

Living Ambitions Limited

# Living Ambitions Limited - Staffordshire

## 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 Ltd- Staffordshire is located in Fenton, Stoke-on-Trent. The service provides care to people in supported living accommodation, with houses, flats and bungalows located throughout the county. The service supports adults with, physical disabilities, learning disabilities, mental health conditions and autistic spectrum disorders. On the day of our inspection, there were 73 people using the service.

The inspection took place on 31 March 2017 and was announced.

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

People were actively involved in the day to day running of the service, including staff recruitment and training, as well as quality assurance monitoring. The provider ensured they followed current best practice, with the result being high quality care for people.

People, relatives and health professionals were positive about the service and how it was run.

People's individual safety needs had been assessed and staff knew how to protect people from harm or abuse. People were encouraged to take a role in their own personal safety. People received their medicines, as prescribed.

Staff had the skills and knowledge to meet people's needs, with a particular focus on positive behaviour support. People were supported to maintain their health and wellbeing. Staff understood the legislation underpinning their practice, and its importance and relevance to their daily work.

People enjoyed positive and respectful relationships with staff. People were involved in reviews of their care, and were assisted in achieving their personal goals.

People led active and varied lives and were able to enjoy their hobbies and interests.

People's changing needs were responded to. People's care plans contained information regarding how to tailor staff's approach to each individual, and this was followed.

## 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 is safe.

People were protected from harm and abuse. Staff knew people's individual needs and how to keep them safe.

People received their medicines safely, and as prescribed.

### Is the service effective?

Good ●

The service is effective.

People were supported by staff who had the skills and knowledge needed. People were encouraged to maintain their overall health. Medical and professional guidance was sought and followed.

### Is the service caring?

Good ●

The service is caring.

People enjoyed respectful relationships with staff. People's independence was promoted.

People's individual communication styles and preferences were catered for,

### Is the service responsive?

Good ●

The service is responsive.

People's changing health and wellbeing were responded to. People's individual needs had been assessed and were known by staff. People enjoyed hobbies and social opportunities,

There was a system in place for responding to complaints and feedback.

### Is the service well-led?

Good ●

The service is well-led.

People played an instrumental role in the recruiting and training

of staff. The provider had developed an initiative where people who use the service monitored the quality of care people received.

People, relatives, health professionals and staff were positive about the running of the service. The provider worked in partnership with other agencies to ensure people's needs were met, and that the service operated within current best practice.

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# Living Ambitions Limited - Staffordshire

## **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.

We made an announced inspection on 31 March 2017. The inspection team consisted of one Inspector. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a supported living service and we needed to be sure that someone would be available in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with five people who use the service and seven relatives. We also spoke with three healthcare professionals. We spoke with the registered manager and six staff members. We looked at five care records, which included risk assessments, support guidelines, healthcare information and capacity assessments. We looked at the provider's quality assurance systems, including feedback and the complaints procedure.

# Is the service safe?

## Our findings

We asked people what being safe meant to them. One person told us, "What makes me feel safe is having staff there at night time if I need them." Another person told us, "I can talk to staff if I am worried or unhappy and that makes me feel safe." Relatives we spoke with told us that they felt people were cared for in a way which kept them safe. One relative told us, "My [relative] is safe and well cared for. [Relative] is a very happy person."

We looked at how people were protected from harm or abuse. Health professionals we spoke with told us that staff and management responded quickly to any concerns. One health professional told us, "The staff and service appear to have an awareness and understanding of risk assessment and safeguarding process. Referrals have been sent in a timely manner and the managers of the services liaise with me on a regular basis." The registered manager told us that all concerns regarding people being exposed to harm or abuse were investigated, which we saw during our inspection. Staff we spoke with were knowledgeable about the different types of harm and abuse, and how to recognise these.

We considered how risks associated with individuals' care and support were managed. We saw that individual risk assessments were in place for areas such as road safety, epilepsy, fears and phobias and self-neglect. People's care plans recorded information about 'How to keep me safe.' For example, one person needed to be the only passenger when travelling in a car, which was for their safety and for others. This had been discussed with the person involved and they had agreed this was necessary to keep them safe. Another person needed help with protecting them from financial abuse, and their care plan detailed the specific support the person needed. Staff we spoke with were familiar with people's risk assessments and the individual support people needed to keep them safe.

People were involved in keeping themselves safe, as much as possible. One person carried out weekly first aid box checks and fire checks and had also completed the handover with the manager and the night staff. Another person was involved in the weekly and monthly health and safety checks of their home. By encouraging this person to be involved, a risk associated with them in relation to power points had greatly reduced, due to their increased understanding of health and safety.

People told us there were enough staff on duty at any time, and that they liked the fact their homes were staffed every day of the week, with staff available at night as well as in the day. Staff we spoke with told us there were no current concerns about staffing levels, or staff vacancies. Before staff members were allowed to start work, checks were completed to ensure they were safe to work with people. We saw that references and checks with the Disclosure and Barring Service (DBS) were completed and, once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

People told us they received their medicines when they should. One person told us, "I have tablets. Staff make sure I take them." A relative we spoke with told us, "The staff are skilled-up, they do [relative's] medication." The registered manager ensured that staff competencies in regard to medicines were up to

date, and carried out weekly medication checks and audits. Where medication errors had occurred, these had been investigated and action taken to minimise the risk of a reoccurrence.

## Is the service effective?

### Our findings

People, relatives and health professionals told us about staff's skills and knowledge, and their ability to meet people's needs. One relative we spoke with told us, "Because the staff have an intimate and profound understanding of [relative], they are effective." Another relative we spoke with told us, "The staff are fantastic, they understand my [relative's] needs and moods." A health professional told us that staff always appeared to have a good understanding of people and their needs.

The registered manager told us that staff were particularly skilled in managing behaviours which challenge. A section of locality managers and senior support workers had been trained in positive behaviour support, and they provided guidance to staff. We spoke with a locality manager and senior support worker, who told us, "It's the perfect approach; it works. It is about active engagement and active support, rather than just using a physical intervention." As well as providing tailored support plans and guidance, the positive behaviour specialists also provided workshops to staff to increase their understanding of the particular needs of people. Staff told us they regularly used this resource and that they found it of benefit to them and their practice.

We spoke with staff about the ongoing training and development they received in their roles. New staff had undergone an induction process, as well as completing the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily practice. Staff had received training which was relevant to the needs of people they cared for. This included diabetes training, epilepsy and medication training. Staff were positive about the training they received. One member of staff told us, "It's really good; it sticks."

We spoke with people and relatives about the support people received in maintaining their health. One person told us they had been experiencing a persistent low mood, and that staff had made sure they received the professional input they needed. A relative we spoke with told us, "The staff deal with the GP and make sure [person's] nails are done. They look after [person's] general health." We saw that people had access to a range of health professionals, as required. These included community nurses, occupational therapists, dentists and district nurses. Where people needed support with eating and drinking, referrals had been made to the Speech and Language Therapy team (SaLT), who told us that staff followed their recommendations and guidance.

People and relatives told us staff encouraged them to eat a balanced diet and maintain a healthy weight. One person told us they had asked staff to help them lose weight, and they now went for daily walks. A relative we spoke with told us, "The carers are careful with [person's] diet to keep the weight down for [person's] mobility." Another relative told us, "They (staff) are very good. They keep an eye on [person's] diet for weight control and a nutritionist has been involved."

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.

We checked whether the provider was working within the requirements of the Act. Staff we spoke with understood the key points of the Act and how this affected their practice. We asked staff about capacity and consent. One member of staff told us, " You should never assume that a non-verbal person does not have capacity to make decisions. Instead, you should present information to them in a way which suits them." Staff told us about best interest decisions which were in place for people. One example was about a dental procedure, and we saw that the correct process had been followed to protect the person's rights. Where appropriate, the registered manager had ensured people access to an Independent Mental Capacity Advocate (IMCA). An IMCA is someone who helps people with communication difficulties make their views known and represents people when decisions are being made about them.

## Is the service caring?

### Our findings

People and their relatives told us that staff's approach was respectful and caring. One person told us, "They (staff) are beautiful." Another person told us, "We have a really good laugh. It's important to me that I can have a laugh and a joke." A relative we spoke with told us, "My [relative] is fine and very happy. The staff are very kind and caring, and they love [relative] to bits." Another relative told us, "My [relative's] care is so very good, the carers are absolutely excellent." We observed that people and staff knew each other well and that they enjoyed each other's company.

Staff we spoke with understood the importance of maintaining people's dignity and privacy. One member of staff told us, "It's fundamental to a person's human rights. It is part of the right to privacy, autonomy and self-worth." Another member of staff told us ways of maintaining dignity for people, without being intrusive. They told us, "I give discreet prompts to people about maybe changing their top, if it is dirty, or by saying something like, "what a lovely evening for a nice bath." A relative we spoke with told us, "They respect [relative's] privacy and dignity very much so, they are so well looked after."

Staff were knowledgeable about people's individual communication styles, needs and preferences. For example, one person wanted clarity over staff working patterns, so this had been provided for them in a 'now and next' format, so the person had a visual aid to tell them which staff would be on duty that day. People's care plans contained information about how people expressed themselves, and their communication preferences. For example, one person's care plan stated it was very important for the person that staff did answer questions they did not know the answer to. Staff we spoke with who supported this person told us the importance of adhering to this. People had access to independent advocates, as required. This was to ensure that people's voice could be heard and their views represented in decisions made which affected them.

People told us staff they enjoyed their independence. One person told us, "I am very independent. Too independent for my own good, sometimes! I try to do things I struggle with. Staff always come and help me if I need it, and if I let them!" Another person told us that in their annual person-centred review, they had told staff they wanted to increase their independence. As part of this, the person wrote a list with staff of all the things they were able to do by themselves. The person told us, "It turned out to be quite a long list!" Staff used this list to learn more about the person and the things they wanted to do by themselves.

## Is the service responsive?

### Our findings

People and their relatives told us staff were responsive to people's changing health and wellbeing. One relative told us, "Everything is built around my [relative's] needs. [Relative] has water therapy, and the garden has been adapted for their needs. It is a lovely place." Another relative told us, "There has been a new care plan and there is an annual review." Health professionals we spoke with told us staff were quick to respond to any changes or concerns in people's wellbeing, and that they understood the people they cared for well. We saw that people's needs were reviewed yearly, or when there was a change in their needs. People were involved in their review meetings, and in discussions about how they wanted to be cared for. We saw that a range of people's needs were considered, including sexual health and relationships. Where people needed additional support in this area, input had been sought from specialist professionals.

People told us they were encouraged to maintain their hobbies and interests, and to lead varied and active social lives. One person told us, "I am a happy bunny. I go to the cinema and I do voluntary work at the church." Another person told us, "I like going out. I go to the club, I go for walks and I go swimming." A relative we spoke with told us their relative was, "Hardly ever in as they are so busy."

Staff told us the importance of tailoring support provided to meet the individual needs and preferences of people. One member of staff told us, "We support people in the way that they want to be supported." We saw people's care plans reflected people's individual and disparate needs. For example, information included 'personal needs assessments', which stated how people wanted to be cared for. This included areas such as 'what is important to me?', 'people important to me', as well as dislikes and personal goals. Staff we spoke with knew what was in recorded in people's care plans and told us they were regularly reviewed and updated. One person had set themselves a goal of having a Halloween party and visiting a local museum; both goals had been achieved and the person showed us photographs in their scrapbook.

People were encouraged to express their views, make comments or suggestions. Monthly 'Listen to Me' groups had been set up in some of the supported living properties. These had been set up with the aim of people being able to give feedback about the service. However, people and staff told us that people mainly used them as a social group and therefore, this was respected. People told us they enjoyed the groups as they could talk about things they had enjoyed doing, and things they were looking forward to. We saw there was a system in place for capturing and acting on complaints. People and relatives told us they knew how to complain, if necessary. One person told us, "I would speak to the senior (staff member) if I was unhappy or worried." Where complaints had been received, these had been investigated and resolved.

## Is the service well-led?

### Our findings

The registered manager told us the values of the service were "individuality, involvement and inclusion", and we saw these values reflected in the care and support people received. People were given the opportunity to be involved in both the recruitment and training of staff. This included setting questions to be asked to prospective staff members during the interview, being on the interview panel itself, and delivering part of the induction training to new staff members. We spoke with three people who had chosen to be involved in this. One person told us, "I ask them (potential new staff) questions about things which are important to me. Things such as are you a good time-keeper? Would you take me swimming?" Another person told us, "I ask questions about the Play Station and the cinema. If they don't like the things I do, I tell (staff) the person is not right for me, and they listen." Everyone who used the service had been asked what sort of personality traits they wanted their carers to have, and this information had been used to match care staff with people. Staff told us the matching exercise was used as a matter of course and, where people themselves could not be involved, people's relatives had been consulted. One member of staff told us, "Staff matching (with people) is one of the most important things we do."

We spoke with a person who had been involved in interviewing prospective staff, and in choosing the one they wanted to support them. The person had chosen a senior support worker, and told us they had relied on this member of staff during a period of ill-health and recovery. The person told us that being involved in the selection and interview process for the senior support worker has benefited them and enhanced their life as they shared common interests with the staff member, and they were able to seek additional support and guidance from the staff member, as required; it also helped the person regain some control in their life. The person told us how important this positive relationship with their support worker had been to them, and their recovery.

One person told us about how they were involved in staff inductions. They delivered a session about supported living services, teaching staff about what these are and the support people need. We saw recent feedback from new staff, which said they had found this session to be the most useful in their induction. This information had been relayed to the person who delivered the session, and they told us how proud and happy they felt.

The provider had introduced a pilot "Quality Checkers" programme, which involved people in the provider's quality assurance checks and audits. The invite to become a quality checker was open to everyone using the service. Where people had asked to be involved, the provider arranged training for them to enable to carry out their roles. The role of a quality checker included planning meetings, visiting services, speaking with people who used the provider's services, and feeding people's views, opinions and suggestions back to the provider. As this was a new initiative, people we spoke with had not yet had the opportunity to become involved. However, the initiative was due to be rolled out across all of the provider's services. The registered manager told us they would ensure it was promoted to people using their service and assist them to sign up and be involved, if they wanted to.

During the course of our inspection, people came to the office to spend time with staff and to meet with the

Care Quality Commission. We saw that people were comfortable and relaxed with the registered manager and staff, and they were encouraged to treat the office as their own. One person showed us their art work, which was displayed on the office walls. A member of staff told us, "People love coming to the office, they like to have a cup of tea with us and a chat."

Relatives and health professionals we spoke with were positive about the service, its culture and the way it was run. One relative we spoke with told us, "I get letters keeping me informed." Another relative we spoke with told us, "The staff have fairly frequent meetings and I am kept informed through staff and through reviews (of people's care)." One health professional we spoke with told us there was, "Willingness (by staff) to work with health teams, clear lines of communication and dynamic leadership."

We looked at how the provider and registered manager made sure the service worked in accordance with current best practice. The provider employed a British Institute of Learning Disabilities (BILD) accredited positive behaviour consultant, who worked alongside the positive behaviour specialists. The National Institute for Clinical Excellence (NICE) awarded a scholarship achievement certificate for the provider's positive behaviour support implementation work for the period 2016/2017. Staff, relatives and health professionals we spoke with told us the provider's approach to, and investment in, positive behaviour management was one of its strengths. We saw examples of where in-house positive behaviour specialists had worked with people and provided guidance to staff regarding how to best support them, with marked reductions in incidents and safeguarding concerns.

The registered manager told us about the importance of working alongside other agencies to ensure that people received all the support they needed. For example, the provider was a member of the Back Care Society, who had delivered training for staff around preventative measures for pressure sores. One of Living Ambition's supported living services had recently worked in partnership with the local Speech and Language Therapy (SaLT) team in order to learn Makaton. This was to support a person who was finding communication difficult. By tailoring the support provided and working alongside SaLT, the person was now able to communicate their needs and wishes, which had increased their wellbeing and quality of life.

Staff told us they felt supported in their roles by the registered manager and the provider, and enjoyed their roles. One member of staff told us, "I love coming to work. We are a good, strong team, and I love the people we support." We were also told, "It's a very service-user focused service, with a lot of longstanding staff." Another member of staff told us, "I suppose most people say their organisation is the best, but it's just how I feel. We are all very good at what we do and we work well together. We get lots of support, and we all want the same thing, which is to help people fulfil the lives they want." Staff told us they were aware of the provider's whistle-blowing policy, and that they would feel comfortable in raising any concerns about unsafe or abusive practice. One member of staff told us, "They do listen to you."

We spoke with the registered manager about the quality assurance checks carried out by them and the provider. The registered manager had a range of weekly, monthly and three monthly checks and audits in place, including areas such as medication, incidents and accidents and safeguarding. The registered manager told us it was important to recognise where improvements could be made, or where mistakes had occurred. They told us, "If things have gone wrong, it's how you handle that which matters." We saw examples of where improvements had been made, and action taken, following safeguarding investigations and audits. This included disciplinary action, where necessary. The registered manager told us it was essential the service only employed staff with the right attitude and qualities needed for the role. The registered manager told us the service was always looking to develop and improve, and were receptive to the provider's Quality Manager's yearly audits and any feedback given.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.