Living Ambitions Limited

Living Ambitions Limited - 231 Stafford Road

Inspection report

231 Stafford Road
Wallington
Surrey
SM6 9BX

Tel: 02086471271
Website: www.careuk.com

Date of inspection visit:
03 August 2017

Date of publication:
18 August 2017

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

231 Stafford Road is a care home without nursing which can provide personal care and accommodation for up to six adults. The service specialises in supporting younger and older people with learning disabilities, autistic spectrum disorders and physical disabilities. Several people who reside at the home are also living with dementia or have mental health needs. At the time of our inspection there were six people residing at the home.

At the last Care Quality Commission (CQC) inspection on 14 July 2014, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was also responsible for managing another of the providers care homes.

People continued to be safe at 231 Stafford Road. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. There were enough staff to keep people safe and recruitment procedures were designed to prevent people from being cared for by unsuitable staff. The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. People were supported to eat and drink enough to meet their dietary needs and food preferences. They also received the support they needed to stay healthy and to access healthcare services.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to receive personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

The registered manager, along with the deputy manager who was permanently based at the home, continued to provide good leadership. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 checked 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 comprehensive inspection took place on 3 August 2017 and was unannounced. It was carried out by two inspectors.

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. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

On the day of our inspection we spoke with four people who lived at the home, the registered manager, the deputy manager and three support workers. We also observed the way support workers interacted with people and performed their duties. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Records we looked at included the care plans for the six people who lived at the home, six staff files and a range of other documents that related to the overall governance of the service.

We also contacted two people's relatives, a care manager representing the local authority and a community pharmacist prior to and after we visited the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "The staff look after me and make sure I'm safe." Another person indicated they felt safe living at 231 Stafford Road by using the 'thumbs up' hand gesture.

People continued to be protected from the risk of abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adults at risk. Staff were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people, remained safe and to prevent reoccurrence. Staff also received Positive Behavioural Support (PBS) training in responding to behaviours that might challenge the service, including aggressive behaviour, which helped maintain people's safety.

Measures were in place to reduce identified risks to people's health, safety and welfare. Managers with input from community health care professionals, including speech and language therapists and psychiatrics, continually assessed and reviewed risks to people due to their specific health care needs. They had put in place risk management plans for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. These included eating and drinking, mobility and safe transfer using a hoist, travelling on public transport and skin care. Our observations and discussions showed staff understood the risks people faced and took action to minimise them. For example, staff followed individual guidance when supporting people with swallowing difficulties to eat their meals.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, a personal emergency evacuation plan (PEEP) had been developed for each person who used the service, which provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency. Staff demonstrated a good understanding of their fire safety role and responsibility and told us they received on-going fire safety training.

The environment was well maintained which contributed to people's safety. Maintenance records showed service and equipment checks were regularly carried out at the home by suitably qualified professionals in relation to the home's fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

The provider's recruitment process helped protect people from the risk of unsuitable staff. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff they employed. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

There were enough staff to support people. One person told us, "There's loads of staff about the home all the time", while a relative said, "We were so impressed with the support the home gave us when our [family member] was admitted to hospital. A member of staff was at their bedside every day they were in hospital, which couldn't have been easy for the home to organise." Throughout our inspection we saw staff were visible in communal areas, which meant people could alert staff whenever they needed them. We saw numerous examples of staff attending immediately to people's requests for a drink. The registered manager told us they had introduced a new 9am to 5pm 'middle shift' which ensured there was an additional support worker on duty during the day who was primarily available to help people access social activities in the local community. During our inspection we saw there were enough staff available to support two people have their lunch out in a local café.

Medicines were managed, stored, administered to people as prescribed and disposed of safely. People's care plans contained detailed information regarding their medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. Staff received training in the safe management of medicines and their competency to handle medicines safely was assessed annually. The services medicines had recently been audited by a community pharmacist who advised us medicines were managed safely at 231 Stafford Road.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about staff who worked at the home and said they were good at their jobs. One person told us, "They [staff] know how to take care of me." A relative said, "The staff really look after my [family member] properly. Best group of staff I've known."

Staff demonstrated a good understanding of their roles and responsibilities, although we found gaps in some staffs training. This meant staff might not have all the knowledge and skills they required to effectively meet people's needs. For example, most staffs' dementia awareness and equality and diversity refresher training was well overdue. We gave feedback to the registered manager at the time of our inspection. They told us they had identified these staff training issues in a recent audit they had conducted and an action plan had been agreed by the provider to resolve the issue by the end of 2017. Progress made to achieve this stated aim will be assessed at the services next inspection.

The negative point made above about staff training notwithstanding, we found systems were in place to ensure staff stayed up to date with training considered mandatory by the provider. Since our last inspection records showed staff had refreshed their existing knowledge and skills in topics relevant to their roles. This included learning disability and mental health awareness, Positive Behavioural Support (PBS), moving and handling, fire safety, food hygiene, first aid, the safe management of medicines, infection control, and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

In addition, we saw all new staff received a thorough induction that included two days shadowing experienced staff. The registered manager told us it was now mandatory for all new staff to complete the care certificate. The care certificate is a set of identified minimum standards that health and social care workers must achieve so they have the same introductory skills and knowledge. Records indicated that all existing staff who had not been awarded the care certificate had achieved a National Vocational Qualification (NVQ) in care level 3 or above.
Staff had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended individual supervision meetings with their line manager and group team meetings with their fellow co-workers. In addition, each member of staffs overall work performance was appraised annually by the registered manager. Staff told us these individual and group meetings gave them sufficient opportunities to discuss their work and training needs. Staff also told us they felt supported by the service's managers.

Staff understood the principles of consent and the Mental Capacity Act 2005 (MCA). This provides a framework for making decisions about care and treatment on behalf of people who do not have the capacity to consent to them. Staff told us they always assumed people had the capacity to make decisions about their care unless otherwise demonstrated and that they sought people's consent in the first instance to decisions about their care. Where assessments showed people did not have capacity, the provider arranged meetings with those who were important to people or involved in their care, such as relatives, social workers, advocates (IMCA – Independent Mental Capacity Assessors) and those who were legally authorised to make decisions on people's behalf. This helped to ensure people's rights were upheld and

decisions about their care were made in their best interests.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, we saw two people were subject to DoLS authorisations and five other DoLS applications have been submitted to the local authority. We confirmed that the relevant paperwork was in place, the authorisations were up to date and any conditions were being met. Staff understood what practices might restrict people's freedom.

People were supported to have enough to eat and drink. People typically described the quality and choice of the food and drink they were offered at the home as "good". One person told us, "I like the food we have and staff always ask me what I want to eat." A relative said, "The staff are very good at making sure my [family member] receives the right soft food they need". During lunch we observed staff frequently describe the food they were supporting people to eat it and asking if they were enjoying their meal. Staff provided this assistance in a dignified manner. We saw care plans included information about people's food preferences and the risks associated with them eating and drinking. For example, there were clear guidelines from the Dysphagia team for people's eating and drinking routines. (Dysphagia is the medical term for swallowing difficulties).

People were supported to maintain good health from a variety of healthcare professionals which included GP, psychiatric, specialist nurse, occupational therapy, physiotherapy, speech and language (SALT) and dental services. Health action plans included personalised details about people's past and current health needs and our discussions showed staff were familiar with this information. People also had hospital passports. This is a document that has been specially developed for adults with a learning disability and contains important information medical staff may need to know about the individual and their health in the event that they needed to go to hospital. Staff maintained accurate records about people's healthcare appointments, the outcomes and actions required.

Good

Is the service caring?

Our findings

People told us they were happy living at 231 Stafford Road and typically described the staff who worked there as 'kind' and 'caring'. One person said, "I am very happy here. The staff are so good to me. They [staff] are like my family." Another person gave us a thumbs up sign indicating they were happy living at the home and they liked the staff who supported them. Relatives were equally complimentary about the service. Typical comments we received included, "This is an absolutely wonderful home. The staff are by far the best and most caring my [family member] has ever known, and we've met a few in our time", "They [staff] are like family to us" and "More than happy with the home. I'm one hundred per cent sure my [family member] is happy there". Similarly, a community social care professional gave us positive feedback about the service and wrote in email they sent us, "Both my clients are extremely happy in this home. We are unaware of any concerns about this service."

We saw positive relationships had been developed between staff and the people living in the home. People looked at ease and comfortable in staff's presence. People living in the home and staff also seemed to genuinely enjoy one another's company, which gave the service a very friendly and homely feel. We saw staff responded positively to people's questions and requests for assistance. For example, we observed several members of staff take appropriate and prompt action to support a person who had become anxious. Staff spoke calmly to this individual, whilst listening to what they had to say, and in doing so were able to understand what this person wanted and reassure them that action was being taken to resolve their concerns.

Care plans were personalised and centred on people's needs, strengths and choices. There was detailed information about what was important to each person. For example, people's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and were able to tell us about what certain individuals liked to do, their social interests, preferred routines and background. For example, staff were able to tell us about the hobbies of several people we spoke with and whose care plan we looked at. People received the support they needed to make decisions about the care they received. Care plans, weekly menus and social activity schedules, the daily staff rota, and the minutes of meetings held with people living in the home, all contained easy to understand pictures, symbols and photographs that enabled people to participate in planning the care and support they received. Staff also involved people's families and independent advocates, where appropriate, to ensure people understood the information they were given. Staff were knowledgeable about the different communication styles and needs of the people they supported. For example, we saw on several occasions staff repeat back to people what they had just said to them to ensure they had understood correctly what they had been asked.

People's privacy and dignity were respected and maintained. One person told us, "Staff always knock on my bedroom door and if I tell them I'm still in bed or having a shower they won't come in until I tell them I'm ready." Throughout our inspection we saw staff did not enter people's rooms without first knocking to seek permission to enter, kept doors to people's bedrooms and communal bathrooms closed when supporting individuals with their personal care and addressed people by their preferred name.

Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could and wanted to be. One person told us, "I go out to the shops on my own to buy things I like. The other day staff helped me make sausages and mash [potato]." During our inspection we observed staff support a person to manage their own finances and travel independently in the local community to attend work and go shopping. We also saw people could move freely around their home and garden.

Good

Is the service responsive?

Our findings

People's needs were assessed and care continued to be planned and delivered in line with their individual care plan. Each person had an up to date care plan which set out how their needs should be met by staff. Care plans were personalised and contained detailed information about people's social interests, food preferences and how personal care and support was to be provided. For example, people's daily routine set out when people liked to wake up, how they wished to be supported with getting washed and dressed and what, when and where they liked to eat their meals.

Care plans were reviewed at least annually, or sooner if there had been changes to people's needs. Where changes were identified, most people's care plans were updated promptly and information about this was shared with all staff. However, although staff were aware no one living in the home received 'as required' medicines to help manage behaviours that might challenge the service; we found information in one care plan we looked at that stated this person was still prescribed this type of medicine, contrary to what was written on their individuals medicines administration records. We discussed this issue with the registered manager at the time of our inspection who immediately reviewed and updated this person's care plan so it accurately reflected the medicines they were currently prescribed.
Staff knew people well and what was important to them. We saw staff provided support to people in line with their needs and expressed wishes. Staff were also knowledgeable about people's needs, preferences and wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently. During our inspection we saw a person quietly looking at a book in the privacy of their bedroom after lunch, which their care plan stated was something they liked to do.

People were given choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the care and support they received. One person said, "The staff made me a jacket potato and salad yesterday after I told them that I didn't fancy the chilli-con-carne that everyone else was going to have." This person also told us they had chosen the colour their bedroom had recently been decorated. Throughout the day we heard staff ask people where they wanted to be and what they wanted to eat and drink. Several staff told us how they promoted choice by holding up a range of clothing for people to see before they got dressed so they could make an informed decision about the clothes they wore each day.

People remained active and continued to have access to a variety of social, educational and vocational activities to suit their individual abilities and interests, both at home and in the wider community. Several people showed us drawings, paintings and ceramics they had made at college, which were displayed in people's bedrooms and throughout the communal areas. A community social care professional said, "Both my clients were participating in activities that they are interested in."

During our inspection two people went out for lunch with staff, another person went to college and in the afternoon a music therapist visited the service and supported people to play various musical instruments in the lounge. Each person had an activities timetable, which included photographs of the person doing the

activity so they could see what was planned. Activities included gentle exercise classes, music and sing-alongs, aromatherapy, hydrotherapy, bowling and lunches out. We saw evidence that people went to church when they wanted to.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. A relative told us they had never used the provider's formal complaints procedure because they felt the manager was approachable and were confident any problems or concerns they had could be resolved informally. The registered manager confirmed that they had received no formal complaints since our last inspection. There was a complaints procedure, which was available in accessible format to help people understand how to complain.

Good

Is the service well-led?

Our findings

The service has a registered manager in post who knew the people who lived at the home well. They demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The registered manager had managed this home and another of the provider's similar sized services in the area for many years. The provider had an effective management structure in place which meant the registered manager had all the support they needed to manage two services at once. This was because they were supported by competent deputy managers who were permanently based at the two homes described above, as well as an experienced area manager who oversaw all four of the provider's services in South London. The registered manager told us this enabled them to divide their time equally between the two services. The registered manager also told us each member of staff had been designated specific roles and responsibilities in areas such as health and safety, infection control, medicines management, fire safety, first aid and staff supervision.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home and their relatives. One person said, "The [registered] manager is really nice. I can talk to her about anything." A relative said, "The [registered] manager often texts me to let me know how my [family member] is getting on. All the staff are easy to talk too and the [registered] manager's door is always open." The registered manager gave us a good example of how they encouraged people living in the home to help them select prospective new staff and to ask them their own questions as part of the interview process. The provider used a range of methods to gather people's views which included monthly group meetings with the people they lived with minutes of the last two group meetings indicated menu planning, holiday destinations and the interior decoration of the home had been the main topics of conversation. Each person also had a designated keyworker who they individually met with each month. A keyworker is a member of staff assigned to a person to make sure their care needs were met, and their choices about their care were known and respected.

One member of staff told us, "The [registered] manager is fantastic. Always available for support and advice when you need her. I would also say the same thing about the deputy manager as well." Another said, "I feel the managers value us and I think everything we do at the home is a real team effort. There's no them [managers] and us [staff] here." Staff meetings were held monthly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home. Staff also shared information through daily shift handovers and a communication book.

There were appropriate arrangements in place to monitor the quality and safety of the service people received. We saw the registered manager carried out monthly audits of care plans and risk assessments, medicines management, staff recruitment, training and supervision, health and safety, and accidents and incidents. The provider used an electronic system to monitor staff training which automatically flagged up

when staff criminal records checks and training needed to be refreshed. The home's maintenance records also showed that equipment was routinely serviced and maintained to reduce possible risks to people.

Through the aforementioned governance systems managers had identified several issues which they had begun to address. The registered manager gave us several examples of situations where they had used incident reporting to identify trends and patterns to develop Positive Behavioural Support (PBS) plans with the relevant health and social care professionals. This had resulted in a significant decrease in the number of incidents related to people's behaviour that challenged the service. Another example included the retraining of staff to handle medicines safety after medicines audits had identified a number of medicines administration errors. The registered manager also told us the thread bare carpet on the first landing had been identified as part of a recent environmental audit and an action plan agreed to replace this worn out flooring by the end of 2017. Progress made by the service to achieve this aim will be assessed at their next inspection.