

Living Ambitions Limited

Living Ambitions Limited - Chorley

Inspection report

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Date of inspection visit:
28 November 2016
29 November 2016
01 December 2016
15 December 2016

Date of publication:
10 March 2017

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 

Summary of findings

Overall summary

This inspection took place on 28, 29 November and 1 and 15 December 2016. The inspection was unannounced. The inspection team composed four adult social care inspectors, one of which is the lead inspector for the service.

We last inspected the service 14 and 17 March 2016. At that inspection, we found five breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Living Ambitions Limited - Chorley supports people to live independently. There are 24 properties in the area. There is a staff team on hand 24 hours a day to cater to any support or healthcare needs. Every person has full control over their life in a space which looks and feels very much like home.

Each supported tenancy is managed on a day to day basis by a support team leader and is provided line-manager support by the registered manager. The registered manager for this service was not available on the day of inspection. However the registered manager from another part of the service was spending some time at the office to offer some support and so they were available throughout the inspection. 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.

When we last inspected the service in March 2016, we found concerns with, how risks to people were managed, the safe management of medicines and safe staffing levels. Following the inspection, we took action to ensure the provider made improvements to the service.

During this inspection we found that medicines were not always managed safely. We saw that risk assessments still require improvements as these were not completed consistently. We looked at staffing levels during this inspection and asked staff if they felt there were sufficient numbers of staff to provide care and support for people who lived within the service. At the time of our inspection, staffing levels were adequate to meet people's needs, although there is still agency use.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

When we last inspected the service in March 2016, we found multiple examples of where the standard of care had fallen short of meeting people's nutritional health needs. The service was unable to evidence staff support by way of supervision and appraisal. We also found valid consent was not always sought before people received care and restrictions were put in place without the legal frameworks. During this inspection, we checked to see what improvements had been made.

We found that people's consent to care and treatment in line with the Mental Capacity Act 2005 (MCA) was inconsistent throughout the service. We found that staff supervision had improved but that there remained some improvements to be made.

People were sufficiently supported to maintain their physical and mental health. Staff escorted people to appointments and maintained contact with community professionals. We found examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed.

People had a choice of what they wanted to eat and staff were aware of people's needs in this area. Care files included people's likes and dislikes about eating and we did not find any shortfalls with the care in this area.

When we last inspected the service in March 2016, we found caring relationships between people who lived at the houses and staff members. During this inspection, we observed people being supported at four houses staff interacted well with those who used the service. These observations were very positive. It appeared from the observations at the time of inspection that the staff teams shared genuine, warm relationships with those who used the service.

During our last inspection in March 2016, we found people did not always receive personalised care that was responsive to their needs. We found that the standard of care planning differed across the homes and staff teams.

We found that care records to aid transition in services were not always fully completed. Documentation to aid staff in caring for people's individual needs was not consistent throughout the service. We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We received conflicting feedback from professionals around this.

During our last inspection in March 2016, we found processes designed to assess and monitor the quality of service provision were not being operated effectively. There was not always access to the on-call system for staff working out of hours.

During this inspection, we found the service had improved the way it used quality assurance systems, however these systems were not always robust.

It was noted that although significant improvements had been made, the service would benefit from the stability of a management and staff team. We will check this during our next planned comprehensive inspection.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

Since our inspection the interim manager has informed us of progress that has been made as a result of our feedback and recommendations made, which is considered good practice.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment and consent. We have made a recommendation around the quality of staff supervision, infection control and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were not always appropriate or effective systems in place to identify the possibility of risk and to prevent harm to people using the service.

We looked at how the service managed people's medicines and found that medicine administration was sometimes being completed outside of the providers own policies and procedures.

The provider undertook checks prior to employing staff to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Care files included people's likes and dislikes about eating and we did not find any shortfalls with the care in this area.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

We could see improvements had been made around supervision, however we still found some concerns around this.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and responded to their needs appropriately.

Staff were aware of privacy and dignity and how to care for

people in a caring and compassionate way

The interim manager was knowledgeable about local advocacy services, which could be contacted to support people or to raise concerns on their behalf.

Is the service responsive?

The service was responsive to people's needs.

People told us they were happy and that they received personalised care and support.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

During this inspection we looked at eight peoples care records and found a lack of consistency in care planning across the service.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was a quality assurance system in place to monitor the quality of the service being provided. This did not always pick up inconsistencies within people's records.

Staff worked with healthcare and social care professionals to make sure people received appropriate support to meet their needs.

Policies and procedures were in place but were not always adhered to.

Requires Improvement ●

Living Ambitions Limited - Chorley

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 28, 29 November and 1 and 15 December 2016. The inspection was unannounced. The inspection team composed four adult social care inspectors, one of which is the lead inspector for the service.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. 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. We received feedback from three social work professionals, a speech and language team therapist and a learning disability nurse, their feedback is included within this report.

At the time of our inspection there were 58 people who used the service, across 24 properties. We met with 10 people who used the service and spent some time observing them receiving care and support. However, not everyone could provide us with verbal feedback. We were able to speak to 5 relatives of people who used the service on a regular basis. We also spoke with nine care workers, and the interim manager who was at the service offering support. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; eight care records, three staff personnel records, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with told us: "It's brilliant here": "This is my home".

Relatives said: "[Relative] is very happy and feels safe". And: "The property is nice. It is clean and well maintained and [Relative] feels safe there".

One relative told us: "I feel anxious about [Relative] safety".

When we last inspected the service in March 2016, we found concerns with, how risks to people were managed, the safe management of medicines and safe staffing levels. Following the inspection, we took action to ensure the provider made improvements to the service.

We have closely monitored improvements at the home through contact with the provider and the local authority. We undertook this inspection to check what improvements had been made.

When we last inspected the service, we found that risk assessments were not always adequate. Where risks had been identified, care planning around the associated risk was not always recorded and did not always contain all the relevant information to mitigate the risk. This lack of risk management meant people were not always safe.

When we inspected the service in March 2016, we found medicines were not managed safely. We looked at people's care plans at this inspection and found several issues around medicines management. Medicine administration was being completed outside of the providers own policies and procedures.

At this inspection, we looked at how the service managed people's medicines and found that medicine administration was sometimes being completed outside of the providers own policies and procedures. For example, not all handwritten MARs charts had a second signatory, as per the provider's policies and procedures. We also saw that not all variable doses were recorded.

We found that care plans for "as and when required medication" were not always in place. For example, one person who was prescribed Cetirizine did not have a care plan to reflect when and how this medication should be administered. This lack of protocols for medication increases the risk of medicines overdose and misuse.

We saw that monthly spot checks were being carried out to check on medicines however, the documentation was not always fully complete and where we had found issues these had not been looked at recently.

We looked at how the service supports people to apply their prescribed topical treatments such as creams and ointments. Staff told us they applied topical treatments for people; however, clear directions of where this should be applied were not recorded.

Staff told us they had all completed the appropriate training in medicines management and the staff files and training documentation supported this. However, we did identify an issue where staff had failed to seek support when they were unsure about the instructions given on the pharmacy label. This had resulted in someone being given medicines on the wrong day.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we looked at in detail at written plans of care and associated documentation for eight people who used the service. We looked at how the service protected people from avoidable harm. We saw that risk assessments were completed as part of people's care plans. We saw a number of good examples within the files and information was clear and concise with really in depth information to guide staff.

However, we found that some risk assessments were missing. In one example, we saw that a staff member had written on a person's care plan that a risk assessment was required for a specific issue, but this had not been actioned.

Some risk assessments did not provide clear guidance for staff about the action they needed to take to help maintain people's safety. For example, one person was at high risk of neglecting their personal care but there was very little information for staff about how to manage this risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that not all infection control information had been documented within people care plans about personal care. In addition, we observed one piece of equipment in one of the homes to be quite rust and dirty which could pose an infection control risk.

We recommend that the service follows infection control guidance to ensure they are meeting this requirement.

Staff were seen to wear correct personal protective equipment (PPE) whilst undertaking personal care. Employers have duties concerning the provision and use of personal protective equipment (PPE) at work. PPE is equipment that will protect the user against health or safety risks at work.

When we inspected the service in March 2016, we identified concerns about staffing levels in some parts of the service. We looked at staffing levels during this inspections and asked staff if they felt there were sufficient numbers of staff to provide care and support for people who lived within the service. Staff we spoke with told us: "We have vacancies staff are expected to cover all the shifts when we are short". And: "We cover the shifts as a staff team so that agency doesn't have to be used in this property".

Relatives told us: "I have not found any problems with staffing": "Sometimes staffing is stretched due to the increased level of people's needs that live in the house, staffing has not been increased to reflect this".

At the time of our inspection, staffing levels were adequate to meet people's needs, although there was still agency use.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found

that the service had policies and procedures in place. We found that staff were able to tell us about safe guarding principles and recognised signs of abuse. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

A central register of accidents and incidents was held by the registered manager in order for these to be monitored.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be completed for each individual living at the home. The PEEPs we saw contained adequate personal information to demonstrate how each individual could be best assisted to evacuate the premises, should the need arise.

A range of checks were carried out on a regular basis to help ensure the safety of the properties and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. A gas safety certificate was available to show an external contractor checked all appliances on a periodic basis. This helped to ensure people were kept safe and free from harm.

Is the service effective?

Our findings

When we last inspected the service in March 2016, we found multiple examples of where the standard of care had fallen short of meeting people's nutritional health needs. The service was unable to evidence staff support by way of supervision and appraisal. We also found valid consent was not always sought before people received care and restrictions were put in place without the legal frameworks. During this inspection, we checked to see what improvements had been made.

We observed staff support people who lived at the service. We saw that staff had good skills to communicate with people on an individual basis.

People we spoke with told us staff were well trained and competent: "Staff are kind and caring and appear to be well trained". And: "Staff are well trained and understand everyone's needs".

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "I love the job but struggle with the paperwork; I need some support with this". And: "Training is ok we get a lot".

At our last inspection, we found the service did not always gain valid consent to care, in line with national guidelines and legislation. We checked whether the service was working within the principles of the Mental Capacity Act 2005.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that mental capacity had been considered however, recording was not consistent throughout the service. This evidenced that the principles of the MCA were not consistently embedded in practice.

The staff told us that they had received training around the MCA; however, the staff we spoke with did not demonstrate a satisfactory level of understanding of the MCA. They lacked awareness of how to complete the appropriate assessments and whose responsibility this was.

We found in one person's care file that it referred to them having a lasting power of attorney, however, there was no documentation to support this.

This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social

During our last inspection, we found staff were not being supported by way of regular and effective supervision and appraisals. At this inspection, we spoke with staff and management about what improvements had been made in this area. We found the management had begun to hold regular supervision sessions and annual appraisals with staff. These helped to ensure staff had the right level of training and support for the role they were employed to carry out and gave staff the opportunity to discuss performance, development and any concerns.

We could see improvements had been made in terms of staff receiving supervision however we found incidents where the issues identified were not always acknowledged and acted upon. One member of staff told us: "We don't get supervision as often as we should". In addition, another told us: "The manager will just decide its supervision, we get no time to prepare and we don't get a copy".

We recommend that supervision is completed in line with the providers own policies and procedures to ensure its effectiveness for all staff.

People were sufficiently supported to maintain their physical and mental health. Staff escorted people to appointments and maintained contact with community professionals. We found examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed.

One professional told us: "Staff follow any advice given to them, I have no issues".

People had a choice of what they wanted to eat and staff were aware of people's needs in this area. Care files included people's likes and dislikes about eating and we did not find any shortfalls with the care in this area.

Relatives we spoke with told us: "I am happy with the standard of food provided for [Relative]". And: The meals are nice and [Relative] seems to enjoy them, usually one hot meal is provided each day".

A person who used the service told us: "We can eat what we want and I always help with the cooking".

We saw that each supported living house had a kitchen area that people could access. We observed an evening meal being prepared and served in one house and saw that people enjoyed their meal of homemade lasagne.

Is the service caring?

Our findings

When we last inspected the service in March 2016, we found caring relationships between people who lived at the houses and staff members. During this inspection, we observed people being supported at four houses staff interacted well with those who used the service. These observations were very positive. It appeared from the observations at the time of inspection that the staff teams shared genuine, warm relationships with those who used the service.

We received some positive comments about the staff and about the care that people received. People told us: "The staff are lovely". And: "I get on with the staff".

Relatives told us: "Staff are kind, caring and helpful": "I am very grateful for the care provided": "The staff are very kind and caring". And: "I am generally happy with the care".

During the inspection, we saw staff treated people with dignity and respect. We observed staff knocked on people's bedroom doors and bathroom facilities were lockable to enable people to feel that their dignity was protected. We saw three people's bedrooms, which were personalised. One person told us that they had picked all the furniture and wallpaper in the room.

Interactions we observed between staff and people who used the service were based on people's strengths, focusing on what people could do for themselves, supporting, and encouraging people to remain independent.

We noted that most people were supported to be presented in a manner that promoted their dignity. For example, they were dressed in smart clothes suitable for the activities they were involved in and their hair was neat and tidy. It was very apparent that the staff had taken a lot of time and effort with one person's hair, which was styled.

During the last inspection, we found that people had been actively involved in their care plan. We found that this had been maintained. We asked relatives if they felt they were included in plans about their loved ones' care. One person told us: "A care review is arranged and I attend three to four times per year". And: "I am invited to care reviews every six months. Communication is good".

The manager was knowledgeable about local advocacy services, which could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

Is the service responsive?

Our findings

During our last inspection in March 2016, we found people did not always receive personalised care that was responsive to their needs. We found that the standard of care planning differed across the homes and staff teams. We made a recommendation around this in order to ensure the same good standard for everybody who uses the service.

We saw that documentation was in place to aid transition between services; however, we found one example where some information was missing from this. For example, for one person who had a diagnosis of diabetes the information was not contained on their hospital passport. This could have resulted in incorrect care and treatment due to the lack of correct information.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we looked at eight peoples care records and found a lack of consistency in care planning across the service. We viewed some really in- depth information that was clear concise and up to date.

One example of this was a behavioural plan which included the persons preferred methods of communication and identified their triggers and ways to mitigate the risk of the behaviour occurring.

However, there were also care plans that were vague or where needs had not been care planned at all. For example, a person who required support with personal care needs. There was no specific care plan for this that contained adequate information for staff on how to support this person.

The service has introduced new documentation, which aims to rectify some of the inconsistencies within the support files. This change is ongoing and has not yet been fully completed for each person that used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We received conflicting feedback from professionals around this.

One professionals told us that the service effectively worked with them to support people in a person centred way. Another professional told us that they felt that the service was not responsive and they did not always respond quickly to requests for information or changes to people's needs

During our last inspection, we found that documentation around complaints was not always completed and reviewed. We looked at the complaints that had been received since the last inspection and found evidence

that complaints had been dealt with and any lessons learnt were implemented.

We spoke with relatives about raising complaints, they told us: "I feel able to raise a complaint. I would not hesitate to express my concerns": "I feel confident to speak out when I have any concerns; I have never had reason to make a complaint". And: "I feel confident to complain. I have complained in the past and the team leader was very responsive".

People were supported and encouraged to take part in activities, there were issues raised about the lack of transport and drivers, which can have an impact on activities. A staff member told us: "There aren't enough drivers so people don't get out enough". A relative also said: "There is no transport so [relative] is not getting out very often".

People we spoke with told us: "We get to go out a lot, we go to music club": "I have a job and play football". And: "We get to go on trips out and we have been to the set of Emmerdale".

One relative told us; "[Relative] has a brilliant social life; he goes to football, work, pub lunches and pool".

We found there was a clear admissions assessment process now in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. Some assessments we viewed included information from other agencies, which also helped to ensure that the person's needs could be met. The locality managers and a staff member from the regional assessment team were undertaking assessments for new referrals. The manager then had oversight of this to ensure that the needs can be met and any contingency plans can be put in place before accepting the care package.

Is the service well-led?

Our findings

During our last inspection in March 2016, we found processes designed to assess and monitor the quality of service provision were not being operated effectively. There was not always access to the on-call system for staff working out of hours.

Following our inspection, we took action to make sure improvements were made. We monitored the improvements closely through contact with the provider and the local authority.

We carried out this inspection to check what improvements had been made.

During this inspection, we found the service had improved the way it used quality assurance systems.

We discussed with the interim manager how they monitored quality and reviewed a number of audits that had been completed recently.

Evidence was available to demonstrate that the quality management team had conducted recent audits within each property, following which relevant action plans were developed in relation to any shortfalls identified. Each locality manager completed a monthly workbook, which was a checklist that looked at how a variety of areas were being managed, such as safeguarding concerns, health and safety incidents, accidents and complaints.

We found that where issues had been highlighted through audits and checks, action was taken to improve the service.

However, the audits were not always robust, as issues that we noticed during our inspection had been missed. We discussed this with the management team. The audits relied on the information being correctly recorded at house team leader and locality manager level. We found an example where the information was not complete; this was discussed at the inspection. It is hoped that the introduction of senior service manager to line manage the team leaders will address this. In addition, the issues are to be addressed directly with locality managers.

We found documentation had been altered or added to across the service with no dates or signatures to allow for accountability. This included care documentation and medication records.

We recommend that quality assurance be improved in line with best practice to ensure that any risks or shortfalls in care are identified in order to drive up improvement for all people who use the service.

The service is implementing new documentation and is in the process of moving all the information over to this. There is a plan in place to implement this. Staff we spoke with told us that they require support with this process.

Staff told us: "There's a lot of new paperwork and this hasn't been explained to us".

We discussed this with management during the inspection. We saw evidence of "What's working, what's not" meeting had been held with seniors and the issues raised have been action planned and changes were being implemented. The meeting was held for all front line staff within the inspection period.

A "responsible person" system has been introduced in all of the houses so the staff have support on site. Peer support is being offered from another service where the systems and processes are established in order for team leaders to have additional support.

Policies and procedures were available in an easy read format to help ensure that these were accessible to people who use the service.

We found issues with one of the houses bank accounts, due to the bank freezing the accounts. We had evidence that this was being looked at April 2016 however, nothing since then. The service is looking into this and the corporate team have a plan in place to address all the people who use the service banking needs.

Regular senior team meetings are taking place with the current manager in place these are focussing on actions that need to be implements and building relationships.

Driving up quality meetings are taking pace monthly and a learning and reflection meeting is held in-between these in order to reflect on any lessons learnt. The information collected is then fed back to area mangers, regional managers and the executive team monthly.

Regular tenants meetings were held and discussed issues around activities, introduced new staff and addressed issues such as safeguarding. The minutes for the meetings were provided in easy read format for people who use the service to have a record of these.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events that had been identified as required. This meant that we could check appropriate action had been taken.

It was noted that although significant improvements had been made, the service would benefit from the stability of a management and staff team. We will check this during our next planned comprehensive inspection.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

Since our inspection the interim manager has informed us of progress that has been made as a result of our feedback and recommendations made, which is considered good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of all service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always have suitable risk management arrangements and strategies in place to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to ensure that all medicines were managed in a safe way.</p> <p>Regulation 12 (2) (g)</p>