

Real Life Options

Real Life Options - Earlswood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Earlswood House is registered to provide accommodation and support for up to eight people with a learning disability. There were eight people living at the home when we inspected. We last inspected this service in October 2015 and found that improvements were needed in all of the five key question areas. We also identified that the provider was in breach of the regulations as quality monitoring systems had not been effective. We had received an action plan from the provider and this inspection found that improvements had been made and there were no breaches of regulation.

Since our last inspection the manager had registered with us and they were available throughout our inspection visit. 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 who were able to speak with us confirmed that they did feel safe living in the home. Some people we met found verbal communication difficult. We observed people looking relaxed and showing happiness with their facial expressions and body language. Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse.

Additional staff had been recruited so that the use of agency staff had been reduced and people were usually supported by staff who knew them well. Some improvement was needed to the deployment of staff to make sure people had the required level of supervision to keep them and others safe. New staff that had commenced had been provided with an in-house induction and had also attended the providers own induction on how to care for people and work safely. Staff told us that they were given the opportunity to develop their knowledge and skills in order to carry out their roles effectively.

People told us, or indicated by gestures, that they were happy at this home. We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting.

People's changing health and wellbeing needs were responded to and people had regular access to health care professionals to maintain their health. People were usually given a choice of foods and staff knew what people liked to eat. Meals were prepared according to people's specific dietary needs.

Systems to monitor and develop the quality of the service people received had been improved but not all incidents had been investigated and used to learn lessons to prevent similar occurrences in future.

The service had a registered manager. Staff said the manager was approachable and available to speak with if they had any concerns. The provider and registered manager had used feedback from the last inspection to make some improvements to the service.

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 consistently safe.

People could not be confident there would always be staff available in the right time at the right place to meet their needs.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse.

People received their medicines safely and as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

People could exercise their right to choose how they wanted to be supported and staff understood the Mental Capacity Act 2005 (MCA).

People received care which met their needs because they were supported by staff who had the appropriate skills and knowledge.

People were supported with eating and drinking and to maintain their overall health.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with staff and we observed caring interactions throughout the day.

People were supported to maintain their independence and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in activities they enjoyed.

There was a complaints procedure in place which was accessible to people and visitors.

Is the service well-led?

The service was not consistently well led.

Notifications had not always been submitted to us in a timely way.

Systems to monitor and develop the quality of the service people received had been improved but an incident had not been investigated and used to learn lessons to prevent similar occurrences in future.

Staff said the registered manager was approachable and available to speak with if they had any concerns. The registered manager had used feedback from the last inspection to make some improvements to the service.

Requires Improvement 

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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 09 November 2016 and was unannounced. The inspection team comprised of one inspector.

Before the inspection we looked at the information we already had about this provider. We reviewed previous inspection reports for this service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We contacted the local authority commissioning team who purchase care for people and Health Watch to ask for their feedback on the service. We took all of this information into consideration when planning our inspection.

During our inspection we met with all of the people living at Earlswood House. Most people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. We spoke with the registered manager, team co-ordinator and four care staff. We also spoke with two relatives of people living at the home and with a health and social care professional. We looked at some of the care records for three people, the medicine management processes and at records about staffing, training and the quality of the service.

After our inspection visit we also received information from two health and social care professionals. The registered manager and area manager sent us further information which we had requested and was used to support our judgments.

Is the service safe?

Our findings

We last inspected this service in October 2015 and found improvements were needed. Staffing arrangements were not satisfactory and this inspection found some improvements had taken place as the use of agency staff had been reduced. However the deployment of staff did not always meet people's needs. We had also previously identified that some aspects of medicines management needed improvement. This had been done.

Prior to our inspection there had been some safeguarding incidents that had been reported to the local authority by the registered manager. Some of these incidents involved the behaviour of one person towards other people living at the home. The person had indicated they wished to move from the home and arrangements were underway in consultation with the person for them to move to more suitable accommodation. The registered manager told us that health and social care professionals had been involved in assessing the person's needs and guidelines were in place to help keep people safe. One health and social care professional told us they had found it frustrating as some of their recommendations in relation to behaviour management had not been implemented due to current staffing levels. The registered manager told us they had asked the local authority for extra funding to be able to provide increased community access but this had not been successful. They told us that staff were expected to keep 'eyes on contact' with the person but we saw this was not always followed by staff during our visit. A report of a recent incident involving a visitor also showed that the person was not under staff supervision when this incident had occurred. This showed that the deployment of staff was not consistently keeping people safe.

People who were able to speak with us confirmed that they did feel safe living in the home. We asked if there was anything at the home that frightened people and they said "No." Other people who were unable to express their views looked relaxed in the company of staff. The relatives we spoke with confirmed that they thought their family member was safe living at the home.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with demonstrated a good awareness of their responsibilities in respect of safeguarding people. Staff were able to describe signs and symptoms of abuse and when they should escalate concerns and to whom. There was guidance available in various formats to support people who used the service, visitors and staff to alert the appropriate agencies if they were concerned about their own or the safety of others. This indicated that any safeguarding matters would be investigated and people would be protected. The provider had a whistle-blowing hotline that staff could use to report any concerns. We noted there was information on display in the home regarding this.

Our previous inspection had identified concerns about the number of agency staff that were being used. The registered manager told us that a number of new staff had been recruited and that the use of agency staff had been significantly reduced. Our discussions with care staff and the staff rotas we looked at supported what the registered manager told us. This meant that people were usually supported by staff who knew them well. During our visit we saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. The staff we spoke with told us that the staffing levels were

safe.

The registered manager and staff we spoke with confirmed that the necessary checks including references and a Disclosure and Barring Service (DBS) check had been made before they started working in the home. A review of three staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable.

We looked at some of the fire safety arrangements that were in place. People had individual evacuation plans so that staff had information about the support they needed. We looked at the records for testing the fire alarms and saw these were done weekly and that regular fire drills were completed. This helped staff to know how to support people to keep safe should a fire occur in the home.

People received their medicines safely and when they needed them. The registered manager and care staff told us that medicines were only administered by staff who were trained to do so. At our last inspection the registered manager told us of their plans to complete formal assessments of staff competency to administer medication. These had now been introduced.

Some people were prescribed medicine on an 'as required' basis and we saw that guidance was in place for staff about when this medicine was needed. Some of this guidance needed to be reviewed to make sure the information was current but our discussions with staff indicated they were aware when people would need this. Most medicine was in blister packs. The records of the administration of medicines were completed accurately by staff to show that prescribed doses had been given to people. Some of these records still showed medicines that were no longer prescribed to people. There was no risk of these being administered as the medicine was not available but this made the records confusing to read. The registered manager told us they had asked the pharmacist to remove these and would ensure this was followed up. We concluded that people were receiving their medicine safely.

Is the service effective?

Our findings

We last inspected this service in October 2015 and found improvements were needed as staff had not received all the training they needed to meet people's needs and there were restrictions placed on people where it had not been agreed as in their best interests. This inspection found improvements had been made in these areas.

Staff told us they received the training they needed for their role and that they were currently undertaking a number of refresher courses via e-learning. One member of staff told us, "The training is good, it's both on line and practical." We were informed by the registered manager that all new staff undertook a full induction at the start of their employment. The provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff new to the care sector with the knowledge they need to provide safe and compassionate care. Our observations showed that staff had the necessary skills to meet people's needs effectively.

At our last inspection we identified that staff had not received specific training to help them meet the health needs of a person at the home. This training had now been provided to staff. The registered manager told us she was in discussion with the training department to organise additional training for new staff who had not previously received this.

We asked the registered manager about the supervision arrangements for staff. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. At our last inspection the registered manager had told us that supervision had fallen behind for some members of staff and that they would be rectifying this issue. We found that the frequency of staff supervision had been improved and staff told us they felt supported.

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.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We observed that some people that lived at the home may not have had the mental capacity to make an informed choice about decisions in their lives. At our last inspection we found that the service placed restrictions on people moving freely about the home. Kitchen doors in each home were locked and people were only able to access them with staff support. The first floor bathrooms were also kept locked. We were informed doors were kept locked due to risks to people. We were not provided with any evidence that these

were the least restrictive options and if any best interests decisions were in place for these practices.

At this inspection visit the registered manager told us that a number of DoLS applications had recently been approved and that they had included the issue of having locked kitchen and bathroom doors. In the DoLS that had been approved we saw discussions had taken place in relation to locked doors in the home. We brought to the registered manager's attention that not all staff were aware of the DoLS that had recently been approved. They assured us they would make sure all staff were aware of these.

The registered manager told us of plans to reduce restrictions in relation to access to the bathrooms and after our inspection visit the area manager sent us evidence that discussions had previously taken place at manager meetings about the least restrictive options and arrangements were being made to put these into place. This showed the registered manager was looking at ways to manage the risk to people in the least restrictive way.

We spoke with staff about how they sought consent from people and about their understanding of the Mental Capacity Act. Staff were able to explain how they sought consent and confirmed they had received training in the MCA.

People who were able to communicate with us confirmed they were happy with the meals provided. One person told us, "I like most of the meals." During their meal one person smiled and told us, "It's nice."

Staff told us that people had access to a wide range of different food and drinks. Staff told us that the menus were completed on a weekly basis following discussions with people at a meeting about what they wanted to eat. They told us that sometimes they did not cook what was on the menu because they also checked with people on the day what they wanted. They told us that where people were unable to communicate what they wanted they offered individual choices based on what they knew people enjoyed or by giving visual choices to people.

We observed drinks being offered to people throughout the day. We spent time in one of the dining rooms whilst people had their lunch. People received appropriate support and their facial expressions indicated they were enjoying their meals. We brought to the registered manager's attention that people were given a yogurt for their pudding but that choices had not been offered. The registered manager said she would address this with staff as she would always expect choices to be offered. One person told us they usually chose what they wanted to eat.

People's care records contained information for staff on people's nutritional needs. Some people needed their meals prepared to a specific texture due to assessed risks. The registered manager provided evidence that some people had recently been re-assessed by a health care professional to make sure their meals were being provided to the texture that was needed. Staff were able to tell us about individual needs and we saw that meals were prepared in line with the written guidelines. This meant that people received the nutrition they needed in a safe way.

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. One person's relative told us, "They [staff] do look after [person's name] health" We spoke with one care professional who confirmed they had no concerns about people's healthcare needs.

People's care records showed they attended health appointments if they were unwell. The registered manager told us they had not been fully satisfied with the level of service that people had been receiving

from their GP. People had recently been registered with a new GP and arrangements were being made for each person to have a health check as part of the registration process. This showed that the registered manager took action to make sure people were receiving input from other healthcare professionals that met their needs. We saw that people had a health action plan in place, in line with good practice recommendations for people who have a learning disability. This helped to ensure people's healthcare needs are met.

Is the service caring?

Our findings

We last inspected this service in October 2015 and found improvements were needed. Due to how staff were managing one person's behaviour there was a negative impact on the dignity of all people at the home. At this visit we found that improvements had been made and people's dignity was respected.

People who were able to communicate with us confirmed that staff were caring. One person told us, "Staff are nice, they are good to me." Relatives confirmed that staff were caring. One relative told us, "They [staff] are all very caring.]

One relative told us, "All of the staff are very nice." Care professionals confirmed that staff were caring we observed staff were kind and patient with people and offered reassurance when necessary.

People were assisted discreetly with their personal care needs. Staff reminded one person of the need to shut the toilet door to protect their privacy. People were well presented and looked well cared for. People were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. This showed us that staff recognised the importance of people's personal appearance and this respected people's dignity.

We asked care staff what they did to protect people's dignity and privacy and all the staff we spoke with were able to describe how they did this. We saw examples of this including staff knocking on people's bedroom doors and seeking permission to enter. People were offered a key to their bedroom so could choose if they wanted to keep their bedroom locked. Care plans we sampled directed staff to maintain people's privacy and dignity, for example by ensuring the bathroom door was closed when they were bathing. Staff were respectful in the way they spoke about people at the home and people's personal information was stored securely. People could be certain their dignity would be maintained.

Opportunities were available for people to take part in everyday living skills. People were involved in shopping for some food and household items and one person made themselves a drink with support from staff. We saw and records showed that staff prompted people to carry out tasks independently where possible.

There were no restrictions on visiting times. A relative we spoke with told us they were able to visit the home at any time they chose and did not need to inform the staff they were coming. They told us, "I can visit when I want and I am always made welcome."

People had access to advocates to if needed. One care professional told us they had found the care co-ordinator and registered manager very supportive in regards to advocacy and the person they were working with was supported to have a voice and express their views and wishes.

Is the service responsive?

Our findings

We last inspected this service in October 2015 and found improvements were needed. Arrangements for people to be able to participate in activities they enjoyed in the community needed to be improved. Care plans and assessments did not always adequately guide staff so that they could meet people's needs effectively. Action had been taken to improve these areas.

A new care planning format had been introduced since our last inspection. Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes, what was important to them and how staff should support them. We saw that staff knew people well. Staff were able to tell us people's likes and preferences. The relatives we spoke with told us they were satisfied with the care provided. One relative told us, "If [person's name] moved somewhere else it really would set him back." During our visit people's needs were met in a timely way.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. The registered manager told us that the reduction in the use of agency staff had a positive effect on the level of activities on offer to people but that she recognised further improvements could be made. One area that was being considered was an increase in the provision of activities in the evenings.

During our inspection, we observed that people were supported to do things that they found interesting. This included reading newspapers, listening to music and completing jigsaws. People who spoke with us told us they did things they enjoyed. Staff told us that the day before our inspection visit one person had been out for a birthday meal and that staffing levels had been increased to facilitate this.

Care records we looked at indicated people had opportunities to engage in various activities, including puzzles, hand massages, meals out, cinema and walks to the shops. Records showed that the activities on offer were quite repetitive. This showed people had opportunities to do the things they enjoyed. Whilst people appeared to enjoy the activities they were engaged in staff did not regularly prompt people to experience a variety of new activities. The registered manager told us that in the summer the provider had arranged a mini bus so that people could go out on day trips whilst the property was being redecorated. We were informed people had really enjoyed these days out and that the registered manager was exploring ways of providing similar excursions.

Meetings were held with people at the home where staff reminded people who they needed to speak to if they were unhappy about something. One person told us, "If I was unhappy I would tell the staff." The relatives we spoke with told us they had not had to raise any formal complaints but would speak to the registered manager if they had concerns.

A complaints procedure was available in an easy to read format with pictures. This had been reviewed since our last inspection to make sure it was up to date. No formal complaints had been recorded in the home's complaint log since our last inspection. The registered manager confirmed that no complaints had been received but indicated if complaints were received these would be used to improve the service. People

could be confident their complaints would be listened to and action taken.

Is the service well-led?

Our findings

We last inspected this service in October 2015 and found improvements were needed in how the service was led and there was a breach in regulations. Quality monitoring systems were not always effective. We had received an action plan from the provider. This inspection found that improvements had been made.

The registered manager had notified us of safeguarding events they are required to do so but we had not received notifications for some recently approved DOLS applications. The registered manager told us they had been away from work for the last three weeks and had thought these had been sent by the care co-ordinator and would ensure they were now sent to us. This was done following our visit.

Since our last inspection the manager had been registered with us. Previously they had also managed three other services, none of which were located close to Earlswood House. This meant that the registered manager was often unable to spend more than an average of one day a week at the home. This inspection found that the provider had taken action to reduce the number of services the registered manager was responsible for to two. The registered manager told us that this had been very beneficial in improving the time they had to spend at the service. The staff we spoke with told us that when the registered manager was working at the other location they were always available to give advice by telephone. When we arrived at Earlswood House for our inspection visit the registered manager had been working at their other service. They arrived at Earlswood House within minutes of being contacted by staff. This demonstrated they were available when needed.

We asked the registered manager about the systems in place to seek the views of people or their relatives where appropriate. We were informed that since our last inspection surveys had been sent to relatives but that none had been returned. We were not provided with any evidence to show that other methods had been used to engage with and seek the views of relatives. The registered manager told us that weekly meetings were held with people to seek their views on things such as the meals and activities. However the most recent records of these meetings that were available were for February 2016. Following our visit the registered manager sent us evidence that a meeting had also taken place in October 2016. This indicated that meetings were not being held weekly and so people had not been consulted in line with the registered manager's expectations.

Where an incident or an accident occurred staff completed a report. The registered manager showed us evidence that a copy was then sent to a senior manager along with a monthly report of the number and type of incidents that had occurred. We noted that a report for a recent incident lacked detail and also indicated that staff had not provided the person with the expected level of supervision. There was no evidence that the incident had been investigated and the information gained used to learn lessons to prevent similar occurrences in future.

The registered manager was unable to efficiently locate some of the records that we requested. Some records were eventually found during our visit whilst others were sent to us several days later. The registered manager told us they intended to introduce a colour coded system to help locate records more efficiently.

Our inspection visit and discussions with the registered manager identified that they were knowledgeable about all aspects of the service and knew people well. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website.

Staff meetings had taken place. This gave staff the opportunity to discuss people's care, staff responsibilities and plans for the future direction of the home. All of the staff we spoke with told us they felt well supported by the registered manager. One member of staff told us, "The manager is very friendly, I definitely feel able to raise any concerns." Two care professionals were very complimentary about the registered manager and told us that the home was well led. One care professional commented that the registered manager cared very much about the people who lived at the home and was ensuring their needs were met.

Our last inspection identified that improvements were needed to the support systems for the registered manager. Since then a new area manager had been appointed. The registered manager told us they had been very helpful and supportive. Monthly group management meetings continued to take place so that areas of concern or good practice could be shared with other registered managers. Since our last inspection the registered manager told and showed us that they had introduced audits of infection control. Formats had also been developed to assess the service against the key questions and for unannounced spot checks to check people were experiencing good outcomes in areas such as staff support, medication and the environment. These had not yet commenced. After our inspection visit, the area manager provided us with evidence of the visits they made to monitor the service and make sure the action plan submitted to us had been met. We were also made aware that the provider had employed a new quality assurance officer for the Birmingham, Oxford and London regions and a plan of inspections for the next twelve months was in place..

At our last inspection people were living in an environment that had not been well maintained. At this inspection we found that the provider had liaised with the landlord and significant improvements had been made to the environment. This included new furniture and redecoration of communal areas. One kitchen had been refurbished and the other kitchen had a refurbishment in progress. This showed that the provider had taken action to make sure people lived in a well maintained home and had taken account of the findings of our last report.