

Living Ambitions Limited

Living Ambitions Limited - 330 Guildford Road

Inspection report

330 Guildford Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 12 June 2017. The visit was unannounced.

330 Guildford Road provides residential care for up to six people with learning disabilities and physical disabilities. On the day of the inspection there were six people using the service. The accommodation is arranged over two floors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There were usually enough staff deployed at the service to attend to people's needs in a timely manner. However on the day of the inspection one person did not receive their one to one care for 30 minutes. We have asked the registered manager and provider to regularly review staffing and ensure that the person who requires one to one care always receives it.

Care records contained risk assessments to keep people safe. These were not always being followed and so people were not being protected against potential risks. People were not living in an environment that was always appropriately maintained.

Staff did not always work in accordance with the Mental Capacity Act 2005 (MCA). The provider had not made any DoLS applications for people who were unable to go out on their own safely, or who were being restrained by lap belts or leg restraints. However, this was due to the registered manager being given incorrect advice. The DoLS applications have now been made. Staff were not always aware of the MCA and DoLS and the processes to be followed.

Staff did not always treat people with dignity and respect or demonstrate a caring approach. There was little spontaneous interaction or conversation with people and staff did not spend much dedicated time with people.

The provider had followed safe recruitment practices. Staff understood safeguarding adult's procedures and what to do if they suspected any type of abuse.

Medicines were administered safely and on time and they were stored securely. There were appropriate plans in place in case of fire.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received an induction and on-going training.

Staff had supervisions (one to one meetings) and an annual appraisal with their line manager. Staff were involved in the running of the home and staff felt supported by management.

People's health care needs were monitored and met. People had health action plans in place. Any changes in their health or well-being prompted a referral to their GP, physiotherapist, occupational therapist, or other health care professionals.

People were encouraged to be independent and helped with the shopping, cooking and tidying up. People's dietary needs and preferences were met and people supported staff to prepare meals. People enjoyed a range of activities according to individual choice.

People were involved in the running of the home. Regular residents meetings were held where people could contribute. Visitors were welcomed by the home. Relatives knew how to complain.

Care plans were detailed and contained information on people's lifestyles, preferences, how they communicated and how their needs should be met.

The provider had effective systems in place to monitor the quality of the service and make improvements. Audits were completed on a monthly basis by the manager. Relatives had opportunities to feedback their views about the home and quality of the service.

Accident records were analysed so that staff could take action to reduce the risks to people.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made three recommendations to the registered provider. 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

People were not protected against potential risk.

People were not living in an environment that was always appropriately maintained.

There were not sufficient staff deployed to meet peoples individual needs.

The provider had followed safe recruitment practices.

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

Medicines were administered safely and on time and they were stored securely.

There were appropriate plans in place in the event of fire.

Is the service effective?

Good ●

The service was effective.

Staff did not always work in accordance with the Mental Capacity Act 2005 (MCA).

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

People's dietary needs and preferences were met.

People's health care needs were monitored and met.

Is the service caring?

The service was not always caring.

Staff were not always caring.

Staff did not always treat people with dignity and respect.

People were encouraged to be independent.

People were involved in the running of their home.

Requires Improvement 

Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and contained information on people's lifestyles, preferences, how they communicated and how their needs should be met.

People enjoyed a range of activities according to individual choice.

There was a complaints procedure in place and relatives knew how to complain.

Is the service well-led?

Good 

The service was well-led

The provider had effective systems in place to monitor the quality of the service and make improvements.

Feedback from relatives was obtained

Accident records were analysed so that staff could take action to reduce the risks to people.

Staff were involved in the running of the home and staff felt supported by management.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 June 2017 and was unannounced. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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.

As part of our inspection we spoke with two staff members and the registered manager. Most of the people at the service were unable to verbally communicate with us in any detail to tell us their experiences. We also reviewed a variety of documents which included the care plans for two people, four staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home. After the inspection we spoke with two relatives.

We last inspected the service on 31 March 2016. At that inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

Relatives told us that they felt their family members were safe living at the service. One relative said, "[Name of person] is absolutely safe." A second relative said, "[Name of person] is safe. Whenever we go there it's spotlessly clean. It's how I would have it at home."

Care records contained risk assessments to keep people safe. The risk assessments in place included mobility, falls, fire, epilepsy, bathing, using the stairs, road safety, sunburn, nutrition, and choking. However, some risk assessments were not always being followed which meant people may not be protected against potential risks. For example, one person was not wearing their helmet at all during the day despite their care plan stating it should be on at all times. This person was also seen with their lap belt on for a period after lunch when it should not have been.

We recommend that the provider ensures staff always follow people's risk assessments to keep them safe.

People were not living in an environment that was always appropriately maintained and as a result presented risks for people's safety. One person's bedroom had a large tear in the floorcovering in front of the door and the kitchen floorcovering was damaged. Both were potential trip hazards. Since the inspection the registered manager has told us the tears have been covered whilst quotes are obtained for replacement, and they will be enhancing the environment for people through the addition of a large conservatory and the enlargement of the living and dining areas. They also told us that as the needs of people have changed the environment is being adapted to meet these needs. For example, banister rails have recently been adapted to meet changing mobility needs so people can remain independent.

Staff were not suitably deployed on the day of inspection to meet people's individual needs although staff members felt there were normally sufficient staff. One staff member said, "The staffing has improved. We used to use a lot of agency. There are enough staff. I can take people out in the car. We don't need two staff when they are in the car." We observed during the morning two of the four staff left the home to provide care to someone in their own home. This left one staff member to support four people and one staff member providing one to one support. This meant that when someone required personal care other people were left on their own. We also observed in the afternoon that someone receiving one to one support because of their declining mobility did not receive this for almost half an hour. We discussed this with the deputy manager at the end of our inspection who told us there were plans to increase the staff numbers during the day from July 2017. This was confirmed by the registered manager following our inspection. In relation to the person who was not receiving one to one care at all times, as they should have been, the registered manager said, "I can only respond on this occasion that this is not normal practice. Staff are very aware of each service user's needs and support plans are detailed in this regard." Because staff and the registered manager told us that staffing was normally different to the inspection day and sufficient to meet people's needs, and relatives were not concerned about staff levels we have not made this a breach of regulation 18. However we would expect the registered manager and provider to keep reviewing staffing and ensuring that the person funded to receive one to one care always receives this. We will monitor this and check at the next inspection.

The provider had followed safe recruitment practices. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

Staff understood safeguarding adult's procedures and what to do if they suspected any type of abuse. One staff member said, "I would report it to the manager and if necessary higher up." A second staff member said, "I would go to the manager. If it's them being abusive I would go above." A telephone number was available to staff where they could report abuse. Records demonstrated that staff had received safeguarding training.

Medicines were administered safely and on time. We checked medicines administration records (MAR's) during our inspection, and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. Where people had covert medicines (medicines disguised in food) the necessary paperwork was in place and signed by the General Practitioner (GP).

Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines from the pharmacist. A medicines audit had been completed by a community pharmacist. The actions identified by the audit had been completed. These included dating photographs and recording the reasons for the administration of 'as required' medicines.

The risk of fire had been assessed in August 2016 and plans were in place to minimise these risks. The fire detection system was tested regularly, but not always on a weekly basis. Fire drills were being completed. The last one had taken place in January 2017. Personal Emergency Evacuation Plans (PEEPs) were in place for every person. These provided staff with the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Is the service effective?

Our findings

At our last inspection in March 2016 we found people's rights were not always protected because staff had not acted in accordance with the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made, but further work was required.

Staff did not always work in accordance with the Mental Capacity Act 2005 (MCA). 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that some people had their mental capacity assessed for specific decisions. One person had their mental capacity assessed for the decision to have covert medicines and another had their capacity assessed for attending medical appointments. Best interest decisions had been made on people's behalf in both instances.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguarding (DoLS). We found the provider had not made any DoLS applications for people who were unable to go out on their own safely, or who were being restrained by lap belts. This was as a result of the provider being given incorrect advice. Since the inspection the registered manager has applied for the required DoLS authorisations.

Staff were not always aware of the MCA and DoLS and the processes to be followed. Although one staff member said, "It is to determine where people have capacity and if not then a best interest decision is made" they did not though understand that the lap belt on a person's wheelchair was a restriction. Another staff member said, "I have forgotten what it's about." When prompted they told us, "It's about person centred decisions." Following the inspection we spoke to the registered manager about this. They told us they were confident that staff did have the knowledge but would provide additional training.

We recommend that the registered provider reviews their MCA training so that staff are able to work in accordance with the MCA to protect people's rights.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs, apart from the example above regarding mental capacity, consent and restraint. Staff received an induction which included shadowing existing staff and doing reflective accounts of their experience. One staff member said, "The training was fantastic. The videos I watched made me cry and it made me want to help." Staff undertook the Care Certificate. This is a nationally agreed framework which sets a basic standard for the skills staff need to have in order to support people safely. Staff also told us they had received all the mandatory training that included epilepsy, medicines, moving and handling and

autism. One staff member said, "We are being provided with the right training." Staff told us that two staff were completing NVQ's and that the opportunity was offered to all staff.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. Staff told us they received supervision. One staff member said, "I had supervision last night. We get a copy of the notes. They are usually every month, sometimes we skip a month. We talk about improvements I need to personally do. We talk about residents, abuse, and training." Records showed that staff were receiving supervision regularly and were discussing topics such as the management of medicines and training.

People's dietary needs and preferences were met. Staff told us that they discussed people's food choices in residents meetings and then wrote the menus on the board in the kitchen. The menu looked varied and healthy. People supported staff to prepare meals. We saw one person help prepare the lunch and evening meal. They made sandwiches for lunch and were peeling potatoes for dinner. Advice was sought from the Speech and Language Therapy team (SALT) when needed. We observed at lunch time a person being supported using the advice of the SALT team. At lunch time people were offered a choice of drinks and a choice of sandwiches. One person for religious reasons had their food prepared and cooked separately.

People's health care needs were monitored and met. People had health action plans in place. Any changes in their health or well-being prompted a referral to their GP, physiotherapist, occupational therapist, or other health care professionals.

Is the service caring?

Our findings

Relatives told us that staff were caring. One relative said, "The staff are brilliant. They are always able to say how [Name of person] is. They went out of their way when [Name of person] was poorly. I always feel [Name of person] is special to them." Another relative said, "The staff are very, very good."

Despite this feedback we found that staff did not always demonstrate a caring attitude. Staff spoke to people nicely, but there was little spontaneous interaction or conversation. This was despite the details in people's care plans on how to communicate with them. Staff did not spend much dedicated time with people. We did not see staff spend much time interacting with the person who spent a lot of time sitting on the sofa in the lounge on their own. At lunch time in the dining room we observed one staff member standing up eating their lunch, another standing around and the third although sitting next to one person they were not speaking to them. During the afternoon we heard staff calling to each other between the bathroom and the lounge and upstairs. We also heard a person crying in the bathroom and heard a staff member not being sympathetic towards the reason for their distress.

Staff did not always treat people with dignity and respect. There were several occasions when toilet doors were left open by people and staff did not close them. The manager fed back to us after the inspection about this. They said, "All the service users living within the home have come from long stay learning disability hospitals where closing a bathroom door does not appear to be a skill which was taught. They have very little awareness of the need for privacy so that is our job to support them with and we try the best to do this. The service users that used the bathroom do this independently and are not under constant observation so occasionally there may be a small delay in assisting them."

People not being treated with dignity and respect was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see some positive interactions from individual staff. We saw one person give a staff member a cuddle and the staff member hugged them back. One person preparing food in the kitchen was congratulated for peeling the potatoes by the staff supporting them. We observed the person and staff member worked well together in the kitchen. A staff member who worked in the afternoon was observed saying 'hello' to people and was doing a jig and laughing with one person. We heard them ask the person if they had a good day. One relative told us that staff were respectful. They said, "The way they talk to {Name of person} is respectful."

Staff knew people well. One person who had recently moved in was well known by staff and staff were able to describe the persons individual characteristics.

People were encouraged to be independent. We observed one person helping in the kitchen. They had also taken plates and cups back to the kitchen from the dining room earlier. Staff told us they liked to tidy up and this was evident. People's daily notes evidenced that they went out with staff to do the food shopping.

People's rooms were decorated according to people's tastes and wishes. Where people required their rooms to be set out in a specific way for their safety, we saw this had happened.

People were involved in the running of their home. In the PIR the registered manager told us that regular meetings happened where people could contribute. Records contained detail of these meetings where people and staff discussed a proposed new resident, the menu using pictures, doing more activities, maintenance around the house and holidays. Discussing the proposed new resident had led to people being prepared for someone new moving into their home.

Relatives and friends were able to visit the home at any time. In the PIR the registered manager told us that visitors are made welcome. This was confirmed by relatives. One relative said, "I'm always welcome when I visit the home. It feels nice when I go there." A second relative said, "They (the staff) are very polite and helpful."

Is the service responsive?

Our findings

Care plans were detailed and contained information on people's lifestyles, preferences and how they communicated. They detailed the support people needed in areas such as daily life, going out, mobility, communication, making important decisions, keeping safe, personal care, sleeping, health needs and mental health needs. Records demonstrated support was being provided by staff according to people's needs and preferences. For example, one person had a condition which meant it was more comfortable for them to be shaved from the left hand side. This was written in their care plan. Another person who didn't like to go out for walks because of their visual impairment had this written in their care plan. Care plans also contained details on what people could do themselves. For example one person makes their own breakfast and drinks.

One page profiles were used by staff on a day to day basis. However, for one person this did not state that they needed to wear a helmet at all times or that they were receiving one to one support. We saw they did not wear their protective helmet and staff left them unattended for 30 minutes at one point in the day.

We recommend the registered provider ensures that one page profiles are up to date and contemporaneous so that staff are able to provide the correct support to people.

Pre-assessments were completed prior to people moving in so it could be ensured the service was able to meet their needs. People's needs were then regularly assessed and the care they received was regularly reviewed. For example, one person who had recently moved into the home had their care plan reviewed and adapted as staff got to know them.

People enjoyed a range of activities according to individual choice. According to people's care plans the activities included art, cookery, performing arts, and pottery sessions. People received aromatherapy, attended hydrotherapy, visited local shops, cinemas, pubs, country parks, and garden centres. The manager informed us that they were looking for new activities for people to do as people were ageing and some activities that the adult education service provided were no longer appropriate. Staff have identified two local resources that people can try and new links have been made with a local community cafe which has offered a trial voluntary job to one of the people living in the home. On the day of the inspection we saw one person constructing models with bricks and another person's nails being painted. Two people went out to a gardening club after lunch and another two people went to the pub for a drink.

There was a complaints procedure in place and relatives knew how to make a complaint. One relative said, "I would talk to them (the staff) first. I have a good relationship with them." Another relative said, "If I wanted to I would. There is no reason to complain. {Name of person} is happy." No complaints had been received by the home in the last year.

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of the service. Audits were completed on a monthly basis by the manager. These included care plan reviews, risk assessment reviews, MCA compliance reviews, staffing and environmental reviews.

The provider completed a quality assurance audit annually. The last one had been completed in November 2016. Records showed there was a 78% compliance rate. There was an action plan in place to improve the service. At the time of the inspection all of the actions were completed.

Relatives had opportunities to feedback their views about the home and quality of the service their family members received. One relative said, "I received a survey about nine months ago. They asked what I thought. I told them I think they should pay staff more because they have difficulty getting them." A survey was completed in 2016 and three responses were received. We read that one relative had said they were not involved in planning their family members care and another complained that they had not been told about the provider changing. The survey had been analysed however we noted that relatives had not been responded to.

Accident records were analysed so that staff could take action to reduce the risks to people. For example, one person who had fallen twice in a week resulting in staff checking to see if the person had a urinary tract infection.

Staff were involved in the running of the home and staff felt supported by management. Regular meetings took place where staff received important messages and shared good practice. In the PIR the registered manager told us that they are accessible to the staff team. Staff confirmed this. One staff member said, "Fantastic support. Any issues or problems are sorted immediately." A second staff member said, "The manager is very supportive. Grievances and concerns are catered for. If we identify improvements they do it immediately. We feel listened to. They are flexible to our requests."

Relatives told us that the management of the home was good. One relative said, "The manager and deputy are exceptional."

The manager was aware of their responsibilities to report significant events, such as notifications to the Care Quality Commission. This meant we could check that appropriate action had been taken.

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 |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had not ensured people were being treated with dignity and respect |