

Living Ambitions Limited, Glasgow North and West

Housing Support Service

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Type of inspection:
Unannounced

Completed on:
22 February 2023

Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

Service no:
CS2004073768

About the service

Living Ambitions Limited, Glasgow North and West is registered with the Care Inspectorate to provide a housing support and care at home service to adults with learning and/or physical disabilities living in their own homes. The provider is Living Ambitions Limited.

At the time of the inspection the service supported 29 people to live in their own homes or shared homes, of which there are 16 across the north and west of Glasgow, East Dunbartonshire and West Dunbartonshire.

About the inspection

This was an unannounced inspection that took place on 14, 15, 20, 21 and 22 February 2023. The inspection was carried out by four inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Visited 13 of the 16 homes
- Spoke with 21 people using the service and two of their families
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents
- Obtained feedback from stakeholders.

Key messages

- Staff were compassionate, kind and motivated to support people in the best way.
- People were encouraged and supported to make decisions in their day-to-day lives.
- People were leading active lives doing things which were meaningful to them.
- Personal plans should be reviewed regularly.
- Staff felt supported by the management team.
- Processes around professional registration should be enhanced.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People using the service were treated with compassion, dignity and respect. They received support that was kind and respectful, mainly from staff that knew them well. We saw people being relaxed around staff and happy to see them. We saw evidence of warm engagement between people and staff. Comments from staff we spoke with such as "We all want the best for people using the service", reflected the values of the staff. People felt safe as there were strong, trusting relationships between staff and the people they supported.

People's homes were of a high standard and personalised to their taste and interests. There was appropriate specialist equipment in place, which optimised the people's independence and met their physical and postural needs.

People were encouraged to make day-to-day decisions and choose how to spend their time. Support was provided within and outside their home environment and people had opportunities to pursue their interests and hobbies. People told us they were happy as they were able to attend clubs and others were planning holidays. Therefore, people led active lives and were encouraged to achieve their full potential.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. There was good oversight of medication management, and we were confident that people's medication needs were being regularly reviewed and monitored.

Support was planned in a way that promoted choice and control, whilst taking account of the challenges and risks in people's lives. Legal parameters were detailed, and clear protocols were in place for staff to follow. We were confident that sufficient guidance was implemented to enable decision making and at the same time keep people safe.

Personal plans were in the process of being updated and further developed so they more accurately reflected people's support needs. However, there were few that had been completed. Most support plans were out-of-date and had not been reviewed for some time (see requirement 1).

The risk from infection was minimised at the service. Staff had been trained in infection prevention and control and had good supplies of personal protective equipment. At times of high infection risk due to the Covid-19 pandemic, the service had contingency plans for prioritising support provision and keeping those most at risk safe. People were helped to keep safe, and the risk of infection spread was reduced.

Requirements

1. By 29 May 2023, the provider must ensure that people's support plans accurately reflect their current needs, choices and preferences. To achieve this, they must, at a minimum, review people's personal plans at least once in every six-month period in line with statutory requirements.

This is to comply with Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff spoke positively about the management and leadership within the service and how approachable and supportive the current management team was. Staff were confident that any concerns would be dealt with appropriately and, where necessary, escalated. There was effective communication within the staff team.

The provider had a quality audit system in place which was being used to check that expected standards and good practice guidelines were being implemented. Some of these audits also included checking the quality of people's experiences.

The service had an improvement and development plan which incorporated findings from internal audits and feedback from people, relatives and staff. The plan had clear focus areas and measurable outcomes. Focus areas included the development of opportunities for people and further training for staff. A variety of staff members had responsibility for specific areas of the plan, empowering staff in various roles to develop new ideas. This meant that people were supported by staff who were accountable for carrying out the necessary actions for improvement.

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 a few workers were not registered with the SSSC, although required to do so. This presented a potential risk of poor outcomes for people experiencing care as they could not be confident that a trusted, skilled and confident workforce was providing services (see requirement 1).

Requirements

1. By 29 May 2023, the provider must ensure that all staff employed in the provision of care are fit to carry out the role they are to perform. To achieve this, they must, at a minimum, ensure 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 is to comply with Regulations 4(1)(a) (Welfare of users), 9(1) and 9(2)(b) and (c) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulations 3(2) (Requirements on providers and offences) and 5 (Requirements on social service workers) of The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013 (SSI 2013/227).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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