

Living Ambitions Limited

Living Ambitions - Newcastle

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 - Newcastle provides care and support to people living in 16 'supported living' settings. At the time of the inspection 30 people were using the service.

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

People told us they were happy with the service, felt comfortable with staff and were kept safe. Risks were managed safely. The provider learned from previous accidents and incidents to reduce future risks. The manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines and staff were recruited in a safe way.

Assessments of people's needs were carried out before they started receiving support. Staff received regular training and supervisions as well as annual appraisals. People were supported with their nutritional needs, where required, and to access a range of health care professionals in order to maintain their health. 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.

People and relatives felt staff treated them with dignity and respect. Staff promoted and maintained people's independence by encouraging them to care for themselves, where possible. People were supported to access advocacy services.

Care plans were detailed, person-centred and included people's preferences. People's communication needs were detailed within care records and staff knew how to communicate with them effectively. People and relatives knew how to raise any concerns and the provider had an effective complaints procedure in place.

People and relatives were complimentary about the service. Staff felt management were visible and approachable. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service through surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

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 requires improvement (published 5 April 2019) and there were two breaches of regulation. 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.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Living Ambitions - Newcastle

Detailed findings

Background to this 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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 16 '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 did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider had taken reasonable steps to recruit a new manager who was due to start in the near future and would begin the registration process at that stage.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a supported living service and we needed to be sure that the provider or manager would be in the office to support the inspection and people would be home.

Inspection activity started on 30 September 2019 and ended on 8 October 2019. We visited people in their

homes on 30 September 2019 and spoke with people who used the service and their relatives via telephone on 4 October 2019. We visited the office location on 1 and 8 October 2019 and spoke with staff throughout the inspection.

What we did before the 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We also spoke with nine staff members including the regional director of excellence team, the interim manager, three service managers and four support workers.

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

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure records in relation to risks and medicines were accurate, up to date and contemporaneous. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were very happy with the service and told us they felt safe.
- Risks were assessed and managed. The provider had an initial risk screening tool to identify potential risks to people's health, safety and wellbeing and assessments were put in place to manage them, such as choking. They were reviewed regularly and updated in line with people's changing needs.
- Staff understood potential risks and how to mitigate them.
- Appropriate arrangements were in place for the safe administration and recording of medicines. Staff received regular training and had their competencies checked.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored.
- Any lessons learned were identified and shared with staff in suitable forums such as staff meetings and necessary changes were made to reduce the risk of a recurrence.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. Comments included, "Staff know [family member] better than family" and "(It is a) first class service."
- The manager understood safeguarding procedures and raised referrals in a timely way. Statutory notifications had been submitted to CQC.
- Staff had been trained in how to protect people from abuse and the provider had a whistleblowing policy staff were able to use to report concerns anonymously.

Staffing and recruitment

- People were supported by a consistent team of staff.
- The provider had an effective recruitment and selection procedure. All relevant security checks were carried out on new members of staff prior to them starting work for the service.
- People and their relative's views and preferences were considered when recruiting new support staff

members. Care records documented what people were looking for in support staff and included any questions people wanted management to ask candidates during interviews.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's infection prevention and control policies and procedures correctly. This included wearing personal protective equipment when supporting people with personal care.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure people's best interests were appropriately considered and documented. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 11.

- People told us they were in control of their care and involved in decision-making. The manager and service managers understood the principles of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity, such as, consent to a door sensor.
- Staff had been trained in capacity and decision making and the service had arranged further training for staff to undertake in order to gain a more thorough understanding.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out before people started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- New staff completed an induction to the service which included face to face training and shadow shifts.

- Staff received ongoing training and the manager told us, "There has been a huge push on training recently." Staff told us and records showed that they also received training specific to people's individual needs such as Percutaneous endoscopic gastrostomy (PEG) and epilepsy.
- Staff were supported in their roles. They received regular supervisions and annual appraisals. Service managers also carried out regular spot checks on staff to assess their competencies in carrying out their roles.

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

- Staff supported some people to prepare meals and records described the support people required with their dietary needs, such as a fork mashable diet.
- Eating and drinking support plans included recommendations from health professionals, where relevant, such as speech and language therapists (SALT).

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

- People were supported with their healthcare needs and to attend appointments when necessary. One relative told us about their family member becoming unwell. They said, "Staff got in touch with the GP and [family member] was sorted." Relatives told us the service informed them when their family members were unwell and receiving healthcare support, including if admitted to hospital.
- The service worked with health and social care professionals such as GPs, opticians and SALT.

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 requires improvement. At this inspection this key question has now improved to good. 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; equality and diversity

- People and most relatives were overwhelmingly positive about the staff and the care they provided. Comments included, "Staff are worth their weight in gold", "Excellent" and "First class."
- People's spiritual and religious beliefs were recorded as part of the admission process.

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

- Staff included people and their relatives in the care planning process. People told us they expressed their views to staff on how they wished to receive support. For example, one person told us they go to a local disco every Friday night because they "love it."
- People's preferences and choices were reflected and clearly documented in their care records.
- Some people using the service received support from independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The service had information about different advocacy services and liaised with the local authority to source appropriate support for people, when required.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and supported them in a dignified way. One person said, "Respect is very important to me and staff are (respectful)." They also said staff were "kind." Support plans included information in relation to people's dignity, such as, "[Person] likes to look smart and she likes wearing necklaces and beads daily."
- Staff promoted people's independence and encouraged them to do things for themselves, where possible. Care records clearly described what tasks people were able to do themselves and what they required staff to support them with.
- People were supported to maintain relationships that were important to them. Care records reflected this.

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 requires improvement. At this inspection this key question has improved to good. 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

At our last inspection the provider had failed to ensure care records were accurate, up to date and reflected people's needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- Care plans in place for people were person centred and included details of their individual support needs.
- People's preferences and personal goals were included in care records and monitored. These detailed specific tasks people wanted to achieve, such as life skills.
- People and their relatives told us they were involved in care planning and reviews.

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 were given information in a way they could understand.
- Care records described the level of support people required with their communication needs.

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 lived active lives. Staff knew each person well and what was important to them.
- People were protected from social isolation. Some people were supported to access the local community. One person said, "I go bowling all the time and to the disco. If my support staff left I don't know what I'd do."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns and told us they would feel confident doing so, if they weren't happy with something. Relatives told us they would make complaints directly with the service managers.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- The provider had an end of life policy in place and people's views and wishes were detailed in their care records, such as, if they had a funeral plan in place.

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 inadequate. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 the provider had failed to ensure appropriate quality assurance and auditing processes identified errors and led to improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits at each level of management.
- Action plans were created following audits and disseminated to all appropriate staff for completion.
- The service was being managed by an interim manager who was not officially registered with the CQC. The provider had taken reasonable steps to recruit a permanent manager who was due to start imminently and would begin the registration process at that time.
- The manager and staff understood their roles and responsibilities.

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

- Feedback we received from people and relatives reflected a well-led service. Relatives told us the service was run very well, their family members were happy and no changes were needed.
- There had been a big turnover of service managers, but staff told us the service felt more stable now. They said they felt well supported and confident that the service was on the right lines.
- Staff members told us management were much more visible now, they could go to higher management with any concerns and they would be actioned.

Working in partnership with others; Continuous learning and improving care

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people and to drive improvement. The provider had ongoing plans for the future development and improvement of the service.
- The service had developed links with the local community. People were regularly supported to visit the local community for social and hobby type activities.

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

- People and relatives were asked for their views about the quality of the service through surveys. All feedback received was analysed and any identified actions were completed.
- Staff were kept updated about the service and any improvements by attending regular meetings.

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 manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as, safeguarding incidents.