

Living Ambitions Limited







330A Guildford Road

Inspection report

330a Guildford Road
Bisley
Woking
Surrey
GU24 9AD
Tel: 01483 799261
Website: www.livingambitions.co.uk

Date of inspection visit: 9 September 2015
Date of publication: 24/12/2015

Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

Overall summary

This inspection was carried out on 9 September 2015. 330a Guildford Road provides residential care for up to six people with learning disabilities and physical disabilities. On the day of the inspection there were five people using the service. The accommodation is arranged over two floors.

On the day of our visit the registered manager was on leave. 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. We were assisted by the deputy manager and the area manager.

There were not always clear records around some people's medicines. There was not always guidance in place around what signs staff should look out for before some medicines were administered.

Summary of findings

Risks to people had not always been addressed in relation to the environment. There was no guard on the hob and no signs to indicate to people that it was still hot when not in use.

The premises and equipment at the service was not always clean and well maintained.

Although staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) this was not always put into practice. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made.

Staff were not always kept up to date with the required refresher training that was specific to their role. This included epilepsy training, infection control and moving and handling.

Although some audits were taking place these were not always being used to improve the quality of the service provided.

People's hydration and nutritional needs were being met. People had a choice of where to have their meals. However on the day of the inspection we found that there was limited fresh food available for people as they were due to go away at the end of the week.

We recommend that there is always sufficient nutritious appetising food available for people and that people are able to make choices about their meals.

However there was no evidence that people's activities had been reviewed and that everyone had a choice about what they wanted to do. **We recommend that people's views are considered in relation to what their quality of care should be and how they want to live their lives.**

People looked content and happy with staff at the service. One person said "I feel happy and safe here." Relatives were confident that their family members were safe.

There were enough staff deployed around the service to meet people's needs. Where people needed additional support from staff this was provided.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse.

People's Medicine's Administration Charts (MARs) were complete and up to date and there was a policy in place.

Other risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency there was a service contingency plan which detailed what staff needed to do to protect people and made them safe.

Accidents and incidents were recorded and the deputy manager analysed the information from this to look for trends. Staff recruitment files contained a check list of documents that had been obtained before each person started work.

One relative said "I am happy with the support (their family member) receives, there is nothing that I can fault, moving here was the best thing that ever happened to (their family member).

Staff gave examples of where they would ask people for consent in relation to providing care. At the time of the inspection there was no person that required a DoLS application to be made.

One member of staff said that they had a full induction which was thorough. They said that before they provided any care they shadowed other staff to get to know people first.

There were systems in place for most staff to meet with their manager on a one to one basis. Subjects discussed at supervisions included any training needs and how well staff communicated with people living at the service.

There was evidence that people had access to health care professional including the GP and dentist.

One person told us that the staff were caring. Relatives felt that staff were kind and considerate. One relative said "I am delighted with the care that (my family member) gets, the attitude of the staff is excellent."

We observed staff interacted with people in a kind and compassionate manner and responded promptly to people who were requesting assistance

Summary of findings

Staff ensured people's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff had good knowledge of individuals and knew what their likes and dislikes were.

Where able people were involved in the planning of their care. Relatives said they felt involved in care planning. One relative said "I am always involved in the care review; I think they (staff) do an excellent job."

The care plans for people included sufficient information to enable staff to provide appropriate care and support. Communication was regularly shared with staff about people.

There was a complaints procedure in place for people and relatives to access. One person said that if they ever wanted to make a complaint then they would speak to the support worker.

People and relatives were complimentary of the activities that were on offer. On the day of the inspection, which was during the summer holidays, people were taking part in various activities.

One person who used the service and relatives said the management of the service was good. One relative said that the manager always contacted them if there was a problem at all. Staff said that they felt valued and supported.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were aware of all of the risks to people and how to manage them.

People were receiving all of their medicines as prescribed.

The service was not always kept clean or well maintained.

There were enough qualified and skilled staff at the service to meet people's needs.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not have a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were not always completed appropriately.

Staff did not always have the most up to date training. However they did undertake supervisions with their manager.

People were not always supported to make choices about food however they said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were able to express their opinions about the service and were included in their care reviews.

Care was centred on people's individual needs.

Good



Is the service responsive?

The service was not always responsive.

There were activities for people however there was no evidence of how these are reviewed for people.

The care plans detailed information about people's care needs.

People knew how to make a complaint and who to complain to.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

There were not appropriate systems in place that monitored the safety and quality of the service.

There was no evidence that people's views were gained to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

Requires improvement



330A Guildford Road

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 was an unannounced inspection which took place on the 9 September 2015. The inspection team consisted of two inspectors and an expert by experience in care for people with a learning disability. 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 the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We did not ask them to complete 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 is because the inspection was arranged before the PIR had been requested. We also looked through notifications that had been sent to us by the registered manager.

During our inspection we spoke with the deputy manager, the area manager, one person that used the service and two members of staff. Most of the people at the service were unable to verbally communicate with us in any detail to tell us their experiences. We observed interactions between the staff and people throughout the inspection. After the inspection we spoke with two relatives of people who used the service. We looked at two care plans, recruitment files for staff, audits of the service, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was on the 14 May 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

People looked content and happy with staff at the service. We saw people approach staff in a relaxed way. One person said “I feel happy and safe here.” Relatives felt that their family members were safe living at the service. One relative said “He (the family member) always wants to go back after visiting with us, he is as happy as he has ever been.”

There were enough staff deployed around the service to meet people’s needs. The deputy manager told us that there should be three staff on duty in the mornings and afternoons and one member of staff at night (as well as one sleep in member of staff.) We saw on the day that people were having their needs met in a timely way. The rotas showed that there were always the correct numbers of staff on duty to meet people’s needs. The deputy manager told us that they were trying to recruit more staff and that any gaps were filled with agency staff. Staffing levels were assessed based on the level of needs that people had which was reviewed regularly. If one person required more one to one care then additional staff would be brought in to support them.

Staff had knowledge of safeguarding adult’s procedures and what to do if they suspected any type of abuse. Staff said that they would refer their concerns to the manager and if necessary to someone more senior. One member of staff said “It’s about protecting people from abuse.” Another member of staff said “I have never seen anything untoward; if I had I would have whistleblown.” There were flowcharts in the policy folders to guide staff and people about what they needed to do if they suspected abuse. Staff understood that the local authority were the lead agency that dealt with safeguarding.

There were not always clear records around some people’s medicines. We found that a lot of people living at the service had been prescribed Paracetamol ‘As necessary’ however there was no guidance in place around what signs staff should look out for before this was administered to people.

We recommend that the Provider reviews their arrangements around ‘As and when’ medicines for people.

People’s Medicine’s Administration Charts (MARs) were complete and up to date. There was a service medicines

policy that was up to date and staff knew how to access this. We observed a member of staff giving medicine to one person. They approached people in a professional and caring manner.

People were not always protected from the risk of harm as the environment was not always safe. There was a skip down the side of the building that was easily accessed by people who lived at the service. We saw one person accessed this skip two times during the inspection, reaching inside it to pick things up. They had to called away by a member of staff. The kitchen had an electric ceramic hob which remained very hot after use. There was no guard on the hob and no signs to indicate to people that it was still hot when not in use. As the risks to people were not always assessed this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises and equipment at the service was not always clean and well maintained. There were cobwebs around the tops of the walls and ceilings in people’s bedrooms. The flooring and furnishings were stained and dirty. This included the frames and doors of people’s bedrooms. The general décor looked tired and worn. The cupboards in the kitchen and the fridge had not been cleaned. One person’s bedroom smelled strongly of urine. We were told by the deputy manager that it was the staff responsibility to clean the service. However we looked at the cleaning schedules and found that these had not always been checked to say that the work had been completed. The deputy manager told us that new carpets and flooring had been ordered and were being delivered soon. Staff did tell us that it was their responsibility to clean the service. As the premises was not always clean and free from odours this is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of self-neglect, behaviour towards others and choking. One person was at risk of falls. There was guidance to staff on the support they needed to provide to support this person. One member of staff detailed the risks around another person who was at risk of falls. They said that they would ensure that they were with this person at all times.

Is the service safe?

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly.

Accidents and incidents were recorded and the deputy manager analysed the information from this to look for trends. This was then discussed with staff at handovers and staff meetings.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, evidence of their conduct in the previous employment, evidence of the person's identity and full employment history. This gave assurances to the registered manager that only suitably qualified staff were recruited.

Is the service effective?

Our findings

One person we spoke with said that they felt staff understood their care needs. They told us “The staff are very good.” One relative said “I am happy with the support (their family member) receives, there is nothing that I can fault, moving here was the best thing that ever happened to (their family member).

Although staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) this was not always put into practice. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. For example there were no mental capacity assessments around people’s consent to care and treatment or having medical treatment outside of the service. The deputy manager confirmed that the only capacity assessments that had been completed were around people’s finances.

As there was not always clear systems in place to ensure that capacity was assessed this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing care. We saw examples of this during the inspection that included people being asked by staff if they could support them with personal care. One member of staff said “I wouldn’t force anyone to do anything that they didn’t want to do, I would consult the GP if the person didn’t want to take the medicine.” At the time of the inspection there was no person that required a DoLs application to be made.

Staff were not always kept up to date with the required service mandatory training. Some of the people using the service had epilepsy. We were told by the deputy manager that epilepsy training should be provided to staff every two years. We found that not all staff had received any training in this area or updated training. Not all staff had received fire safety training and not all had received

updated fire safety training. Most of the people at the service had a learning disability and or autism. Training in learning disabilities and autism was listed as mandatory training however not all staff had undertaken the training in this. Not all staff had received up to date infection control training and moving and handling training. There were people at the service that had diabetes. The deputy manager told us that their blood sugar levels could not be tested at the service because staff had not had the appropriate training to do this. As there was a risk that people were not receiving the most appropriate care this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person we spoke with said that they felt staff understood their care needs. They told us “The staff are very good.” One relative said “I am happy with the support (their family member) receives, there is nothing that I can fault, moving here was the best thing that ever happened to (their family member).

There were systems in place for most staff to meet with their manager on a one to one basis. Subjects discussed at supervisions included any training needs and how well staff communicated with people living at the service.

People’s hydration and nutritional needs were being met. People had a choice of where to have their meals. We observed lunch being served, we saw that staff engaged with people, offered choices and provided support to eat their meal if needed. There was a relaxed and chatty atmosphere. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People were offered drinks throughout the inspection. However on the day of the inspection we found that there was limited fresh food available for people. The fridge contained only milk, cheese and salami. There was no fresh fruit available for people. One member of staff told us that as people were going on holiday the following week they were trying to use the food up. However the holiday was not for another five days. The regional manager told us that this should not have happened and that it was not acceptable that there wasn’t sufficient food available for people.

Although there was a menu planner in a folder with recipes there was no evidence that the plan was being used or that staff were aware of what meals were being provided on the day of the inspection. In addition there was no information

Is the service effective?

around the kitchen to remind staff of people's dietary needs. The deputy manager told us that they were looking to improve how meals were agreed and gaining the views of people on their preferences.

We recommend that there is always sufficient nutritious appetising food available for people and that people are able to make choices about their meals.

There was evidence that people had access to health care professional. For example we saw that people accessed the GP regularly. We saw that people had appointments with the dentist, community learning disability team and opticians.

Is the service caring?

Our findings

One person told us that the staff were caring. Relatives felt that staff were kind and considerate. One told us “I think the staff are brilliant, I cannot fault them.” Another told us “I am delighted with the care that (my family member) gets, the attitude of the staff is excellent.”

We observed staff interacted with people in a kind and compassionate manner. We saw they responded promptly to people who were requesting assistance and they did so in a patient and attentive way and we noted some warm and friendly exchanges between staff and people. One person wanted to sit next to us and staff provided them with pens and paper as they knew this what they wanted. Staff spoke with people while they were providing care and support in ways that were respectful.

Staff ensured people’s privacy was protected by ensuring all aspects of personal care were provided in their own rooms. One member of staff said “I love working with the people here, I see them achieving so much, I want to make sure that they are happy, I never see people miserable or unhappy.” We overheard one member of staff encouraging

someone to drink. They were using endearments that you could tell the person liked. When other staff entered the lounge they always spoke to people and engaged with them.

Staff had good knowledge of individuals and knew what their likes and dislikes were. One person had a particular interest that staff understood and engaged with them over. Staff used people’s chosen names when they spoke with them. One member of staff told us that people living at the service were ‘So intelligent’ and that they learned so much from them.

Where able people were involved in the planning of their care. Relatives said they felt involved in care planning. One relative said “I am always involved in the care review; I think they (staff) do an excellent job.”

We saw staff knocked on people’s doors and waited for an answer before they entered their rooms. Personal care was undertaken with doors and curtains shut. We asked to look in someone’s room and the member of staff asked the permission of the person.

There was an advocacy service if people needed the support. Most other people at the service were supported by family members.

Is the service responsive?

Our findings

People had lived at the service for a number of years. When they moved in a detailed assessment of their needs was undertaken. One relative said “Staff understand my (family members) needs, the care and attention they give is good. My (family member) is so happy living there.”

The care plans for people included sufficient information to enable staff to provide appropriate care and support. There were detailed records that related to ‘What I like/don’t like’, ‘How best to support me’, ‘People who are important to me’, ‘Circle of support’ and the ‘History of me.’ All of this information was used to help support people who lived at the service. Each care plan was written in a person centred way and detailed how the person preferred to receive their care. One person was supported with obsessive behaviours and associated with their medical condition. It was clear that staff understood the care that was needed.

We saw examples of staff responding to people’s needs that demonstrated they were familiar with people’s history and preferences recorded in their care plans. For example, we saw people being assisted with their mobility needs and people who required support aids or equipment when mobilising had the equipment available.

Communication was regularly shared with staff about people. Each day staff completed a daily diary record for each person. Information included what they had done that day, whether there was anything special staff needed to know about the person, whether they had been unwell and whether there was any change to their needs. In addition to this there was a staff handover after each shift where any information about changes in people’s needs.

There was a complaints procedure in place for people and relatives to access. One relative said that if they needed to make a complaint then they would just speak to the manager. There had been no complaints at the service.

People and relatives were complimentary of the activities that were on offer. One relative said “My (family member) goes to college, does art and cooking, (the family member) loves it, we are absolutely gobsmacked at how (the family member) wants to go back after a visit.” Another relative said “They do all sorts there.” During term most of the people at the service accessed the local adult education centre where they took part in a variety of activities. In addition to this trips out where arranged to the local pub, shops and performing arts centre. Holidays were arranged and people were encouraged to meet with their friends and family outside of the service. On the day of the inspection, which was during the summer holidays, people were taking part in various activities. One person was playing games whilst another was listening to music in their room.

However there was no evidence that people’s activities had been reviewed and that everyone had a choice about what they wanted to do. One member of staff told they felt some of the activities were not as age appropriate for people living at the service as they could be. The deputy manager told us that meetings were not held with the people living at the service because they had not been successful in the past. They said that they were looking to re-introduce this into the service as a way of gaining the views and preferences of people.

We recommend that people’s views are considered in relation to what their quality of care should be and how they want to live their lives.

Is the service well-led?

Our findings

One person who used the service and relatives said the management of the service was good. One relative said that the manager always contacted them if there was a problem at all. The registered manager was on annual leave on the day of the inspection however they still provided phone support to the deputy manager whilst we were there.

We saw that the senior staff were present and visible around the service throughout the inspection. Staff received annual appraisals where performance over the year was discussed and further training and development was encouraged. Staff told us that they felt supported by the manager. One said “It’s well managed here, our manager makes it very clear about our roles, they are very friendly and there is no bureaucracy, we work well as a team.” They told us that they felt listened to and if there was a concern then it was addressed. They said “I feel valued and supported, we are given opportunities.”

We looked to see how audits had been used to make sure policies and procedures were being followed to improve the quality of the service provided. A safety audit of the service had taken place in June 2015 by senior managers. This had identified that cleanliness of certain one room in the service needed improving but that overall the ‘Home was clean and tidy.’ We did not find this to be the case on the day of the inspection. There was a recommendation that people’s risk assessments needed to be updated from the audit but this still had not been completed. We were told by the deputy manager that these were not always taking place due to the work load within the service.

The only other audit that we were provided evidence of took place in October 2014. The review had not identified the lack of guidance for staff on when to administer PRN medicine to people. It had been identified that there was a lack of care plan reviews for people which was still the case. Training gaps had been identified from the audit but this had not been addressed. Although there was evidence that this was a detailed audit this had not been used to make all the improvements necessary to the service.

We were told that the regional team visited the service monthly however there was not always evidence that this was always used as an opportunity to undertake audits. We pointed out the cleanliness of the services and the potential risks to the regional manager who agreed that these areas needed to be addressed. There was no evidence of any quality assurance surveys from people or their relatives.

We were provided with evidence of other internal audits that took place that looked at various health and safety such as the water temperature and fire safety checks.

As there were not sufficient processes in place to assure the quality of the service this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We had been informed of these events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered provider did not ensure that staff always acted in accordance with the requirements of the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider did not ensure that the environment was always kept safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider did not ensure that people who use services were always cared for by competent and experienced staff.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider did not ensure that the premises and equipment at the service were kept suitably maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The registered provider did not ensure that there were appropriate systems in place to quality assure the service.