

Living Ambitions Limited

Living Ambitions (Chester)

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

This inspection took place on 8 August 2018 and was announced.

Living Ambitions is a domiciliary care agency. This service provides care and support to people living in their own homes and supports them to live as independently as possible. Living Ambitions provides a service to young and older adults. At the time of the inspection the registered provider was providing support to five people.

A registered manager was in post at the time of the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This was the first inspection since the registered provider had registered with CQC in March 2017.

The registered provider had a variety of different systems and processes in place to assess and monitor the quality and safety of the care people received. This meant that people were receiving safe, effective, compassionate and high-quality care. Such systems included regular care plan and medication audits, care plan reviews, medication competency assessments and quality questionnaires.

Care files contained individual care plans and risk assessments. Information we checked was up to date, relevant and regularly reviewed. Staff were familiar with the individual needs and risks of the people they support. We received positive feedback about the level of safe care people received.

Medication management systems were safely and effectively managed. Each person had robust medication records in place. Records contained the level of support each person required and the level of risk that needed to be monitored. Staff received the relevant medication training and regularly had their competency assessed to ensure they were complying with safe administration policies and processes.

We found that the area of 'recruitment' was safely managed. This meant that all staff who were working for the registered provider had sufficient references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enabled the registered manager to assess level of suitability for working with vulnerable adults.

All accidents and incidents were appropriately recorded and analysed on a monthly basis. The registered manager explained that there was very little activity in relation to accident/incidents but staff were aware of the reporting procedures.

People were protected from avoidable harm and risk of abuse. Staff were familiar with safeguarding procedures and knew what 'whistleblowing' meant. Staff had completed the necessary safeguarding training and there were up to date safeguarding and whistleblowing policies in place.

The registered provider had suitable infection prevention control procedures in place. Staff were provided with the relevant personal protective equipment (PPE) and were encouraged to comply with infection control procedures. There was an infection control policy in place for people to consult if they needed further guidance and support.

We checked if the registered provider was complying with the principles of the Mental Capacity Act, 2005. People's capacity had been assessed and where appropriate the relevant deprivation of liberty safeguards (DoLS) had been authorised. 'Consent' to care had been obtained by people who has the capacity to make decisions and records indicated that people and relatives (where legally able to do so) were involved in relevant decisions which needed to be made.

Staff were supported with training, learning and development opportunities. Staff told us that they were fully supported by the registered provider and had developed the correct skills and competencies to provide the level of support that was expected. Staff received regular supervisions and annual appraisals were also taking place.

The day- to- day support needs of people who received support was effectively managed. Appropriate referrals were taking place to external healthcare professionals (when needed) and the relevant guidance and advice which was provided was routinely followed. Support was provided by a range of different healthcare professionals such as GPs, dieticians, speech and language therapists (SALT), district nurses and physiotherapists.

People were supported with their nutrition and hydration support needs. People were supported with a 'choice' of food and drink but also encouraged to have healthy, balanced diets. Where needed, staff ensured they followed the relevant guidance that was provided by SALT and dietetics departments.

People received dignified and respectful care. We received positive feedback about the level of care that was provided and how staff always ensured that care was delivered to a high standard. Staff explained the different levels of tailored care that people received and relatives also told us that the care was 'excellent.'

Confidential information was protected and securely stored in line with General Data Protection Regulation (GDPR). People's sensitive and private information was stored at the registered address and was not unnecessarily shared with others.

People and relatives received a guide around what to expect from the service from the outset. This contained essential information about the expected level of care and support people would receive.

Care plans were person-centred and provided detailed information in relation to a person's wishes, choices and preferences. We received positive information about the level of responsive care people received. Staff were familiar with the likes, dislikes, preference and wishes of each people they supported and explained that they were able to develop positive relationships.

People were supported to actively participate in hobbies and activities they were interested in. Staff supported people to access to the local community as well as other activities that kept them stimulated, motivated and occupied.

The registered provider had a complaints policy in place. People and relatives knew how to make a complaint and told us that they would feel confident making a complaint if they needed to.

The registered provider had a range of different policies and procedures in place. Policies we reviewed included safeguarding, equality and diversity, whistleblowing, supervision, serious incidents, infection prevention and medication administration policies. Policies and procedures were all up-to-date and were available to staff as and when they needed to access them.

The registered manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. The necessary notifications were submitted to CQC in timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Care plans and risk assessment were well-maintained, contained the relevant information and were regularly reviewed.

Medication management procedures were safely in place. People were administered medication by trained, competent staff.

Accidents and incidents were routinely recorded and analysed on a monthly basis in order to identify and establishing trends.

Safe recruitment practices were in place. Staff who were employed by the registered provider were deemed 'fit and proper' to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were effectively followed.

Staff were supported with training, learning and development opportunities and received regular supervisions and annual appraisals.

People were supported with nutrition and hydration support needs. The relevant referrals were made to healthcare professionals; people received a holistic level of support.

Is the service caring?

Good ●

The service was caring.

The staff provided kind, compassionate and caring support.

People were treated with dignity and respect.

Confidential and sensitive information was protected in line with General Data Protection Regulation.

Is the service responsive?

Good ●

The service was responsive.

Care records contained person-centred information; people received tailored support centred around their needs.

People were supported to engage and participate in their hobbies and interests.

There was a formal complaints process in place. People and relatives were familiar with the complaints procedure and how complaints would be responded to.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post at the time of the inspection.

Effective quality assurance systems were in place. Routine audits and checks were completed, these helped to assess, monitor and identify areas of development and improvement.

There were systems in place to gather feedback in relation to the quality and safety of care provided.

Staff were familiar with a variety of different policies the register provider had in place.

Living Ambitions (Chester)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 August and was announced. The provider was given 48 hours' notice prior to the inspection visit. Prior notice was provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Living Ambitions. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to formulate a 'planning tool' and to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, three members of staff, three relatives and one person who was receiving support.

We also spent time reviewing specific records and documents, including five care records of people who received support, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

We received positive comments about the level of safe care and treatment people received. Comments received included, "It's very good", "[Person] receives safe care, yes", "They [staff] are very good, I'm very happy" and "[Person] trusts them implicitly, we appreciate everything they do for [person]."

We reviewed five care records during the inspection and each of them contained up to date, relevant and consistent information. Relevant care plans and risk assessments were in place, they were individually tailored to the person and provided a detailed amount of information in relation to the support each person required and the level of risk that needed to be managed.

Risk assessments included information around communication and decision making, social activities, emotions and behaviours, health and well-being, mental health and cognition and medication. Risk assessments were regularly reviewed and it evident throughout the inspection that there was a collaborative approach to the support people received. For example, in one care record we reviewed we saw that the person receiving support, their relative, social worker and team leader were involved in the plan of care and identifying risks that needed to be managed.

In another care record we reviewed, there was a detailed 'health and well-being' risk assessment in place. This contained information in relation to the person's nutrition and hydration risk needs. There was specific guidance which had been provided by speech and language therapists (SALT) instruction which needed to be followed in relation to a specialist diet, adapted cutlery which needed to be used and clear instruction regarding emergency situations and support measures. This level of information, meant that risks were safely managed and the safety of people who were receiving support was not compromised.

Medication management procedures were reviewed during the inspection. We found the systems in place to support people with medication administration were safely managed and the overall governance of medication was safely monitored. Each person had medication records in place. Records contained a photograph of the person receiving support, medication assessment, consent to administer medication form, relevant medication administration records (MAR), medication error and incident forms and 'as and when' (PRN) needed medication protocols. PRN protocols provide staff with the relevant guidance and instructions in relation to medication which can be administered upon request.

Medication records also contained relevant information in relation to the support and risks staff needed to be aware of, a list of the prescribed and over the counter medication people could be administered and specialist instructions that needed to be followed. We reviewed MARs and identified that people received their medication at the prescribed times and were administered medication by staff who had received the relevant training. Staff regularly had their 'competency' assessed, which ensured that people received safe care in relation to medication administration.

Recruitment processes were checked during the inspection. Staff files are reviewed to ensure there were robust recruitment systems in place. We review processes to ensure that the staff who are recruited are

suitable to work with vulnerable people. The registered manager retained comprehensive records in relation to each staff member. Records included the application forms complete with employment and education history, interview checklist for each person; suitable references identification as well as the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enabled the registered manager to assess their suitability for working with vulnerable adults. DBS checks were routinely completed every three years to ensure the protection of the people who were receiving support.

We reviewed staffing levels during the inspection to ensure the registered provider employed appropriate numbers of staff to deliver the care that was needed. People and relatives told us there were sufficient numbers of staff and people received the support they required. We were told that staff always arrived at the specified times and scheduled support visits were never missed. One relative told us "Oh yes they [staff] always arrive when they should." This meant that people were receiving a safe level of support in relation to their support needs.

The registered provider had robust accident and incident recording procedures in place. Accidents/incidents were routinely recorded and a monthly analysis was completed. This enabled the registered manager to safely monitor any trends and ensured that risks were safely and effectively managed.

We saw evidence of individual environmental risk assessments for each person who received support. 'How safe is my home' risk assessment identified potential internal and external hazards which needed to be managed such as electrical equipment, furniture, pets, flooring, equipment, garden areas, gas appliances and fire safety. This meant that staff were familiar with the different levels of risk which needed to be risk assessed and managed in each person's home.

Each person had individual personal emergency evacuation plan (PEEPs) in place in the event of an emergency situation. PEEPs ensure there are safe measures in place to enable staff to respond to emergency plans in the event of an emergency evacuation. The PEEP information contained accurate information in relation to the support each person required and the safety procedure which needed to be followed.

Health and safety processes and procedures were reviewed during the inspection. Staff were provided with personal protective equipment (PPE) and encouraged to comply with Infection prevention control procedures. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure environments are safe and hygienic. There was an up to date infection control policy in place.

During the inspection we spoke with staff about their knowledge and understanding of safeguarding and whistleblowing procedures. Staff explained who they would raise their concerns to and the importance of protecting people from harm. There was an up to date adult safeguarding policy in place and staff had received the necessary training in relation to the protection of vulnerable adults.

Is the service effective?

Our findings

Relatives and people we spoke with during the inspection said the care provided was effective. Comments we received included, "I trust the carers totally", "They [staff] always do what's in [persons] best interest, I am fully involved in [their] care", "They help me with everything I need" and "The staff are well skilled and equipped."

During the inspection we reviewed whether or not the registered provider was complying with the Mental Capacity Act (2005). The Mental Capacity Act 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 people lack mental capacity to make 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.

There was evidence which demonstrated that consent had been sought from person receiving care. This meant that the provider was complying with the principles of the MCA and ensuring that people were involved with decisions which were being made in relation to their support needs. The registered provider also ensured that 'Best Interest' meetings had been carried out and people were not being unlawfully restricted. This demonstrated that the provider was aware of their roles in relation to the MCA and the legislation underpinning the act.

Staff felt supported in their roles and were encouraged to develop their skills and competencies. Staff supervisions and appraisals were taking place and all staff expressed that they felt supported in their roles. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Mandatory training that staff were expected to complete included fire awareness, basic life support, food hygiene, health and safety, infection control, manual handling, MCA/DoLS, safeguarding and medication administration. The training matrix we checked showed that 100 per cent of staff had completed all mandatory training. Other specialist training which was provided included epilepsy awareness, dysphagia (swallowing difficulties) eating and drinking awareness and percutaneous endoscopic gastrostomy (PEG) training (for people who needed support with tube feeding due to swallowing difficulties).

Staff who did not have the relevant national vocation qualification (NVQ) were enrolled on to 'The Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. We were informed that this was an area of learning and development that was currently being reviewed.

People received effective support from external health care professionals. People were supported by speech

and language therapists (SALT) occupational therapists, district nurses, social workers and GPs. Guidance and instructions which needed to be followed was clearly evidenced in care records and staff explained the tailored level of support people received. For example, one person who was at risk of choking was receiving support from the local SALT team. The relevant SALT guidance was recorded on the relevant risk assessment, staff followed instructions regarding food and drink and regular reviews were conducted on the level of support and risk that required monitoring. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

People received effective nutrition and hydration support needs. Staff provided tailored support when required but also supported people with 'choice'. For example, one person who was receiving support was very independent in relation to eating and drinking. The person wished to be supported with making 'healthy choices' but also liked to prepare their own food and drinks. The staff respected the persons wishes, they explained that the person was 'prompted' and 'assisted' to make healthy choices but also supported to remain independent as possible.

Is the service caring?

Our findings

We received positive comments about the level of care from everyone we spoke with during the inspection. Comments included, "I am very happy with the care provided", "It's good care, yes", "Excellent care" and "They [staff] go the extra mile, I can't praise them enough, it's first class care."

People received care and support from regular care staff. This meant people received consistent care and support from staff who were familiar with their support needs. Relatives told us that staff were familiar with people's needs and provided care in a dignified and respectful care. One relative said "They [staff] are very respectful and provide dignified care all the time."

People's privacy, dignity and rights were protected. One person told us that they felt that their dignity was maintained and staff treated them with respect. One staff member explained how they would always make sure doors were closed over when providing personal care, curtains were drawn, reassurance was provided and consent was always gained from the person.

People who received support were asked about the standard and quality of care provided. 'Personal choice reviews' were regularly completed; this enabled the registered provider to establish the 'voice' of people who received support. Some of the feedback we reviewed included, 'you always ask [persons] opinion', 'supported with remaining independent', 'involved in choice', 'staff are kind, caring and fun' and 'keep safe and keep healthy.'

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is someone who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

Confidential information was stored securely and sensitive information was protected in line with General Data Protection Regulation (GDPR). All care records, personnel information, risk assessments and other protected information was safely stored at the registered address. The registered address is the address which has been registered with the CQC to deliver the regulated activity. This meant that sensitive and protected information was not unnecessarily shared with others.

People and relatives were provided with a 'A guide to your service' from the outset. The guide contained essential information such as the level and quality of care people could expect, keeping people safe, confidentiality, support workers (staff team), complaints procedure, 'your involvement' care reviews and useful contacts. This information could also be provided in other accessible formats upon request. This meant that people's preference of communication was accommodated and supported from the outset.

Is the service responsive?

Our findings

We received positive comments about the level of responsive care people received. Comments included, "The care provided is all about [persons] needs and what [they] wants", "[Person] trusts them [staff] implicitly, [person] can be difficult at times but they are great with [person]", "They [staff] help me stay independent" and "They are all very familiar with [persons] needs, we're very very happy."

A significant amount of detail was captured about each person who was being supported and it was clear to see that staff were able respond to the level of care which was needed. All care records we checked during the inspection were individually tailored, contained up to date information and were person-centred. 'Person centred' means the care and support which is delivered is in line with people's individual needs and not the needs of the registered provider. We were told that positive relationships were developed over time between staff and people receiving support and staff were able to familiarise themselves with people's likes, dislikes, preferences and wishes.

Care records provided staff with a detailed amount of information in relation to individual support needs and risks which needed to be safely and effectively managed. Staff told us that the records enabled them to establish important information about people they supported but also enabled them to understand intricate, specific details that needed to be respected. For example, care records we reviewed contained information such as, 'I respond well to a positive and calm environment, I enjoy going for walks and spending time in the fresh air', 'I like it when the support worker sits down and talks to me, I really enjoy having company and I enjoy a slice of cake at tea-time', 'I must be included in conversation and discussions about me and my support', 'I am very cheerful, gentle and kind, I love to listen to music and I like to song along to songs.'

People were supported to remain as independent as possible. The care records we reviewed contained words such as 'encourage', 'prompt', 'assist' and 'support'. One person told us that the staff actively encouraged and supported them to engage in hobbies and interests they enjoyed taking part and supported them with their independence as much as possible. For example, in the person's care record it stated, 'I live independently, my independence is very important to me. I should always be encouraged to do as much as I can for myself' and 'I am very sociable, I like to plan lots of things, places I like to go include Chester Zoo, bowling and disco on a Tuesday.'

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage. This meant that the registered provider was assessing areas of care such as age, religion, gender, disability which needed to be appropriately supported from the outset.

The registered provider had a formal complaints policy in place. The policy was up to date and contained relevant information about the process that needed to be followed. The procedure for making a complaint was clear and people/relatives we spoke with were familiar with the complaints process. At the of the inspection there were no formal complaints being responded to. The registered manager also explained to

us that they 'logged' all complaints and concerns as a measure of assessing and monitoring the quality and safety of care that was provided.

During the inspection we asked the registered manager if anybody was being supported with 'End of Life' care. 'End of life' care is provided to people who need specific support when they have been assessed as being at the end stages of life. At the time of the inspection nobody was receiving this level of support and staff were not provided with the End of Life training. The registered provider explained that this was an area of training that was going to be explored.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had been registered with CQC since March 2017. No recent statutory notifications had been submitted to CQC but the registered manager was aware of their responsibilities to submit notifications in accordance with regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since the provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the registered provider's website.

We asked the registered manager how they monitored and reviewed the quality and safety of care people received. Audits and checks were completed in a variety of different areas to monitor and assess that safe, compassionate and effective care was delivered. Compliance checks took place in relation to recruitment, care records, medication, health and safety, safeguarding and accident and incidents. The registered manager provided us with evidence of some of the audits/checks that had been carried out as well as 'actions' which had been identified that needed to be followed up on. This meant that there was a consistent approach to monitoring the delivery of provided as well as ensuring that areas of improvement were highlighted and addressed.

Annual quality (care record) reviews were carried out by regional quality managers. Quality reviews concentrated on the five key lines of enquiry that CQC focus their inspections on. Reviews explored if people received safe, effective, caring, responsive and well-led support and provision of care. People and relatives (where legally able to do so) were involved in the quality reviews and informed of the outcome. An outcome letter (in both a written and pictorial format) was sent to the person/relative advising them of the findings of the reviews and any improvements which were required. This meant that people and relatives were fully involved in the reviews which were taking place and there was a commitment to providing high quality care.

Staff told us that they were thoroughly supported in their roles and the management team to be approachable, supportive and accessible. The registered manager was open and transparent with us during the inspection and was knowledgeable around all aspects of their regulatory requirements.

We received positive feedback about quality and safety of care people received. Comments included, "We're all really supported by the managers, any issues would be listened to", "We all work really well as a team, we have a brilliant team", "We can go to them [managers] with any issues", "It's an absolutely fantastic place to work, service users always come first, I feel fully supported, we're 100 per cent supported."

We asked the registered provider how they gathered the thoughts, views and opinions of people they supported. We were informed that 'quality reviews' were regularly conducted and annual satisfaction

surveys were circulated to people and relatives involved in the care provided. We reviewed the results of that the most recent satisfaction surveys; which were largely positive. 71 per cent 'strongly agreed' and 29 per cent 'agreed' that they were listened to and treated well. 71 per cent 'strongly agreed' and 29 per cent 'agreed' that staff have the right skills to support their needs. 71 per cent 'strongly agreed' and 29 per cent 'agreed' that they felt safe.

The registered manager explained that where areas of improvement had recognised, actions were immediately put in place. For example, only 57 per cent of people 'strongly agreed' and 36 per cent of people 'agreed' that they knew who to contact regarding the care and support they received. The registered manager explained that a new 'operating procedures' document was designed and people received the most up to date and relevant information regarding staff and manager contact details.

Regular staff meetings and team leader meetings took place. Meetings enabled staff and managers to discuss different areas of care people received and any areas of improvement that needed to be addressed. Discussions which were held during staff meetings included policies, health and safety, reporting procedures, safeguarding, sickness and 'good news stories.' Team leader discussions were held around improving quality, safeguarding incidents, individual care being provided, health and safety, training and recruitment. We received positive feedback about the level of effective communication. Staff told us that they felt well informed and involved in the day to day care people received.

We reviewed a range of different policies and procedures which were in place at the time of the inspection. Policies were up to date, contained relevant information and were accessible to staff when they needed them. Policies we reviewed included whistleblowing, safeguarding adults, medication, infection prevention control, equality and diversity, GDPR and supervision. Staff were familiar with different policies we discussed with them and explained the importance of complying with them.

The registered provider had an up to date 'Business Continuity Plan'(BCP) in place. This was reviewed every six months and contained the most relevant information in relation to 'continuity planning' in the event an emergency. This meant that robust plans were in place to keep people and staff safe in any given emergency situation.