Real Life Options

Real Life Options - Earlswood House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on 31 August 2018. Earlswood House is a care home without nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

Earlswood House accommodates up to eight people in one building. At the time of our inspection seven people lived at the home. At our last inspection on 09 November 2016, we rated the service as 'Requires improvement' in the key questions of safe and well-led and 'Good' in the key questions of effective, caring and responsive. We rated the service as 'Requires improvement overall'.

During our most recent inspection we found improvements had been made and we rated the service as 'Good'.

A registered manager was 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.

People were protected from the risk of harm or abuse because staff were aware of the actions they should take to escalate any concerns for people's safety. Effective systems were in place to assess, monitor and manage people's known risks. There were sufficient numbers of staff available to meet people's needs. People received their medicines safely. The home environment was clean and systems were in place to audit infection control practices.
People were supported by staff who had the skills and knowledge to care for people effectively. People were asked for consent before care was provided. Where people's rights were restricted this had been done lawfully. People received sufficient food and drink. People were supported to access healthcare professionals when required.

People were supported by staff who were kind and caring. People were supported to maintain their independence as much as possible. People were supported to make their own decisions and staff respected their dignity and privacy. Staff understood people's needs, preferences and communication styles.
People were involved as much as possible in the planning of their care. Staff supported people to follow their interests and hobbies. The provider had a system in place to monitor and manage complaints.

Staff felt supported by the registered manager and were aware of their roles and responsibilities. There was

a system in place to monitor the quality of the service provided to people and people had been asked to feedback about the service. The registered manager had submitted notifications to CQC of specific events as required by law

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who understood their responsibilities in protecting people from abuse. Risks to people were assessed, monitored and managed to protect people from avoidable harm. People received their medicines safely. There were sufficient numbers of staff to meet people's care and support needs. People were protected from the risk of infection by a clean environment.

Is the service effective?

Good

The service was effective.

People's needs were regularly reviewed and known by staff. People were supported by staff who received training relevant to their role. People were asked for their consent before care and support was provided. People had sufficient amounts of food and drink to maintain their health. People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring. Staff understood people's choices and preferences. People were supported by staff to maintain their independence. People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's preferences were known and understood by staff. Care records were up to date and reflective of people's needs. People were able to follow their interests and spend time doing activities they enjoyed. Although no complaints had been received a system was in place to monitor and manage concerns.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor and assess the quality of care people received. Staff felt supported by the management team and expressed positive views about the management of the home. The provider notified us of incidents and events as required by law.

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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 was an unannounced comprehensive inspection which took place on 31 August 2018. The inspection team consisted of one inspector.

We reviewed the information supplied to us by the provider in their Provider Information Return (PIR). A PIR is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authority about information they held about the provider. This helped us to plan our inspection.

During the inspection we met with all the people living at Earlswood House. People living at the home have learning disabilities and are on the autistic disorder spectrum. Verbal communication is not their preferred method of communication, so we spent time observing people's care in the communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one person, the registered manager, area manager, the team co-ordinator and five members of staff. We looked at three care records and six medicine records. We sampled the provider's checks and audits to monitor the quality of the service and looked at feedback about the service.

Good

Is the service safe?

Our findings

At our last inspection in November 2016 we rated this key question as 'Requires improvement'. We found that improvements were required in relation to the deployment of staff to ensure people's needs were continually met. At this inspection we found the necessary improvements had been made and rated the service as 'Good'. We will continue to monitor the service to ensure the improvements have been sustained and review at our next inspection.

At our last inspection we found the deployment of staff did not consistently keep people safe. At this inspection we found there were sufficient numbers of staff available to respond to people's needs. Staff we spoke with confirmed this; one member of staff said, "We work as a team there are enough staff. We complete extra shifts if someone is off on leave or is sick." This meant people continued to be supported by staff who they were familiar with which is important for people with autism. During the inspection, we observed staff could spend time with people supporting their different interests or care needs. For example, one person wanted to go to the shops and a member of staff facilitated this.

Staff we spoke with confirmed they had completed a range of employment checks before they started to work at the home. For example, Disclosure and Barring checks (DBS), were carried out. DBS checks include criminal and barring checks to help employers reduce the risk of employing unsuitable staff. We saw that the provider had systems in place that ensured staff were recruited with the right skills and knowledge to support people living at the home.

One person we spoke with confirmed they felt safe when asked. Staff we spoke with could tell us how they would recognise the signs of abuse and said they had received training in safeguarding. One member of staff said, "Abuse can be many things, unexplained bruises and injuries, sexual, financial, physical and bullying. I would report it straight away to the manager. We also have a contact number in the office should we need to report concerns." The registered manager understood their responsibilities in relation to reporting safeguarding concerns and systems were in place to ensure people were safeguarded from abuse or harm.

Staff demonstrated an understanding of how to support people with their individual risks. For example, one person needed support to manage repetitive behaviours. We saw these risks had been assessed and where required relevant professionals consulted to identify the support required. Staff had access to information which provided them with clear guidance on how to keep people safe as well as taking account of people's individual choices and independence. Staff we spoke with were knowledgeable about how to manage risks to people and we saw staff supported people in accordance with their risk assessment. For example, one member of staff explained how they supported a person to access the community. This showed risks to people were identified and staff were aware of the actions they should take to keep people safe.

We looked to see whether medicines were managed safely. Staff we spoke with said they felt confident administering medicines and said their competency had been checked by the registered manager. We looked at how people were given their medicines by staff. We saw a staff member administered medicines to people safely. For example, they stayed with the person whilst they swallowed their medicine. Some

medicines were prescribed to be given 'as required'. Staff we spoke with demonstrated they understood when these medicines should be given to people. We saw guidance was in place for people informing staff when to give these medicines. This meant people would be given these medicines consistently and at the times they needed them.

People were protected from the risk of infection. Staff we spoke with told us of the importance of using personal protective equipment (PPE) when providing personal care to people to reduce the risk of infection. We saw the home was clean and fresh and people's individual bedrooms were tidy and well maintained.

The registered manager had a system in place for recording accidents and incidents; along with a system to monitor and look for trends or patterns to reduce the likelihood of events reoccurring. Information and learning was shared with staff at shift handovers and staff meetings. This demonstrated processes were in place to learn from events that occurred within the home.

Good

Is the service effective?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good'. At this inspection we found the rating had remained 'Good'.

People's needs were assessed regularly to ensure they continued to receive the support and care they required. Staff we spoke with had a good understanding of people's needs including their communication styles and behaviours. Staff said they worked alongside several different social and healthcare professionals to ensure people's needs continued to be met.

Our observations demonstrated staff had the skills and knowledge to support people's needs. For example, we saw staff spent time interacting with people and knew how to reduce people's anxieties. The registered manager monitored staff training needs and ensured training was up to date. All the staff we spoke with told us they had access to a variety of different training which provided them with the skills to meet people's needs. One member of staff said, "There is a lot of different training offered. I have done first aid, epilepsy and safeguarding." The provider information return (PIR) and conversations with staff confirmed they had received an induction when they started working in their role; this included shadowing shifts and an opportunity to read people's care records to understand people's individual needs. New staff completed the Care Certificate which is a nationally recognised set of standards for health and social care workers. It sets the standards for the skill, knowledge and values expected from care staff.

Staff told us they had regular one to one meetings with their line manager which provided them with the opportunity to discuss any issues, concerns or developmental needs. They continued to explain that they were regularly observed by the registered manager for their competency such as administering medicines to make sure they were providing safe care. Staff also said they attended shift handovers each time they came on duty to make sure they had up to date information such as any healthcare appointments or how a person might be feeling. This ensured people had the support and care they required.

People were encouraged to eat nutritionally balanced meals to maintain their health. People were supported to plan their meals and some people participated in food shopping. Staff knew people's individual food preferences and we saw meals were prepared to suit people's needs. One person told us their favourite meal was fish and chips and they said they enjoyed this. We saw meal times were a social occasion and saw where people might require assistance or prompting to eat and drink, staff were available to offer support. We saw people received sufficient amounts of food and drink to remain healthy.

People were supported to maintain their health and had access to healthcare professionals when required. Conversations with the registered manager and staff demonstrated they knew how to respond to people's specific health and care needs. For example, changes in a person's mental or physical health. One member of staff told us, "We know people well and recognise if something is not right we would contact the [doctor] if needed." Staff told us and we saw in people's care records information about people's health needs were recorded along with information received from healthcare professionals such as psychologists, social workers and a foot health practitioner. This showed staff worked in partnership with other professionals to

ensure people's health needs continued to be met.

The home environment met the needs of the people who lived at the home. One person chose to spend time alone and we saw they had safe space both within the building and outside to meet their needs. The PIR indicated equipment and furnishings required updating and soft furnishing and wall art were being introduced to make the environment homely. We saw this was being implemented at a pace which did not cause people to feel anxious.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (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. Throughout the day we saw staff seek people's consent and saw people made choices regarding their daily routines.

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 Safeguards (DoLS). Staff we spoke with were knowledgeable about the MCA and DoLS and what that might mean for people living at the home. We saw evidence that mental capacity assessments and best interest's discussions had taken place when necessary and in accordance with the legislation. We saw the registered manager had a system in place to ensure when people's DoLS expired they applied for a new one along with information about a person's representative. At the time of our inspection seven people had authorised DoLS in place.

Good

Is the service caring?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good'. At this inspection we found the rating had remained 'Good'.

One person said, 'Yes' when asked if the staff were kind. We observed throughout the inspection staff approached people in a caring and friendly manner. Staff members spoke positively about the people they supported and had built up strong relationships with them. Staff communicated with people in ways that they could understand for example, using a mixture of words and gestures. We saw one person who had become anxious; we saw a staff member approached them and offered them reassurance. Staff told us, keyworkers were allocated to people to ensure consistency of care and be a point of contact for families. Staff we spoke with were able to tell us about people's individual needs, likes and dislikes to ensure they cared for the person in a way that was personal to them.

People had access to independent advocacy services if required to represent their views. We saw advocates had been involved in decisions made on behalf of two people who lived at the home to ensure their rights and views were respected.

We observed people were supported to make decisions about their daily lives and were involved in their own care and support as far as possible. Care records we looked at showed people and their relatives were involved in planning their care. The provider had ensured people had information in line with the Accessible Information Standard for example in picture format. The Accessible Information Standard is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's preferred styles of communication were known by staff and respected. Staff we spoke with knew people well, their likes and dislikes and the way that they communicated. They explained that one person used particular words or gestures to communicate how they were feeling or what they wanted. This showed staff communicated with people in a way they understood.

People were supported to be as independent as they wanted to be. One member of staff told us, "[Person's name] picks out their own clothes and washes themselves. I only prompt or support when I am needed." Staff described other ways in which they supported people to be as independent as they could be; for example, involving people in tasks around the home such as cleaning and tidying and shopping for food or household items.

People's rights to dignity and privacy were respected. We saw people were well presented and were wearing clothes of their own choice. For example, a member of staff told us one person liked to wear particular colours and types of trousers and we saw this was respected. Staff also shared other examples of ways they protected people's dignity by closing doors when providing personal care. People's rights to confidentiality was also respected in line with the General Data Protection Regulations (GDPR). We saw information was securely stored and not shared without reason with others. This meant people's dignity and privacy was maintained.

Good

Is the service responsive?

Our findings

At our last inspection in November 2016 we rated this key question as 'Good'. At this inspection we found the rating had remained 'Good'.

Staff we spoke with knew people very well and could explain how people expressed their choices and views. We saw staff were responsive to people's individual needs. For example, staff recognised when one person wanted to spend time alone. Staff told us they had access to information in order to respond appropriately to people's needs. One member of staff said, "Information about any changes in a person's needs is shared during handover and we have the care plans to refer to." Care records we looked at were personalised and contained up to date information about people's routines and preferences. Guidance about all aspects of a person's health and social care needs was also recorded for staff to refer to. We saw as far as possible people's care and support was planned in partnership with them. We saw people and those who supported them were involved in reviews of people's care needs. This was to ensure care continued to meet people's needs and care records remained up to date and reflective of people's needs and wishes.

People were supported to participate in a wide range of hobbies and interests. One person told us they were going to the shops to buy some items for their bedroom and that they were looking forward to this. We saw activities were based on what people enjoyed doing. For example, some people enjoyed going out for a walk whilst others liked to undertake activities within the home. On the day of our inspection we saw staff taking people out into the community and supporting people with individual activities within the home. One person wanted to be on their own in a room. Staff told us it was what the person preferred; we saw staff regularly checked on the person to ensure they remained safe as well as interacting with them to try and engage them in more stimulating activities.

Some people at the home would be unlikely to be able to make a complaint due to their level of understanding and communication needs. However, we saw a complaints procedure was available to people in easy to read format with pictures. Staff told us they knew people very well and would be able to tell if someone was unhappy. They said they would watch people's behaviour and use various communication methods to find out what was wrong or causing people to become anxious. Such as speaking slowly, using gestures or pictures. We looked at records and saw that there was a system in place to record and investigate complaints however, no complaints had been received since our last inspection. Staff explained they would follow the provider's complaints process and were confident the registered manager would investigate and resolve any concerns quickly.

The provider was not currently providing care to anyone who was at the end of their life. We found some information was available in people's care records about details of family contacts. However, we found information about how a person might wish to be cared for at the end of their life was not routinely asked. This might mean that if a person passed away their wishes might not have been known and staff would not have the guidance they needed available to provide care according to their individual wishes. The registered manager told us that they would develop end of life care plans following our inspection.

Good

Is the service well-led?

Our findings

At our last inspection in November 2016 we rated this key question as 'Requires improvement'. We found that improvements were required in relation to notifying us of people who were subject to a DoLS arrangement as is required by law. At this inspection we found the necessary improvements had been made. However, we found improvements were required in the governance and auditing systems in relation to medicines. This was completed following our inspection visit. We have rated the service as good. We will continue to monitor the service to ensure the improvements have been sustained and review at our next inspection.

Since our last inspection the registered manager had continued to develop and improve the quality audit systems used to monitor and assess the standard of care people received. However, we found not all of these audits were fully effective. For example, we looked at six people's medicine administration records (MAR) and found some of their medicines were not recorded accurately. We found prescribed medicines in stock did not reflect their MAR or records of receipts for medicines. Although there was no evidence that anyone had been harmed by these errors, it was unclear from medicine records whether people had received correct medicines to support their health and well-being. We discussed this with the registered manager who told us they would review medicine management procedures. Following the inspection, the registered manager reviewed their procedure for safe medicine administration and had arranged a workshop with staff to ensure medicines were monitored and managed effectively.

We saw other checks were completed of care records and risk assessments to ensure they were reflective of people's needs and risks. At the last inspection we noted that a report of an incident lacked detail and the person involved did not receive the expected level of supervision from staff. At this inspection we found incidents had been appropriately recorded and information analysed to identify any trend or pattern to reduce the risk of a re-occurrence. We found people's care records had been updated in response to changes in a person's need and contained the correct guidance for staff to refer to so that people received safe care.

At our last inspection we found although the registered manager notified of us safeguarding events; we had not received statutory notifications for some approved DoLS applications. At this inspection we saw the registered manager had notified us of approved DoLS as is required by law along with informing us of any other significant incidents and events that had taken place. All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The current management had ensured this was on display within the home.

We saw the registered manager had a system in place to seek the views of people and their relatives to better understand their opinions of the service. Information was available to people in easy to read format with pictures. The feedback indicated people were satisfied with the service they received which was reflective of what we saw during our inspection.

At the time of our inspection there was a registered manager in place. A registered manager has legal

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager also managed another service close to Earlswood House. Staff told us if the registered manager was working at the other service they were always contactable by telephone for any advice or support. The registered manager told us they were provided with support from an area manager who visited the home regularly and completed spot checks.

Staff told us the home was well run and were enthusiastic about their roles. They explained there was a clear leadership structure within the home and they felt supported by the management team and their colleagues. Staff told us they had regular staff meetings with the registered manager and were involved in how the home operated. They said the culture of the home was open and they were given opportunities to express their views. Staff told us they would feel confident raising concerns with the registered manager or provider. One member of staff said, "[Managers] do listen. We also have a whistle-blowing policy in place." Whistle blowing is when a staff member reports suspected wrongdoing at work. Staff said they felt confident that if they raised any concerns the registered manager would listen and take the appropriate action. We found staff felt supported in their role and everyone was positive about the management and culture of the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. At the end of our site visit we provided feedback on what we had found and where improvements could be made. This feedback was received positively.