

Living Ambitions Limited, Glasgow North and West Housing Support Service

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Telephone: 0141 556 3294

Type of inspection:

Unannounced

Completed on:

1 November 2019

Service provided by:

Living Ambitions Ltd

Service provider number:

SP2003000276

Service no:

CS2004073768

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Living Ambitions Limited, Glasgow North and West is registered to provide a housing support and care at home service to people with learning disabilities and physical disabilities. Living Ambitions is part of the Lifeways Group. The service aims to provide "positive, innovative support based on individual needs."

The service assists people with a range of needs to live independently and safely in their own home. People are supported to access the social, leisure, education, training, voluntary work and employment opportunities and activities open to all members of the community.

The service comprises of senior service managers, service managers, senior support workers and support workers.

The service currently provides care and support to 42 people in their own homes, of which there are 19 across the north and west of Glasgow, East Dunbartonshire and West Dunbartonshire. During the inspection, we visited nine homes where we met 22 people experiencing care and 22 members of the staff team.

What people told us

During the inspection, we visited nine homes where we met 22 people experiencing care and 22 members of the staff team. The people we met with were extremely complimentary about their experiences of the service. Those who were able to communicate told us staff were very friendly and caring, and how they were supported to have a very good quality of life. People said that they really liked the staff who supported them.

We also received positive feedback from relatives and carers. Comments included:

"Staff at the house work extremely well together which results in a well-run home with a relaxed and happy atmosphere. There has been a settled and most welcome year of activities and superb care. Much appreciated is staff keeping me informed constantly."

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the service's improvement plan and quality assurance documentation. These demonstrated the service's priorities for development and how they monitored the quality of provision within the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

People should experience high quality care and support that is right for them and be fully involved in all decisions. We received extremely positive feedback from people experiencing care about living in their homes and how staff treated them. We saw that people experienced care and support with compassion because there were warm, encouraging, positive relationships between staff and people, which helped them achieve their individual outcomes. In each of the homes we visited, the staff knowledge of people was very good, and they presented as caring and wanting the best for people.

We observed staff showing people respect and listening to their wishes and preferences. We saw that people chose where and how they spent their time and it was clear they benefited from maintaining and developing their interests and what mattered to them. The impact of people's health conditions or diagnoses was considered when supporting them. This meant that people experiencing care were supported by staff to do things that were important to them.

We found that people were enabled to get the most out of life and there were numerous opportunities to connect with family or friends and contribute to their local community in a variety of ways. People with specific communication needs or cognitive impairments were supported to participate in ways which suited them best. We heard, and saw evidence, about how people regularly attended local clubs, went on trips or holidays home and abroad, and spent time with their families. It was clear that people were being supported to build and maintain meaningful relationships.

It is important that people experiencing care are fully involved in developing their personal plans, which identify their personal goals and needs. The personal plans we reviewed were written respectfully and contained a very good level of detail. We saw that staff had read people's plans and signed that they had done so. There was generally very good detail around what was important to people and around communication. We found that the Me at a glance/essential information section provided an encapsulating synopsis of the information contained in the personal plan and was noted as being beneficial to the care and support people received.

People should be confident that their personal plan is regularly reviewed to highlight any changes in their support needs. We found that personal plans were reviewed regularly, evaluated and updated where necessary. We saw that supporting legal documents were in place, and that risk assessments and safety plans were used to enable people rather than restrict their actions or activities.

Medication is very important for many people experiencing care. At the previous inspection, we were concerned about the practice of some of the staff team and the provision of safe and effective treatments or interventions. We made a requirement around the training of staff in safe medication practices. During this visit, we found that staff had completed this training and we observed practices around medication that were safe and effective. This requirement had been met.

We had repeated a recommendation at the previous inspection that support staff should receive training in support planning and the use of health assessment tools to ensure that people's needs were being met. At this visit, we found that staff had received this training and this recommendation had been implemented.

We found that the service had been responsive and shown capacity to improve and ensure that there were positive outcomes for people in the area of care and support. During this inspection, we observed staff at the service support people's wellbeing and demonstrate major strengths in maintaining positive outcomes for people.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

People experiencing care should have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

We observed staff showing people respect and listening to their wishes and preferences. During our visit, we saw warm, encouraging, positive relationships between staff and people experiencing care, which helped them achieve their individual outcomes.

We found that learning opportunities had been developed to meet the needs of people experiencing care. Training needs analyses had been completed at the service and all mandatory training had been completed. We saw that staff had completed reminder training around positive behaviour support for people, as well as further training in autism. This meant that staff development supported improving outcomes for people and a recommendation repeated at the previous inspection had been implemented.

During the inspection, we checked the registration of the staff team with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and regulating their education and training. This helps to raise standards of practice, strengthen and support the workforce and increase the protection of people who use services. We found that systems were now in place to manage and monitor the SSSC registration process. It was clear that a great deal of focus had been afforded to this area and all staff are now registered appropriately, with a system in place to manage and monitor same. The requirement made at the previous inspection in this regard had been met.

Staff supervision had taken place and staff told us they found supervision beneficial and positive. The service had commenced use of the SSSC Continuous Learning Framework to support the supervision process. The framework sets out what people in the social service workforce need to be able to do their job well now and, in the future, and describes what employers need to do to support them. This ensured that staff used methods that reflected up-to-date knowledge and best practice guidance.

We saw that observations of staff working with people experiencing care were part of the supervision process. This meant that the views of people were used to give staff feedback and were included in the supervision and appraisal of staff who supported them.

At the last inspection, we repeated a recommendation that service managers and supervisors should receive training and induction relative to their role including supervision training. We found that all service managers had received internal management training and training in the new supervision document and process. This recommendation had been implemented.

Between our inspection visits there had been some issues around the performance of the staff team in specific houses in Glasgow and West Dunbartonshire. These have been addressed by the service and this has displayed capacity for improvement. However, these circumstances did highlight issues around staff conduct and culture that may take some time to remedy. The systems mentioned above should enable this and the improvement focus must be maintained to ensure that the wellbeing of people is maximised and to ensure that they consistently have experiences and outcomes which are as positive as possible.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

People who experience care should expect that the service is managed and led well and that there are systems in place to regularly check the quality of the service and improve it. We found that the leadership at the service was positive and managers led by example. They were well-known to people experiencing care and sought to achieve the best possible outcomes for them.

People should be confident that the service they use is well led and managed. The manager shared the service's development plans, which demonstrated what needed to improve and what actions were required to do so.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. At the previous inspection, we recommended that quality assurance processes be improved to be robust and make people accountable and enable the manager to identify any issues with service provision and address them promptly. We found that this had been implemented and quality assurance systems had been developed and the performance of the service was being monitored.

The manager shared with us how they ensured the quality of different areas within the service. We were satisfied that the systems were robust and that the service took into consideration the views of people experiencing care to continually make improvements. This led to better outcomes for people.

We found that meetings of the family forum had occurred, and people felt that the open and honest discussions were very beneficial. Surveys had been completed and provided many favourable responses. This meant that people experiencing care were meaningfully involved in how the service worked and developed.

We noted that audit checks were completed by the managers and members of the organisation's quality team and these included checks of systems covering accidents and incidents, medication and health and safety. The audit process also included checks of systems around the support of people experiencing care and their environment to ensure they continue to benefit from a culture of improvement.

There were issues around the performance of the staff team in specific houses in Glasgow and West Dunbartonshire that also included the performance of the specific managers or senior staff. These have been addressed by the service and this has displayed capacity for improvement. However, these circumstances did highlight issues around staff conduct and culture that should have been captured by the quality assurance systems described above.

These systems require some consolidation but should enable the improvement focus, which must be maintained, to ensure that the wellbeing of people is maximised, so they consistently have experiences and outcomes which are as positive as possible.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that any treatment or intervention people experience is safe and effective, and make sure all staff have appropriate training and ongoing competency assessments in administration of medication and medication recording, to ensure that safe medication practices are adopted and maintained. The provider must evaluate the impact of the training received to demonstrate that training has been effective in improving practice.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

It also complies with Regulation 4(1)(a), 15(a) and 15(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale for meeting this requirement: by 31 March 2019.

This requirement was made on 9 January 2019.

Action taken on previous requirement

During this visit we found that staff had completed this training and we observed practices around medication that were safe and effective. This requirement has been met.

Met - within timescales

Requirement 2

To enable people experiencing care to have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes, the provider must ensure that all staff employed in the provision of care are fit to carry out the role they are to perform. In particular, this includes ensuring that those social service workers required to register with the Scottish Social Services Council (or other professional regulatory body) to carry out the role they are to perform, are so registered.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

It also complies with Regulations 4(1)(a), 9(1) and 9(2)(b) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulations 3(2) and 5 of the Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013 (SSI 2013/227).

Timescale for meeting this requirement: by 31 January 2019.

This requirement was made on 9 January 2019.

Action taken on previous requirement

We found that systems were now in place to manage and monitor the SSSC registration process. It was clear that a great deal of focus had been afforded to this area and all staff were now registered appropriately, with a system in place to manage and monitor same. The requirement made at the previous inspection in this regard has been met.

Met - within timescales

Requirement 3

This requirement was made following a complaint investigation:

In order to ensure that people can feel safe and protected from harm in their own home the provider must ensure that individual support plan protocols are strictly adhered to at all times. The provider must also ensure that staffing levels make that possible and can be augmented at critical times for as long as necessary.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards - HSCS 3.20 which states 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' and HSCS 4.1 which states 'My human rights are central to the organisations that support and care for me'.

It is also necessary to comply with Regulation 4(1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 6 March 2019.

Action taken on previous requirement

Action planned by the service as per their action plan returned to us:

Full positive behaviour support (PBS) assessment to be completed in Torrance with lead PBS specialist staff member, joint with East Dunbartonshire Council Joint Learning Disability Team.

Workshop then delivered to staff from PBS specialist around PBS. PBS specialist will also work with service manager and learning disability team to review and update all documents around PBS (support plans, risk assessments). This will include step-by-step of how to support anyone around PBS which will also be delivered through PBS training.

This was checked during the inspection visit to the Torrance home and found to have been implemented. Staff training records support that all staff have received training around PBS.

Met - within timescales

Requirement 4

This requirement was made following a complaint investigation:

The provider must review their complaints and quality assurance procedures to ensure that complaints are always fully investigated and the complainant always gets a response. The process should also include better scrutiny of responses by more senior managers before they are sent out.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards - HSCS 4.21 which states 'If I have a concern or complaint this will be discussed with me and acted on' and HSCS 4.4 'I receive an apology if things go wrong with my care and support or my human rights are not respected and the organisation takes responsibility for its actions'.

It is also necessary to comply with Regulation 18(1, 2, 3 & 4) Complaints of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 6 March 2019.

Action taken on previous requirement

Action planned by the service as per their action plan returned to us:

All service managers will have any complaint they are completing overseen by senior management to ensure this is following policy. HR will deliver training to all management around HR policies, including complaints.

This had been implemented. Evidence examined showed that managers had received specific training.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Support staff should receive training in support planning and the use of health assessment tools to ensure people's needs are being met.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14).

This recommendation was made on 9 January 2019.

Action taken on previous recommendation

We had repeated a recommendation at the previous inspection that support staff should receive training in support planning and the use of health assessment tools to ensure that people's needs were being met. At this visit, we found that staff had received this training and this recommendation has been implemented.

Recommendation 2

The manager should develop a coherent staff training and development plan which includes autism and promoting positive behaviour training to meet the needs of people who use the service.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This recommendation was made on 9 January 2019.

Action taken on previous recommendation

We saw that staff had completed reminder training around positive behaviour support for people, as well as further training in autism. This meant that staff development supported improving outcomes for people and the recommendation has been implemented.

Recommendation 3

Junior managers and supervisors should receive training and induction relative to their role including supervision training.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This recommendation was made on 9 January 2019.

Action taken on previous recommendation

We found that all service managers had received internal management training and training in the new supervision document and process. This recommendation has been implemented.

Recommendation 4

The service should ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This recommendation was made on 9 January 2019.

Action taken on previous recommendation

At the previous inspection, we recommended that quality assurance processes be improved to be robust and make people accountable and enable the manager to identify any issues with service provision and address them promptly. We found that this had been implemented and quality assurance systems had been developed and the performance of the service was being monitored.

Complaints

Please see information under the section - What the service has done to meet any requirements we made at or since the last inspection.

You can also visit our website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
23 Oct 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
9 Oct 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
9 Nov 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
30 Nov 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
3 Nov 2014	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
19 Nov 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
7 Dec 2012	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
20 Oct 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
18 Mar 2010	Announced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
26 Feb 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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