

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

Living Ambitions - Newcastle provides personal care and support to people living in their own homes, in Newcastle and Northumberland. The service provides personal care and social support. At the time of our inspection there were 39 people with a learning disability and/or a mental health related condition using the service, mostly on a 24/7 hour basis.

This inspection took place on 28 February 2017 and was announced, we concluded the inspection on 1 March 2017, and spoke with relatives and external professionals in the following days. We previously inspected this service in March 2016 where we identified the service required improvement. At that time, the provider was in breach of three of the Health and Social Care regulations relating to safety, staffing and governance.

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

The registered manager had a history of managing this type of care service and the staff we spoke with told us they found her supportive and approachable. She had a clear vision for the service as she had been present at our last inspection and was aware of the improvements required. There was a friendly office culture and we saw support workers regularly called into the office to meet with their team leaders and managers.

We looked at how the service now managed medicines. We found improvements had been made to the recording of information and safe procedures were in place for staff to follow.

Detailed risk assessments had been implemented to protect people from risks they may encounter in their daily lives. Accidents and incidents were now appropriately reported to the office staff and these had been recorded and monitored.

Additional training had been delivered to staff in order to help them support people with specific needs. This included positive behaviour support, epilepsy, autism, diabetes and person-centred working.

People spoke highly of the staff who supported them to live at home. They told us they felt safe and comfortable with the staff and they received a good service. Policies and procedures were in place to safeguard people from harm and the staff we spoke with understood their responsibilities. Records were kept about concerns of a safeguarding nature and timely investigations had taken place. The registered manager reported incidents of a safeguarding nature to the local authority's safeguarding adults team as necessary.

Person-centred care plans were in place to support staff to provide a personalised service. Records demonstrated that regular reviews were now carried out of people's needs and the service they received.

Records of staff recently employed showed the recruitment process continued to be robust and staff were safely recruited. An induction process was in place and staff training was up to date. Competency checks were routinely carried out.

Staff confirmed they received regular supervision and appraisal and team meetings were held within each household. Staff felt there were enough staff employed to manage the services with a consistent team.

We found staff understood the principals of the Mental Capacity Act (2005) and their responsibilities when they assessed people's capacity. Decisions that were made in people's best interests' had been appropriately taken with other professionals and relatives involved.

People told us the staff supported them to maintain a balanced diet. They said their support workers made good meals and always offered them a choice. People told us that their support workers understood their likes and dislikes.

The staff we spoke with displayed caring attitudes. All of the people we spoke with said they were treated with dignity and respect and that staff were nice and friendly towards them and their families. The relatives we spoke with reiterated this.

The registered manager proactively monitored the quality of the service; she held electronic records which related to all aspects of the service such as safeguarding, complaints, accidents and incidents.

Service managers and team leaders carried out spot checks of support workers and they regularly courtesy called people who used the service and their relatives. An annual satisfaction survey was used to formally gather opinions about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at home with the support of their care workers. Safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

Individual needs had been thoroughly risk assessed with preventative measures put in place. Actions for staff to follow were clearly documented.

The staff recruitment process was robust and staffing levels were effectively managed.

Medicines were well managed and monitored.

Is the service effective?

Good ●

The service was effective.

Training was available in a variety of topics to meet people's needs. Staff were supported by the office team through supervision, appraisal and meetings. Regular competency checks took place.

People's consent was sought in relation to their care and support. People and their relatives were involved in care planning.

People were supported to eat and drink to ensure their well-being. People's general healthcare needs were met and the service involved other health professionals as necessary.

Is the service caring?

Good ●

The service remained caring.

People and relatives told us all staff were caring and friendly. Staff understood people's needs and responded well to these. Professionals confirmed this.

People told us they were treated with dignity and respect. They

also told us staff respected their home, their family, friends and their belongings.

People and relatives were involved in decisions about care and support and people were given choice and control over their lives. Staff encouraged independence and individuality.

Is the service responsive?

Good ●

The service remained responsive.

People, relatives and professionals told us the service was responsive and met people's changing needs. Care records were person-centred and assessments were regularly reviewed.

People told us they had a regular team of support workers. The office staff endeavoured to provide continuity.

A complaints policy was in place and people were aware of how to complain. People and their relatives told us they felt comfortable raising issues with any of the staff.

Is the service well-led?

Good ●

The service was well-led.

The provider had a clear vision for the service and the registered manager communicated this to the staff team. Staff told us they were supported, valued in their role and that morale was good.

The registered manager held comprehensive records which showed she monitored the quality and safety of the service. Audits took place to ensure staff undertook their role competently. Feedback was sought from people and their relatives to ensure satisfaction.

The office staff had a variety of experience and different skills to ensure the smooth running of the service. The atmosphere in the office was positive and staff worked well together.

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 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 the 28 February 2017 and was announced. We concluded the inspection on 1 March 2017. We gave 48 hours' notice of the inspection because we needed to seek permission of people who used the service to visit them in their own homes. We needed to be sure staff would be available to access records kept in the office. The inspection team consisted of one adult social care inspector 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.

Prior to the inspection we reviewed all of the information we held about Living Ambitions (Newcastle) including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Prior to the inspection we contacted local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service and we reviewed the action plan which the provider sent to us following our previous inspection. All of this information informed our planning of the inspection. Following the inspection two senior social workers also provided us with feedback.

As part of the inspection we visited four people in their own homes with their permission. We also spoke with five people's relatives, four care workers, a team leader, two service managers and the registered manager to gather their views about the service. We reviewed a range of care records and the records kept

regarding the management of the service. This included looking at four people's care records in depth and reviewing others, four staff files which included recruitment and training records, the electronic quality assurance system and paper records relating to the quality and safety of the service.

Is the service safe?

Our findings

At our last inspection in March 2016 we identified that the service was not always safe because the provider had failed to ensure medicines were managed appropriately, and risk assessments were not detailed enough to fully protect people from harm. Following that inspection the provider sent us an action plan which described how they planned to address this and by when. At this inspection we found the provider and registered manager had implemented the necessary changes in a timely manner which had led to an improvement in the service.

We looked at four people's records in depth and reviewed two others which included their medicine administration records, we found that all of these records were well maintained, contained no gaps in daily recordings and codes used to explain why medicines had not been given were appropriately used and explained. Staff followed strict guidance as per the company policy with regards to the receipt, storage, administration and disposal of medicines. We observed good practice being followed in each of the four services we visited.

People were supported by staff to take their 'as required' medicines. 'As required' medicines are those that are taken only when needed, for example, for pain relief or to calm people if they are feeling distressed or anxious. There were now clear protocols in place to support staff with their use. In particular if people were not able to verbally communicate their need for an 'as required' medicine then details were provided to help staff identify other factors such as facial expressions or particular behaviours which may be indicative of pain.

We looked at the provider's training records and noted that 99% of staff had completed a safe handling of medicines training course and had their competencies assessed in the management of medicines. This meant that people received their medicines by staff who were trained and competent.

All of the risk assessments we looked at, which were contained within people's care records, were up to date and had been recently reviewed. High risk areas such as falls, accessing the community and challenging behaviour were highlighted in red ink. The risk assessments had clear detailed instructions for staff to follow. For example, staff had a list of other strategies to try and calm a person's behaviour before using an 'as required' medicine. There was also detailed information which could help staff understand what triggered certain types of behaviour. A relative told us, "(Person) goes where they want and is always safe and the staff protect them if needed." A service manager told us, "Things have definitely improved in the last 12 months; all our paperwork and risk assessments are up to date. Services are safe." This showed that people were protected from the risks they faced in their daily lives and staff were aware of how to minimise those risks.

Accident and incident report forms were completed by staff to record events of this nature. These were kept within the person's records and staff recorded who they had passed the information onto and what action was taken. Service managers dealt with these incidents and liaised with external professionals if necessary. The service managers collated statistics about the services they were responsible for and fed this into a monthly report which the registered manager submitted to the provider.

People told us they felt safe receiving care and support from the staff. One person said, "I know when I go out, I have someone to look after me and that means I can enjoy myself – I used to be scared but not now." Another said, "I can sleep now because I have someone to take care of me even at night which can be scary." And another said, "I can decide where I want to go just like any other person but am safe when I go out because I have my friend and carer with me." Relatives commented, "I always know my relative is safe", "Definitely happy, well cared for, safe and content", "I totally trust the carers and if there is an issue we get called at once - so much peace of mind is priceless" and "The care is outstanding in every way. Our relative is vulnerable if on their own but now with the fantastic support 24/7 we know there are no safeguarding issues and they are always safe. I sleep better for knowing that."

Training records showed that staff had completed an awareness in safeguarding procedures. We reviewed the safeguarding records and saw there were no ongoing investigations and six previous referrals had been made so far in 2017 to the local authority and CQC if necessary. Staff were aware of whistleblowing procedures and said they would report any concerns to the registered manager or their service manager. Staff told us they were confident in recognising signs of abuse and felt confident that safeguarding issues would be dealt with appropriately.

People and relatives told us they thought there was enough staff employed by the provider. One relative said, "The support is constant and consistent which is what is needed and no matter how the carers feel there is always the same amazing care for the residents." Another said, "They don't have a high turnover [of staff]." Staff told us there were enough of them at each service to be flexible with one another and they covered for each other to provide consistency to people. One support worker said, "If we do need cover, the office tend to send someone who has been before and knows people."

The registered manager told us recruitment was always on-going to fill vacancies and to recruit for the new services which were in the process of being set up. We checked the recruitment records of newly employed staff and saw that the appropriate documentation was completed and pre-employment vetting checks continued to be carried out. This meant that the registered manager ensured staff were suitable to work with vulnerable adults.

Although the provider was not the landlord, each of the services were well maintained and staff kept a record of minor repairs and safety issues which they supported people to report onto the relevant housing association. Staff assisted people to regularly test smoke alarms, check firefighting equipment and monitor water temperatures. Staff maintained logs of health and safety checks and tests and ensured generic premises risk assessments were completed and reviewed. Each person had a personal emergency evacuation plan in place. This provided details for staff about how much support a person would need if an emergency evacuation of the premises was necessary. For example, verbal prompts, strong encouragement or physical intervention i.e. the use of moving and handling equipment. This information can also assist the emergency services in a rescue situation.

Staff followed infection control guidance as per the company policy and we observed best practice in all of the services we visited. Staff wore disposable aprons and protective gloves when assisting with personal care and domestic duties.

Is the service effective?

Our findings

At our last inspection in March 2016, we identified that staff were not always trained and competent in topics which were relevant to the needs of the specific people they cared for. During that inspection and afterwards the registered manager gave us assurances that this would be addressed. At this inspection we found significant improvements had been made with the training of staff.

A service manager told us, "All staff training has been updated. Staff have completed behavioural training and physical intervention. They have learned about strategies from the BAIT team's involvement and I feel they are confident now." The Behavioural Analysis and Intervention Team (BAIT) are a team of specially trained local authority staff who work with adults with learning disabilities who also have serious challenging behaviour. The staff we spoke with confirmed they had received a lot of new training recently which included non-mandatory topics such as epilepsy, autism and diabetes. Staff told us they appreciated the "be well trained" culture and realised the value of keeping this up to date.

We saw training records which confirmed topics which the provider deemed mandatory had been recently refreshed. This included health and safety and mental capacity act awareness. Compliance with training as recorded on the provider's training matrix was very good. For example, statistics included 99% in moving and handling and 97% in infection control.

The provider employed a training officer to deliver induction, training and assess initial competency. The registered manager told us that all new staff completed the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. New care workers were subject to a three month probationary period in which they shadowed experienced staff, had their competencies regularly assessed and attended probationary review meetings with a service manager or the registered manager. There was also evidence that staff who had been absent from work had received a 'back to work' interview to ensure they were fit before returning to their duties.

Records showed that formal one to one supervision and appraisal meetings took place and spot checks were being carried out. Staff told us, "Supervision was a good opportunity to talk." Support staff confirmed they had been spot checked and had their performance at work had been competency checked. People we spoke with confirmed that senior staff had visited their home to check everything was OK. This meant that people received a service from staff who were suitably trained and competent in their role.

We observed and listened to the office staff making and receiving telephone calls. Communication was good and we witnessed support staff being informed and kept up to date with actions taken or changes to an individual's care package. Support staff we spoke with felt communication from their service managers and team leaders was good and told us they felt supported in their role.

People told us that their support workers always asked for consent before carrying out any tasks. None of the people we spoke with said that they were made to do anything that they did not want to do and they

were asked what they wanted at all times. They told us staff would knock on their bedroom door before entering and ask their permission to complete tasks. One person told us, "I cannot remember when my carers haven't checked before coming into my room. If I need help I shout!" Another said, "It's alright here. I choose when I go out and where I go, it could be out for lunch and to the shops I am happy." Care plans showed that where possible people had been involved in and consented to their care and treatment.

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. We observed that the service assessed people's capacity upon initial referral and used local authority assessments to support this. Decisions that were made in people's best interests were recorded, including who had been involved in making the decision. For example, healthcare professionals or people's relatives. The registered manager told us everyone who used the service was subjected to restrictions under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation because it was not safe for them to go out alone. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf. Another example included best interest decisions being made for the local authority to have 'Appointeeship' for people's finances. In this instance, staff liaised with local authority care managers to pay bills or purchase clothing and food for people.

People told us the staff ensured they had enough to eat and drink. One person said, "I get my favourite food all the time I also get to help and I have a special diet as well." A relative told us, "He (their relation) loves the fact he can choose the menu and food. He couldn't before and he is now getting chunky, he will need a diet soon!" Another said, "The food is always something that is suitable but appetising and sometimes our relative can help if supervised so there is an element of ownership of the meal then." We saw in one care record that one person's goal was to be more confident with food and drinks preparation and the staff were supporting them with this. Other staff told us they assisted people to use the oven but generally people could make light snacks and drinks themselves. During our visits, people told us they were very much looking forward to having pancakes for tea as it was Shrove Tuesday. One person, who was diabetic, told us they would be involved with making their pancakes.

People who were at risk of malnutrition, dehydration or had a specific dietary requirement had an 'Eating and drinking' risk screening tool completed and, for example a choking risk assessment if necessary as part of their health and well-being support plan. Staff monitored food and fluid intake for people at higher risk. We saw involvement from dieticians and speech and language therapists was sought and staff followed their advice and guidance to support people's individual needs. One relative told us, "(Person) has put on weight which was needed badly and now is thriving." This showed that staff monitored nutrition and hydration needs and provided sufficient support to manage a balanced diet.

Staff supported people to maintain their general health and wellbeing and ensured their needs were met. Daily report books showed support workers had reported issues and concerns to the office staff regarding people's healthcare needs. In addition, we saw care records which showed when a GP or district nurse had been contacted on someone's behalf. Care records also showed that the service was involving and referring people to other external healthcare professionals, such as an occupational therapist, dentist or optician. We saw in one care record that following a physiotherapist appointment, staff were given exercise tools to support a person to strengthen their muscles.

Is the service caring?

Our findings

People and relatives spoke extremely positively about the staff and the support provided. People told us they were happy with where they lived and the staff who supported them. They told us the staff were nice and kind. One person said, "I know they are carers but I feel that they are friends as well and when I say I would like to try something they are there to support me. I love swimming and I know (carer) doesn't but we still go... ha-ha."

Relatives comments included, "I would say all of it is outstanding the staff are A1"; "I'm happy with the care and the fact that it's so good, it is unbelievable"; "It is wonderful to see my relative in a family setting again. For so long they have not been part of what we do but now they are! The support workers are just so lovely as well, they are like friends to all of us and have been to many special events with us"; "I call in weekly and it doesn't matter what time the atmosphere is always homely and warm and inviting. They always make me feel welcome"; "My relative is looking fabulous"; "Success on unimaginable magnitude"; "Staff are 100% behind them and us" and "We would change nothing it's wonderful."

People and relatives we spoke with felt the staff spoke to them with respect. They told us staff respected their home and their belongings. People understood the importance and concept of respect and dignity. One person said, "They always knock before coming in even though I have the door open a little." Relatives told us, "The interaction with the support workers is so natural and our relative is given dignity and respect all the time and this has allowed their levels of confidence to grow and develop" and "My relative has been given back his dignity and felt that he now had a future." Staff we spoke with described to us how they would maintain a person's dignity and respect their privacy. We also saw evidence in a person's care record that staff had researched online the person's condition in order to better understand the person's needs. This showed that staff had developed positive, caring relationships with the people who used the service and their relatives.

All the staff we spoke with believed people were happy with the service overall. They told us they had no concerns about people's safety and wellbeing and felt they had a good team of genuinely caring staff who delivered a good service to people. People and relatives comments reflected this.

We observed lots of positive interaction between support workers and people being supported by the service. Interactions were caring and friendly and staff displayed professionalism throughout our visits. We saw staff offered reassurance and encouragement to people. Office staff also displayed a caring attitude. A team leader told us, "I love to see people progress, doing brilliantly, improving and being independent. I love it, it's so rewarding." A service manager told us, "I'm proud of the people who get jobs in the community, I'm proud of the team achieving these goals with people. They are all nice people and they make new friends and they get out and about."

Discussions with the registered manager and staff revealed that some people who used the service had particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that

people who used the service were discriminated against and no one told us anything to contradict this. Care plans were devised to ensure people's needs were met in a way which reflected their individuality and identity. Staff told us they had covered equality and diversity training in their induction which had reminded them to promote individuality and ensure people's personal preferences, wishes and choices were respected. People had been given the choice of male or female support workers.

Some people's care plans had been produced in an 'easy read' format to ensure the person could understand their own care plan. Where ability allowed, people had signed their care planning documentation themselves or a relative had signed it on their behalf. They told us they had been involved in devising the plans and had been asked for information about themselves to contribute to the plan in order to ensure support workers fully understood their needs, wishes and preferences. The registered manager told us she planned to introduce a family and carer forum to give relatives the opportunity to be more involved with the running of the service. People had been given a 'service users guide' which contained information about the provider; what to expect from the service, what assistance could be offered, basic policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding team, advocacy and CQC contact details were also made available. The 'service user' guide and the provider's statement of purpose were also available in an easy read format.

We asked the registered manager if anybody currently used advocacy services. She told us no-one was at present. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The registered manager was aware of how to refer a person to an independent advocate from the local authority if people needed the support. Some people had family who acted on their behalf formally with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. The registered manager told us they asked for proof of this arrangement before relatives made decisions on peoples' behalf.

Sensitive information was kept confidential. We observed records containing people's personal details were kept in cupboards and computerised systems in the office were password protected. Staff confirmed that they were aware of the need to keep information about people safe and secure.

The service had on occasion supported people at the end of their life. The registered manager told us, "We are a service for life." We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment. Staff had supported one person with funeral planning which had been carried out in their best interests with family and other professionals involved. In other care plans we saw people had declined to share their preferences at the time of the assessment but staff told us, this would be revisited at each review.

Is the service responsive?

Our findings

Two external professionals gave some examples of how the service had been responsive to people's needs. One said, "The service user is a different person now to when he was first introduced to the service, as he displayed a lot of anxious behaviours. He is a lot more socially confident and attends some of the workshops set up by the provider." Another told us, "Living Ambitions have looked to respond to any communication needs identified and be creative within this for both the parents and the service users. They have introduced good transparent systems to evidence all aspects of the care being provided and have liaised well with both family and professionals to ensure all have relevant information in a timely manner."

Relatives were equally positive about the service. Comments included, "Care is really good and person centred"; "Care package is great"; "We just see the evidence of what good care and support can produce-it's amazing"; "The person they are is now is amazing"; "They listen to my relative-I know they do and it shows in their face and demeanour" and "Helping them to achieve more goals day by day."

Service managers or team leaders carried out an initial assessment of people's needs following a referral to the service. Most people were referred to Living Ambitions by the local authority social services department and there were a few people who were privately funded.

Care needs assessments were person-centred and included information about people's lifestyle, past history, preferences, hobbies and interests. This enabled the service manager to match the person with a team of suitable staff. Regular reviews of the care packages they provided to people were undertaken. An external professional told us, "The staff team have worked in a very committed and person-centred approach to supporting the service user to adjust to supported living (after living with relatives all their life)."

Care and support plans described people's individual needs and included what action staff should take to meet these needs. We saw very detailed information was included to provide specific guidance to staff. For example, in one record we reviewed, information was documented about certain behaviours a person displays and staff had to keep a detailed record of what was said and done in order to monitor this closely and avoid an escalation to an unsafe situation. We reviewed the daily records for the same person and saw that staff thoroughly documented information to describe their involvement at each visit.

Staff shared examples with us of how quickly people's needs changed and that the service had been able to respond immediately with additional hours of support. Equally, services had been decreased for people who had regained some independence. Staff told us and records confirmed that information about changes in people's needs was communicated effectively between the office staff and the individual services in order to ensure paperwork reflected the current situation. All of the paperwork we reviewed matched the description that people and staff gave us of the service being delivered.

People chose how to spend their time; they stayed at home, they attended college, were in employment or did voluntary work and pursued hobbies such as going to the cinema, going out for meals or playing sports. People told us about their employment. One person had worked in a care home but had not enjoyed it so

they were looking for an alternative, another person worked at a local animal charity shop which they loved. They told us about sorting and stacking shelves and helping customers.

Some people had activity care plans devised by staff based on their interests and hobbies in order to give their day structure and routine. People and relatives had been asked what they were interested in and staff encouraged and facilitated activities by conducting research into local amenities and accompanying people as necessary. We saw in care records that people enjoyed a wide variety of meaningful activities and hobbies. One person told us, "I wanted to try colouring and maybe painting so my carer went and got me all the stuff and I am quite good at it." Relatives told us staff were like "extended family members" as they accompanied people to so many special occasions, like weddings and birthdays. Other comments included, "My relative goes out every day and has a wonderful memories. No time to be lonely"; "(Person) is interacting now but wasn't" and "Its s true success story."

The support workers had a clear understanding of people's preferences and where they would enjoy going and this was evidenced by the amount of photos that had been taken. Photo albums were compiled by people and their support workers and they had some proudly displayed around their home. We saw photos of local trips and holidays to Europe and beyond. One relative told us, "My relative now has a quality of life that wasn't there before he is now interacting with us his family and it's all down to the carers and their devotion."

Staff supported people to live together with their housemates but also lead individual lives. One person told us, "Sometimes it's hard to be here all the time with my other house friend and it gets too much so we have house talks and try and sort things out. Then we have a hug and hot chocolate." Another said, "Our support workers take time to understand why there are upsets and do not shout or tell us off but sit and listen. This makes us feel like we are being treated like others." Another person told us. "It's alright here. I choose when I go out and where I go, it could be out for lunch and to the shops, so I am happy." Staff said they tried hard to be responsive to people's needs. One commented, "We always listen and not talk because we are there to support not direct."

People told us they had never had cause to complain, but knew how it if it was necessary. Relatives did also not tell us of any complaints. There was a complaints policy and procedure in place and it had been made available to people in the 'service user' guide and 'statement of purpose'. The service maintained an electronic complaints register to track any complaints and monitor trends. The register included a brief description, an outcome and any follow up action. There were no current or unresolved complaints. This showed the registered manager continued to operate an effective system to respond to any complaints raised.

Is the service well-led?

Our findings

At the time of our inspection there was an established registered manager in post. She had managed this service for many years. Our records showed she had been formally re-registered with the Care Quality Commission in January 2016 after a new provider had taken over the service. The registered manager was aware of her responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection and assisted us by liaising with people who used the service and staff. She was knowledgeable about people and was able to tell us about individual's needs.

At our last inspection in March 2016, we identified the provider had breached three of the Health and Social Care Regulations which included governance. At this inspection, we found the provider and registered manager had taken proactive steps to ensure the service was improved. Following that inspection the provider submitted an action plan which described how they were going to address the shortfalls.

Previously shortfalls had included a lack of motivated staff who did not feel valued and supported. There were issues around some documentation not being accurate, thorough and up to date. Policies and procedures were not updated and paperwork regularly featured the former provider's logo. Despite a new quality assurance system being in place and issues being identified by a provider representative, action had not been taken in a timely manner to address them. At this inspection, we found all of these issues had been rectified.

The registered manager was supported by a team of service managers, administration staff, team leaders and support workers. The provider also had a clear management structure of regional and operational staff. The staff we spoke with were a mixture of new and longer term employees. One staff member told us they felt the company was "open and honest and that culture filtered down into people's care." Others made comments about, "good morale", "good support" and "good staff". They told us they enjoyed their job and they "worked in good teams." All of the staff we spoke with were positive about each other. One staff member said, "The family that is your 'work' family is almost as important as your personal one as it's a close bond that is created." One new member of staff told us, "I've had very good support; the office team have been very helpful. The manager is very supportive." Another staff member said, "I love it, there is good support, I feel valued." A member of the office staff told us, "There has been good support from the management, good HR [human resources] support and I feel confident to approach them for advice and training. We've had some good HR training recently to help us develop in our roles." A relative told us, "The amazing staff are a testament to the management, company and all concerned." This showed staff were motivated and keen to succeed.

All of the care records we reviewed accurately reflected the service which was currently being delivered. All known risks had been identified, assessed and mitigated against. People's records had been reviewed recently and the service had been responsive to people's changing needs. Updated policies and procedures were now in place and new paperwork with the Living Ambitions logo had been introduced.

We saw the service used a range of quality monitoring tools. Team leaders and support staff conducted daily

and weekly checks on aspects of the service such as medicines, finances and health and safety. Service managers and on occasion the registered manager, made monthly home visits to carry out a full audit of medicine records, personal finances, quality of care and the safety of the premises. The service managers reviewed and updated care records and audited daily notes and other records to ensure they were of a high standard. Spot checks were carried out by the service managers at each of the individual services which also covered staffing issues, personal finances, medicines and other household safety checks.

The electronic quality assurance system was now embedded in the registered manager's workload and used effectively. We were able to review the "quality workbook" which the registered manager maintained on a monthly basis. This reported on all aspects of the service including safeguarding issues, accidents, incidents, complaints and staffing. The office staff were aware of the key performance indicators (KPI's) set by the provider and strived to achieve these targets. The registered manager collated the information from all of the individual services to gather an overall picture of service performance. This was then relayed to the senior management and provider for general oversight.

An external professional told us, "I found Living Ambitions very helpful in how they applied themselves in facing initial challenges, especially with regards to parents concerns (child moving away from the family home for the first time)." Another said, "There is clear evidence that service users have developed in their self-confidence and independence since moving into their tenancy, which demonstrates that the service provider is promoting and implementing good support, planning and enabling positive outcomes."

The 'Listen to me' group continued to meet at the office. This was a group set up to enable people to meet others, make friends and talk about issues that mattered and affected them. The group was still attended by several people who used the service. We saw newsletters and posters on display advertising the group and welcoming new people.

People who used the service and their relatives told us they had been given opportunities to be involved with the running of the service and provide feedback about their services. Some people told us they had received an annual satisfaction survey, whilst others had provided feedback when prompted over the telephone. A service user forum met on a two monthly basis which was attended by people regularly. The registered manager told us the group had discussed activities and had arranged and taken a trip on the North Shields ferry following a suggestion by people at the forum. There were plans in place to set up and develop a relatives' forum in the future.

Staff meetings took place and we saw minutes which confirmed that staff had an opportunity to raise any issues or concerns with their team leaders or service managers. There was also a staff forum and engagement events. On the day of our inspection a staff engagement event took place at the office. The registered manager used these meetings to cascade any information about the service to the staff. This demonstrated the registered manager encouraged open communication and created different methods of communication which were accessible for everyone involved with the service.

Information was on display in the office to inform staff and visitors of advice and guidance which may benefit them. Posters which described the provider's whistleblowing policy and local safeguarding information were displayed which showed staff were encouraged to question practices. We checked whether the provider had displayed their latest CQC performance rating, which they had, along with a copy of their last CQC report. This showed transparency and compliance with registration regulations.

The registered manager told us she developed herself and kept abreast of current guidance and legislation and she had attended provider forums held in the region. She told us, this had enabled her to maintain a

good working relationship with the local authorities whom they contracted with and foster links with other providers and external stakeholders.