to address them.
- Staff received regular training in the administration of medicines and had their competency to administer

regularly checks.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- People told us staff helped them to keep their home clean and tidy.
- Staff told us they were provided with personal protective equipment (PPE) to protect reduce the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out regular evaluations of accidents and incidents to identify themes and trends.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's social, emotional and physical needs were assessed. People and their relatives were involved in these assessments and these were used to develop care plans.
- People's needs, and choices were continually reviewed to ensure they were receiving the right level of support. Where it was identified people needed additional support this was provided to ensure their needs were met.
- People's protected characteristics under the Equality Act were identified. For example, one person liked specific cultural food and had specialist support with maintaining his dreadlocks.

Staff support: induction, training, skills and experience

- Staff told us they felt well trained and felt training gave them the skills they needed to do the job well.
- Staff told us they felt supported in their jobs and received regular supervision. One staff member said, "I get regular team meetings and supervisions and I feel listened to." And "I feel very well supported, [the manager] couldn't do any more for us. They have been so supportive. They have got to know everyone quickly, and have been really proactive."
- Staff told us, and records confirmed that specific training was provided when a person had a specific health or support need such as diabetes or behaviour that maybe of concern training.
- The provider had a training matrix which was monitored by management. There were some minor gaps in staff training but these had been identified and action taken to book staff onto training.

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

- Where people were supported to eat and drink, they told us how staff helped them to shop, prepare and cook meals. One person said, "The food is nice." Another person said, "We choose what we want. We chose burger and chips today and sometimes we go to the pub for a meal if that's what we want to do."
- People's specific dietary needs were known by staff and recorded in care plans. Staff followed the guidance to ensure people's meals were prepared in the correct way and support was offered so people could eat safely.

We recommend that the provider uses the resources to assist with transition to the International Dysphagia Diet Standardisation Initiative (IDDSI) framework.

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

- Care plans showed people's needs had been assessed and monitored in conjunction with relevant

healthcare professionals.

- Where people's needs had changed, staff consulted with GP's, and health and social care professionals.
- Staff told us if they felt a person was becoming unwell or they noticed a change in a person's health, they would immediately call a medical professional. Staff gave us examples of when they had identified a deterioration in a person's health and responded quickly to get them appropriate medical attention.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Assessments of people's capacity to make decisions had been carried out, and where people were not able to consent to their care or make complex decisions this had been recorded and followed by staff to help support people.
- People told us staff consistently asked for their consent before providing any care or support. One person said, "Staff help me out, they are very nice, when I need help they help but they ask me about my choices."
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the support they received from staff. Comments included; " This one here [staff member] is a very kind lady. They all have caring hearts." Another person said, "Staff give me confidence, they're alright. They [staff] go with me to do things like snooker and for a big breakfast, they respect me."
- Staff had good knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, supportive and caring.
- People were actively encouraged to maintain relationships with their friends and families and to make new friends.
- Staff were motivated about the care they provided to people. One staff member told us, " I love the job I do." Another said, "I'm very comfortable in the environmental and the team I work with and the people supported are my other family."

Supporting people to express their views and be involved in making decisions about their care

- There was a commitment to involving people in making decisions about their daily lives and care. People lived their lives as they wanted and chose to. People gave us examples of the choices they made daily such as, decisions on their daily living routines, meal times, activities and accessing the community.
- People's choices were well documented and staff were able to tell us about these, with one staff member telling us, "We are very person centred here we work closely with the people and they are involved in care planning. It's no good writing a support plan that's not meaningful to the individuals. We look at what's important and make's that person feel special."
- Staff supported people to make decisions. One staff member said, "Living Ambition's key values are about promoting independence and empowering people to live fulfilling lives."

Respecting and promoting people's privacy, dignity and independence

- Staff actively supported people to achieve increased independence. One person told us, "I really want to work with dogs and I'm trying to find work with the staff helping me."
- Staff respected people's privacy. One staff member said, "When I give personal care I make sure I close the door and talk to people. I maintain confidentiality outside of work. I wouldn't talk to anyone about people I support."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and partake in a variety of hobbies and interests. Examples included people being supported to go on holiday.
- People told us they did a range of activities which they enjoyed doing. One person said, "I watch football, go bowling, play snooker and go out for meals with staff." Another person was supported to go to pottery classes.
- People were supported to develop relationships and staff had assisted one person to plan and organise a romantic meal.
- We observed staff engaged with people with a calm caring way. People responded positively to the way the staff were supporting them.
- Assessments of support were based on personal needs such as mental health, personal care, finance, communication and medicines. Assessments regarding people's mental health were comprehensive and covered their emotional wellbeing.
- Care records showed people were actively encouraged to plan and decide what sort of care and support they felt they wanted. Where appropriate, their relatives were involved in care planning.
- Staff had handover meetings at the start of each shift. These meetings were an effective way to ensure key information about people's wellbeing and care needs were passed on to staff coming on duty.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans detailed their communication needs. They described how people communicated, and the best ways for staff to offer choices and provide support.
- Information was made available for people and others in easy read picture formats. For example, the provider produced easy read documents and people were given information by watching DVD's.

Improving care quality in response to complaints or concerns

- The complaints policy was available in an accessible format for people to understand.
- Staff gave examples of how they had supported people to make complaints when they had not been satisfied with a service they received.

- There were no current open complaints. The provider has systems and processes in place to monitor any complaint and they were viewed learning opportunities to continually develop the service.

End of life care and support

- The service had provided care to people at the end of their lives.
- Care records showed staff had explored people's preferences and choices in relation to end of life wishes. Records included preferences relating to each person's protected characteristics, cultural and spiritual needs.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. We saw examples of how the service had successfully worked with people to achieve their goals. One professional said, "They consistently provide good care. They have a good registered manager who leads by example is contactable and sorts things out. Outcomes and achievements are good for people and Living Ambitions have a lovely way of dealing with things, they offer a well thought out and joined up approach."
- The manager team regularly visited people in their homes. They knew the people well and staff were aware of the roles and responsibilities of the management structure.
- The atmosphere in the services was warm, friendly and welcoming. Our observations and discussions identified that there was an open and supportive culture towards people and staff.
- Staff and people spoke highly of the manager team. Staff told us they could speak to them at any time. One staff member said, "I think it's a brilliant team, well established no staff turnover and a good mix of skills, everyone has their part to play and everyone works well." And, "We are a good staff team from people supported to the manger's, they are amazing and doing an amazing job."

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 registered manager and management team all understood their legal responsibilities. They submitted statutory notifications to the Care Quality Commission as required by law.
- Records of incidents and accidents were analysed at a local and corporate level. Information and learning from incidents were shared with the staff team to raise awareness and to reduce the likelihood of reoccurrences.
- The registered managers understood the duty of candour requirements and ensured information was shared with the relevant organisations when concerns were identified. They were responsive to the feedback we gave during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

- Suitable and sufficient quality assurance systems were in place, various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high. Whilst these were regularly undertaken, they had not always identified all areas for improvement such as,

infection control and some environmental issues.

- There was a clear staffing structure in place led by the registered manager. Staff told us they always had access to management support.
- The registered manager and management team had good knowledge of their regulatory responsibilities.

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

- People were provided opportunities to give their views and opinions about the services and how they could improve. People's views were sought through reviews of their care and support needs, house meetings and surveys.
- Staff's views about the service were sought through supervision and team meetings.
- Staff confirmed they had regular staff meetings. Minutes of staff meetings showed staff were informed about changes to the service and their views and ideas were sought on how to improve people's quality of life.
- We saw cards and letters from relatives complimenting the staff for the care and support they had provided for people. For example, one compliment from a health professional said, "Thanks you for supporting us to plan and arrange safe discharge for [person's name] on discharge from hospital. Thank you once again for the compassion you demonstrated when dealing with the discharge arrangements."