Real Life Options

Real Life Options - Bevis

Inspection report

5 Newhomes, Monyhull Hall Road
Birmingham
West Midlands
B30 3QF

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17 March 2017

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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

The inspection took place on 17 March 2017 and was unannounced. We last inspected the service in June 2016 and found it required improvement. We found there was a breach of regulation as the systems to monitor and improve the service were not robust. This was partly because the registered manager had insufficient time to carry out all of their responsibilities to ensure that people received the support and care they needed. At this inspection we found that improvements had taken place and the service was no longer in breach of regulation.

The service is registered to provide care for up to six people who have a learning disability or autistic spectrum disorder. There were six people living there at the time of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. We saw that people were happy around staff and with the support they were receiving. There were sufficient appropriately trained, skilled and supervised staff and they received opportunities to further develop their skills. The registered manager checked staff's suitability to deliver care and support during the recruitment process. People's medicines were managed, stored and administered safely.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the Supervisory Body for the authority to restrict people's rights, choices or liberty in their best interests.

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

People were supported to maintain good health and to access appropriate support from health professionals where needed. People were supported to eat meals which they enjoyed and which met their needs in terms of nutrition and consistency. People participated in activities they enjoyed.

The relatives of people living at the home told us they were confident to raise any concerns or complaints directly with the registered manager. There were systems in place to continuously monitor the quality and safety of the service provided to people living at the home.

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.

There were sufficient staff available to support people safely. Staff knew how to recognise and respond to abuse.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were sufficient number of appropriately trained, skilled and supervised staff.

People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were referred to healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

We saw good and kind interactions between staff and people who lived in the home. People were treated with dignity and respect.

Staff spoke positively about the people they cared for. They knew people well and could tell us in detail about people's likes, dislikes and individual routines.

Is the service responsive?

Good

The service was responsive.

People participated in activities they enjoyed.

The relatives of people living at the home told us they were confident to raise any concerns or complaints directly with the registered manager.

Is the service well-led?

Good

The service was well-led.

The registered manager and provider checked people received the care and support they needed.

The registered manager was aware of their responsibilities.

Staff told us the registered manager was approachable and available to speak with if they had any concerns.

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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 17 March 2017 and was unannounced. The inspection was undertaken by one inspector.

We looked at the information we already had about this provider. 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. These help us to plan our inspection. We also checked with a local authority who commissioned services from the provider and with the local Health Watch to check if they had any feedback about the service.

During our inspection visit we met with everyone who lived at Bevis. Some people's needs meant that they were unable to verbally tell us how they found living at 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 observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We spoke with the registered manager, three care staff, and an agency care staff. We looked at parts of three people's care records, the medicine management processes and at records maintained about staffing, training and the quality of the service. We spoke on the telephone with the relatives of three people and one care professional involved in the care of one person.

Good

Is the service safe?

Our findings

Most people were unable to tell us if they felt safe at the home. People who were able, confirmed they were happy living there. All of the people who lived at the home looked relaxed in the company of staff. Relatives we spoke with confirmed that they thought their family member were safe living at the home. One relative told us, "I have no safety concerns". Another relative told us, "I have no worries or concerns about any safety issues."

People were protected from the risks of abuse because the provider's policy and procedures for safeguarding were known and understood by the whole team. Staff attended training in safeguarding and understood their responsibilities to challenge poor practice and to raise any concerns with the registered manager. The provider had a whistleblowing hotline that staff could use to report any concerns. We noted there was information on display in the home regarding this so that staff knew who to contact if they had concerns. The registered manager had notified us, in accordance with the regulations, when they had referred concerns to the local safeguarding team.

Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included assessments for moving. At our last inspection we saw that one person used bed rails to reduce the risk of falls from bed and a risk assessment on the safe use of the rails had not been completed. The registered manager had taken action to rectify this and a risk assessment had been completed. A health professional had also been consulted on the safe use of the bed rails and some modifications to the bed and rails had taken place. This meant that the risk of injury from unsafe rails had been reduced.

Some people were at risk of falls and we saw that when people were in the lounge there were staff available to check that people were safe. When people walked around the home this was done with the assistance of staff to maintain their safety. One relative told us, "[Person's name] falls have been well managed as he had a few at his previous home." For one person we saw that a written risk assessment had not been completed to provide guidance to staff of how to reduce the risk. A few days after our visit the registered manager sent us a copy of a new risk assessment that had been completed.

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 people needed. We looked at the records for testing the fire alarms and saw these were done weekly. Regular fire drills were also completed. This helped to make sure staff knew how to support people to keep safe should a fire occur in the home.

A hoist was in use at the home to assist people to move. We did not see this being used during our visit as the person who needed it was not at home. The hoist had recently been serviced. This meant that the hoist was in good working order and safe for people to use. Staff spoken with confirmed they had received training in how to use the hoist. Guidance on how to use the hoist was also included in the person's care plan.

We looked at the staffing arrangements to make sure that there were sufficient staff available to support people safely. The relatives we spoke with told they did not have any concerns about the staffing levels. One relative told us, "There were enough staff when I last visited the home."

On the day of our inspection visit, we saw the staffing arrangements were effective. There were enough care staff to support everyone according to their physical and emotional needs. Staff told us that the current staffing levels were safe. One staff told us, "It is okay. We have four staff on duty during the day and if needed we use the same agency staff." Another staff told us, "Staffing levels are generally okay, it works well."

The registered manager told us that staff were appointed through a robust recruitment process. This included obtaining references and checks through the Disclosure and Barring Service (DBS), before staff started work, to ensure that they were suitable for their role. The DBS is a national agency that keeps records of criminal convictions. A recently recruited member of staff confirmed they had not started working with people until all their checks had been received. We looked at the recruitment records of one member of staff and these showed that a robust process had been followed.

We looked at the way medicines were stored, administered and recorded. The registered manager, and care staff told us that medicines were only administered by staff who were trained to do so and had been assessed as competent. Records confirmed that staff had been trained and been observed administering medicines to ensure they were competent to do this.

There were suitable facilities for storing medicines. Some people were prescribed medication on an 'as required' basis and we saw that guidance was in place for staff about when this medication was needed. Most medication was in blister packs. The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. We saw people being supported to take their medication appropriately and staff checked the medication records to make sure they were giving people the correct medication.

Good

Is the service effective?

Our findings

People were not able to tell us if staff had the skills and experience required to support them due to their level of understanding and communication needs. We observed staff supporting people using different skills throughout the inspection that indicated staff knew people well. One example of this was how staff tailored their communication techniques dependent on who they were supporting. The relatives we spoke with told us that staff were able to support people in an effective way. One relative told us that they had been pleased when one person's key-worker had transferred with them to the home from another of the provider's care homes.. They told us, "His key-worker remained the same which is what I wanted. They listened to that, as [staff name] knows him well."

Staff we spoke with described their induction, training and development and confirmed they felt well skilled and supported to undertake their work. One member of staff told us, "There has been lots of training. It has kept us up to date." A system was in place to enable the registered manager to identify the training completed by staff and when this needed to be updated. Plans had been made to ensure all staff received the training they needed and some required training had already been completed. Some people had specific health needs and staff had received training in these areas. One member of staff told us, "I have had training but I have also been observed to make sure I do it [the procedure] right." Some additional training was also scheduled to take place with a health care professional leading these sessions to enable staff to gain the skills they needed to support the person.

Arrangements were in place for staff who were new to the organisation to complete an induction at the start of their employment. The provider had opportunities for new staff to complete the 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. New staff spent time shadowing more experienced members of staff to help them get to know the people they would be supporting.

The staff we spoke with confirmed they felt supported in their roles. We looked at 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. Staff told us they received supervision and they could approach the registered manager at any time.

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. The provider had made DoLS applications for people living in the home as they did not have the

capacity to make some decisions for themselves. These applications had been sent to the appropriate local supervisory body. Discussions with the registered manager showed that where the applications had been approved there was a process in place to reapply for these before they expired.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. We brought to the registered managers attention that not all staff were confident about which people had a DoLS that had been approved. The registered manager told us he would remind all staff of these. We saw staff seeking people's consent during our visit, for example before assisting people with personal care. At lunch time people were asked if they wanted to wear an apron to protect their clothing. One person initially nodded their consent but then became distressed when staff put the apron on them. Staff quickly reacted to this and removed the apron and the person relaxed.

At our last inspection one person had bed rails to keep them from falling from bed and this may be considered a restriction on the person. There was no evidence to show if the person had consented to their use or if a decision had been made in their best interest, to make sure the bed rails were the least restrictive option for the person. Since our last inspection the person had been assessed as lacking capacity to make this decision and it had been agreed that the use of bed rails was in the person's best interests. We discussed with the registered manager that some improvement to the documentation was needed to fully record the decision making process.

The registered manager told us that the implementation of new technology was under discussion to help meet people's needs and reduce the impact of staff physically checking on people's well-being at night. This included the use of pressure sensors, epilepsy monitors and enuresis monitors to alert staff to a person experiencing incontinence. The registered manager was able to describe the actions that would be taken to ensure the MCA principles were followed before the new equipment was introduced. This included making sure the technology was the least restrictive and in the person's best interests.

People were supported to eat and drink sufficient amounts to stay healthy. The facial expressions of people who were unable to tell us their views indicated they were enjoying their meals. People who were able to communicate with us confirmed they were happy with the meals provided. People's care records contained information for staff on people's nutritional needs and the specific textures they required for meals and drinks in order to receive food and drinks safely. We saw that people were given meals and drinks in line with their recorded guidance. Staff told us that the menus were completed on a weekly basis following consultation with people who lived at the home. Where needed, pictures of different foods were used to help people choose their meals. Staff told us if people did not like what was on the menu then an alternative would always be offered.

People were supported to maintain their health. One person's relative told us, "They have sorted out some health issues that were not previously picked up at his previous home." Another relative told us, "He has been poorly recently but they [staff] got GP input." Some people at the home had some specific health care needs. Discussions with staff and records showed that staff had received training in these areas. The staff we spoke with had very detailed knowledge of these needs and how to support the people to stay well.

Records showed that staff documented healthcare professionals' visits and their advice, and shared information at handover. Each person had a health action plan that detailed the specific support people required in their healthcare needs. A health care professional told us that the registered manager approached them when needed to assist in providing relevant training and guidance on one person's particular health needs. Where people had specific healthcare conditions the service had developed

guidelines for staff on how to support the person and what to do in a healthcare emergency.

Good

Is the service caring?

Our findings

People who were able to communicate with us confirmed that staff were caring. One person told us that the staff were "nice." The relatives of people who lived at the home confirmed that staff were kind and caring in their approach to people. One relative told us, "The staff are kind and caring and know [person's name] needs well." Relatives spoke positively about the level of care delivered. One relative told us, "I admire the good job that staff are doing. The care is fantastic." A care professional confirmed to us that staff were caring.

We saw staff interacting with people in a positive and caring way. Examples included staff saying hello to people who lived at the home when they first arrived on duty, staff checking with people if they were a comfortable temperature and opening / closing windows as appropriate. As staff walked through communal areas, they took the opportunity to exchange words with people and ask how they were. During our inspection visit engineers were in the home testing the fire alarms. The registered manager informed all of the people at the home prior to the tests taking place to help reduce people getting distressed.

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. One member of staff told us, "It is fulfilling to make a difference to people and know you have benefitted them." Staff understood that some people were unable to communicate verbally, but they understood people's needs through their body language and facial expression. Staff crouched down when talking to people and maintained eye contact with them. This demonstrated positive communication between staff and people living at the home.

People told us they had contact with their family members who came to visit them. People's relatives confirmed the staff welcomed them in to the home to visit their family member. One relative told us, "I am made welcome when I visit; I have a chat with staff and a cup of tea." One person was in hospital at the time of our inspection visit. Discussions with staff and sampling of records showed that staff had frequently visited the person in hospital. They had also accompanied other people who lived at the home to visit the person as they had recognised and acknowledged that people were missing contact with each other.

Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items. We saw that staff prompted people to carry out tasks needed rather than to do things for them, for example returning dirty plates to the kitchen after a meal. This helped to maintain people's independence.

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. We saw that at lunch time people were given drinks from plastic beakers whilst staff had ceramic cups. We raised with the registered manager that this did not seem dignified for people. The registered manager told us that people found the plastic beakers easier to use due to their weight but that they would look at some alternative options for people to address this.

We saw that people were dressed in individual styles of clothing and looked well cared for. Records show that when staff had visited one person in hospital they had been concerned they had not been appropriately supported with their personal are and so assisted the person to have a shave. This showed that staff recognised the importance of people's personal appearance and this respected people's dignity.

Good

Is the service responsive?

Our findings

Throughout the inspection we observed staff responding to people's requests for support. We observed one person became a little upset and staff knew how to interpret the person's communication and respond in a way that resulted in the person becoming calm.

Relatives informed us they were involved in their relatives care and that the home kept them up to date on any changes in care. 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 and these were regularly reviewed. 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 and were able to tell us people's likes and preferences.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. People had access to activities on a near daily basis. People had individualised activity schedules for the week based on things they enjoyed. At our last inspection our observations and records showed that people spent most of their time at home. During this visit we saw staff engaging people in some in-house activities and most people had the opportunity to go out with staff. For example, one person went out for a walk and other people went out to local shops. One person's records showed they spent most of their time at home. Staff told us this was the person's preference but that they did try and encourage the person to access the community. During our visit to the home staff offered to support the person to go out several times, this was declined by the person.

Staff told us that people enjoyed activity sessions conducted by visiting therapists to include massages and manicures. Records confirmed that people had the opportunity to participate in things they enjoyed or were important to them. This included regular attendance at the local place of worship.

We discussed with the registered manager that many of the activities were repetitive and consideration should be given to source new activities for people to take part in to enable new life experiences to occur. The registered manager agreed to consult people and staff in regards to possible new activities.

We saw that regular meetings were held with people who lived at the home. As part of these meetings staff made sure they explained to people who they needed to tell if they were unhappy about something. The relatives of people living at the home told us they were confident to raise any concerns or complaints directly with the registered manager.

The registered manager told us that there had been no complaints received in the last twelve months. There was information on display in the home in an easy-to-read format with pictures about how to make a complaint.

Good

Is the service well-led?

Our findings

We last inspected the service in June 2016 and found it required improvement. We found there was a breach of regulation as the systems to monitor and improve the service were not robust. This was partly because the registered manager had insufficient time to carry out all of their responsibilities to ensure that people received the support and care they needed. The provider sent us an action plan about what they would do to put things right. At this inspection we found that improvement had taken place and this was no longer a breach.

The service had a registered manager in post. At our last inspection we had identified that the registered manager was responsible for managing three other services. 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 increasing the time they had to spend at the service. At our last inspection when we asked the registered manager about people's needs they often referred us to the team co-ordinator. This indicated that the registered manager did not know people very well. At this inspection visit the registered manager was able to tell us about people's needs. This indicated that the increased time they had spent at the home had helped them get to know people better.

Staff told us that the registered manager was approachable and available on the telephone if they were not working in the home. One member of staff told us, "There is good support from the manager and the care co-ordinator." Another member of staff told us, "The manager is approachable, and we all work as a team."

The registered manager had kept up to date with developments, requirements and regulations in the care sector, and understood their legal responsibilities. They sent us statutory notifications about important events at the home, in accordance with their legal obligations. It is a requirement that providers display the rating we have given them in a conspicuous place. We saw the home's rating was on display and was also included on the provider's website.

Since our last inspection the registered manager told and showed us that they had introduced new audits, to include infection control. A matrix had been developed so that the registered manager knew when these audits were due to be completed. Since our last inspection the registered manager had commenced unannounced spot checks. These had been completed at various times to include weekends and at night. These checks helped to make sure people were experiencing good outcomes in areas such as staff support, medication and the environment.

The provider had employed a new quality assurance officer for the Birmingham, Oxford and London regions who was commencing audits of their services. They had completed an audit of Bevis and focussed on the key question of 'safe.' The audit was detailed and awarded a 'green' rating to the home. An Environmental Health officer from the local authority had also inspected food hygiene arrangements a few weeks prior to our inspection visit and had awarded a five star rating which indicated good food hygiene was in place..

There were regular staff meetings at which staff discussed people's care, staff responsibilities and plans for the future. Records showed that where concerns had been identified these were discussed with staff so that improvements could be actioned. We saw that in a recent meeting staff had discussed proposals by the provider to reduce staffing hours at night time. Meeting minutes showed that staff had significant concerns about the possible impact of this proposal and had concerns regarding some safety issues. The registered manager told us that there were no immediate plans to reduce staffing at night and that before any decision was made a full risk assessment would be completed. In response to staff concerns, we saw that the area manager was arranging to speak with all staff so that their concerns could be discussed.

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. Each person had their own log to help the registered manager track themes and trends. This system helped identify and put in place steps to prevent reoccurrence of similar incidents.