Real Life Options

# Real Life Options - 21 Elvetham Road

## Inspection report

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Date of inspection visit:
24 August 2016

Date of publication:
17 October 2016

## Ratings

| Overall rating for this service | Requires Improvement |
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| 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

This inspection took place on 24 August 2016 and was unannounced. We last inspected the service in June 2014 and found it was compliant with all the regulations we looked at.

The home had 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.

The home is registered to provide care for up to five people who have a learning disability. Five people were living there when we inspected, but we did not meet with one person as they were in hospital.

Our visit found that some records were not up to date. This included people's care plans and some sampled records contained conflicting information. We also found that records of healthcare appointments attended by people were disorganised and made it difficult to locate information about when people had last attended routine health checks. Some of the records we requested to look at were not available.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions and took prompt action when they thought a person was at risk of harm. People's care records did not always reflect the detailed knowledge about people's conditions that staff expressed to us.

People who used the service and people important to them told us that the home was safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. There were sufficient staff to meet people's needs. Staff told us that they were given the opportunity to develop their knowledge and skills in order to carry out their roles effectively.

People were protected from possible errors in relation to their medication because the arrangements for the administration and recording of medication were good. There were robust systems for checking that medication had been administered in the correct way.

The registered manager had approached the appropriate authority when it was felt there was a risk that people were being supported in a way which could restrict their freedom. Staff had been provided with training about the Mental Capacity Act 2005 (MCA) and were aware that applications had been submitted to restrict people's liberty.

People were kept safe from malnutrition because they were offered a choice of foods and drinks they liked. Staff knew how to support people to eat and drink enough to keep them well. People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from

relevant health professionals when needed.

People told us 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 and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Records that were required to be maintained were not always well maintained or available. The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of his role. They had been in post under six months before our visit and were in the process of identifying what needed to improve and taking actions to achieve this.

## 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.

Some potential areas of risk to people had not been adequately assessed or minimised.

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

There were sufficient numbers of staff available to meet people's individual needs. People received their medication safely.

### Is the service effective?

**Good**

The service was effective.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

### Is the service caring?

**Good**

The service was caring.

Staff had positive caring relationships with people using the service.

People's dignity and privacy had been promoted and respected.

### Is the service responsive?

**Good**

The service was responsive.

People who lived at the home were offered opportunities to participate in activities they enjoyed.

There was a complaints procedure in place which was accessible

to people.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Records that were required to be maintained were not always well maintained or available.

Staff spoke positively about how the home was managed and expressed their confidence in the registered manager.

Staff told us that the registered manager was taking action to improve the quality of the service provided to people.

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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 24 August 2016 and was unannounced. The inspection team comprised of one inspector.

As part of the inspection process 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. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received when we requested it. We took this into account when we made the judgements in this report.

During our inspection we spoke with four people who lived at the home. We observed how staff supported people throughout the day. We spoke with the registered manager, area manager, care co-ordinator and with three care staff. We looked at part of the care records for three people, the medicine management processes and at records about staffing, training and the quality of the service. We spoke on the telephone with the relatives of two people and with one person's informal advocate. We also received feedback about the care provided from one care professional.

Requires Improvement

# Is the service safe?

## Our findings

People who were able to speak with us confirmed that they felt safe living in the home. One person told us, "It feels safe, there are no worries." We saw that people looked relaxed in the company of staff. The relatives and the informal advocate we spoke with confirmed they did not have any concerns about people's safety.

Staff we spoke with were aware of possible signs of abuse and knew to report any allegation or suspicion of abuse. The registered manager demonstrated good knowledge of their responsibilities should abuse be suspected and had information available on local safeguarding procedures.

The staff we spoke with told us, and records confirmed, that they received training in recognising the possible signs of abuse and how to report any suspicions. Where refresher training was needed this was being organised by the registered manager. The provider had a whistleblowing hotline that staff could use to report any concerns. There was information on display in the home regarding this so that staff knew who to contact if they had concerns.

We looked at whether the staffing arrangements were suitable to support people safely. The registered manager told us that staffing levels had recently been increased following a new person moving into the home. This had resulted in an extra staff member being available during the night and for part of the day. Two visitors to the home told us they had observed that there had recently seemed to be more staff available when they had visited. Staff told us that the staffing levels were now more appropriate to people's needs. One member of staff told us, "The levels are better, it helps us to take people out." There was some use of agency staff, to maintain designated staffing levels, but the agency staff used had often worked at the home before so that there was some consistency of staff who knew people's needs. We saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance.

Accident records showed that some people had experienced falls. We noted these records did not often detail any follow up action that had been taken to reduce future risk. We looked at the risk assessment for one person who had experienced a number of falls. We saw that the risk assessment had not been reviewed following the falls. The measures in place to reduce risk focussed on the staff support needed for the person to mobilise around the home. However, we noted that most of the falls occurred when the person was not with staff, for example when in the bathroom or when trying to get out of bed This meant the risk had not been appropriately managed. One person had bed rails in place but the registered manager was not able to locate a risk assessment for their use. We were informed the person had recently moved into the home and that the rails had been in use at their previous home. An assessment was needed to make sure they did not pose a risk to the person.

Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions and took prompt action when they thought a person was at risk of harm. People's care records did not always reflect the detailed knowledge about people's conditions that staff expressed to us. The registered manager told us that they had planned to update all of the risk assessments as a new care planning format was due to be implemented. The registered manager had also designed a new recording

tool to enable an analysis of accidents and incidents to take place, and identify any trends. This had not yet been implemented but we were informed these would be utilised soon.

We looked at some of the fire safety arrangements that were in place. Weekly meetings were held with people, during which people were reminded about fire safety issues. Most people had individual evacuation plans so that staff had information about the support they needed in the event of an emergency. One person who had moved into the home a few months prior to our visit had not yet had the evacuation plan from their previous home reviewed to make sure the information still applied to their new surroundings. 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.

The registered manager told us that there had been no new staff recruited but that some staff had recently transferred to the home from the provider's other home's.. The registered manager was able to describe the recruitment procedures that would be followed if new staff were employed. The procedures described indicated that the appropriate checks would be completed before staff commenced working with people. We sampled the records for two members of staff and these indicated that suitable pre-employment checks had been completed before they started working with people. This reduced the risk of unsuitable staff being employed.

People received their medicines safely and when they needed them. We saw staff giving people their medication and this was done safely. One visitor to the home told us there had been some recent confusion from staff in relation to the procedures they needed to follow when a person was away from the home and needed to take their medication with them. Whilst the person received the medication they needed this indicated not all of the staff were confident in the procedures. The registered manager and staff told us that medicines were only administered by staff who were trained to do so and had been assessed as competent. Since being in post the registered manager had identified that some staff had needed refresher training regarding medication and this had been arranged.

There were facilities for storing medicines but on the day of our visit some medication that was due to be returned to the pharmacist was stored in a box on the floor in the office. This does not follow best practice guidelines for the storage of medicines. The registered manager told us there was insufficient space in the medication cupboard and that the office was not left unattended or unlocked. When we raised this as a concern they told us they would ensure additional safe storage was provided.

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. Some of this guidance needed to be reviewed to make sure the information was current. Most medication 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.

Staff took care to make sure medication was given in line with any prescribing guidance. For example, one medicine needed to be given to a person before they had food or drink. Records showed that on one day the person had a drink and so staff had sought medical advice that it was safe to continue to give the medicine to the person. Audits of medication were completed on a weekly basis to make sure people had received their medication as prescribed.

Good

# Is the service effective?

## Our findings

People indicated they were happy living at the home. One person told us, "It's a good place to live, they look after me here." The relatives and the informal advocate we spoke with told us people were happy living at the home. One relative told us, "The last home was not right, but this one meets [person's name] needs, they are happy there." Another relative told us, "It is the best care [person's name] has had in the last 30 years."

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. Since commencing working at the home the registered manager had completed a full audit of the training completed by staff. They had identified where there were gaps in training and where staff needed refresher training. Plans had been made to ensure all staff received the training they needed and some required training had already been completed. Further training had been scheduled for first aid using practical classroom based methods to enhance staff knowledge and skills in this area.

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.

We looked at the supervision arrangements for staff. The staff we spoke with all told us they felt supported but some had not received recent supervision. One member of staff told us, "It has been a while since I have had formal supervision but I have felt supported since [manager's name] has been here." The registered manager had completed a supervision schedule for staff and told us they were trying to catch up with staff supervisions. Regular staff meetings had taken place since the registered manager had been in post. This gave staff the opportunity to discuss people's care, staff responsibilities and plans for the future direction of the home.

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 and some had recently been approved.

Staff knew about the requirements of DoLS and the Mental Capacity Act and were aware of the people who

had a DoLS in place. Staff had received training to support them in understanding their responsibilities. We saw staff seeking people's consent during our visit, for example before administering medicines to people. One person was doing some colouring at the dining table when staff needed to set the table for lunch. Staff sought the person's permission before they assisted the person to put their pens and paper away.

Where people did not have capacity to make some decisions we saw that decisions had been made in their best interests. For example, one person who had recently moved into the home did not have the capacity to consent to this. A best interest decision had been made that had involved their social worker and an independent advocate.

People were provided with enough to eat and drink. Throughout our visit people were offered regular drinks and snacks. One person told us, "I get to choose the meals." Another person told us, "We have nice meals." People were given appropriate support by staff to eat their meals. One person was struggling to eat their meal with the fork they had been given. A member of staff observed this and offered the person a spoon instead.

Care records demonstrated staff worked flexibly to make sure people were able to enjoy things to eat and drink when they wanted them. During lunchtime we observed that halfway during their meal one person requested gravy. Gravy had not originally been provided as the meal would not usually have gravy served with it. However staff were very responsive to this request and made gravy as requested by the person.

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. We saw that staff had carried out nutritional assessments and monitored people's food and drink intake when they were thought to be at risk of malnutrition or weight gain. Staff we spoke with knew people's specific nutritional requirements and how they required their food and drink prepared in order to maintain their health. Meals were prepared in line with people's requirements during our visit.

People were supported to attend medical appointments and staff sought advice from health professionals in relation to people's care. One person had recently been unwell. They told us, "Staff are helping me to get better." The relatives and the informal advocate we spoke with did not raise any concerns about people's healthcare. One commented, "[Person's name] has some current health needs. Staff take him to his regular check-ups." A healthcare professional confirmed that staff followed the guidelines they had suggested for one person whose care they were involved in.

Good

# Is the service caring?

## Our findings

People we spoke with confirmed that staff were caring and we observed staff were kind and patient with people and offered reassurance when necessary. One person told us, "All the staff are nice." The relatives and the informal advocate we spoke with confirmed that staff were kind and caring in their approach to people. Comments we received included, "Staff are really nice and attentive" and "The staff are all fantastic." A healthcare professional told us that when they had the visited the home they had found staff to be friendly and people were well cared for.

We saw that staff were quick to reassure people if they became anxious or disorientated. Staff constantly reassured people during our visit. Staff spoke affectionately about people and enjoyed supporting people to engage in tasks they liked. We observed a member of staff supporting a person to engage in a conversation about things that they enjoyed doing. One person had been in hospital for several weeks. Staff had been visiting the person on a daily basis to check on their well-being. During our inspection visit one person who lived at the home also went with staff to visit the person. This showed that staff at the home took account of people's emotional well-being.

Staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and bathrooms and sought permission before entering. People were assisted discreetly with their personal care needs. People were well presented and looked well cared for. This showed us that staff recognised the importance of people's personal appearance and this respected people's dignity. All staff had been reminded at a recent staff meeting of the expectations to respect people's privacy and dignity when assisting people with their personal care. We saw this aspect of support was respected by staff during our visit.

People's religious beliefs were respected, and where appropriate staff supported people to attend their chosen place of worship. Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items and assisting in domestic tasks such as washing up. We saw and records showed that staff prompted people to carry out tasks independently where possible.

Staff told us that people's relatives were welcome to visit at any time and would be kept updated in regards to the wellbeing of their family member. Visitors confirmed they were made welcome at the home, and one visitor told us, "Staff are always very friendly."

Good

# Is the service responsive?

## Our findings

People were encouraged by staff to make decisions about the type of care they wanted. One person who had recently moved to the home had been involved in choosing where they wanted to live. 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. There was evidence that people had previously been involved in contributing towards their care plan.

We saw that for each person there was a vast amount of care plans and risk assessments in place, and much of the information was duplicated. Due to the large quantity of written information this made it difficult for staff to have the time to read and be aware of all of the information and any changes in need. The registered manager recognised this was an issue and told us they were working towards introducing a more streamlined care planning format. However, the staff we spoke with were very knowledgeable about people's needs.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. During our visit one person went out shopping with a member of staff and to have lunch. One person was doing a jigsaw and they were often smiling whilst completing this task. We saw that periodically staff on duty took the time to check how the person was progressing and chatted with them to check they were enjoying it. A member of staff sat with one person reading a book to them and having a discussion about trains as this was a particular interest of the person.

Weekly meetings were held with people to ask them about the activities they would like to do in the coming week. We looked at the records of activities people had recently participated in. These showed people had recently taken part in activities such as lunches out, massage therapy and going to the cinema. We saw the information about what people liked to do matched their current experiences. We spoke with relatives and one person's informal advocate. One commented that they had some previous concerns about the lack opportunities for a person to access the community due to insufficient staffing levels. They told us this had improved in recent months. This meant people had opportunities to participate in things they enjoyed doing.

People we spoke with knew who the registered manager was and told us they would speak to him if they had a concern. The relatives and the informal advocate we spoke with confirmed to us that they felt able to raise any concerns with the managers of the service.

The registered manager told us that there had been one complaint received in the last twelve months. We saw this was recorded in the complaints log. The registered manager told us about the actions that had been taken to rectify the issues and told us they would be contacting the complainant to check that they were satisfied the issue had been resolved. There was information on display in the home in an easy-to-read format with pictures about how to make a complaint. This had been updated with the name and contact details of the new registered manager and area manager. This meant that people and visitors had details of who to contact if they had a concern.

Weekly meetings were held with people at the home where staff reminded people who they needed to speak to  if they were unhappy about something. Records showed that staff had been updated about the complaints procedure at a recent staff meeting to ensure staff knew how to respond to any complaints.

Requires Improvement

# Is the service well-led?

## Our findings

There was a manager in post who had recently been registered. The registered manager also had responsibility for a second location nearby and they told us they split their time equally between the two homes. They were supported in managing the home by a care co-ordinator who also worked at the other location. This ensured there was some continuity of leadership when the registered manager was at the second location. The registered manager confirmed to us that they had enough time to carry out their management responsibilities effectively at both homes and received support from an area manager.

A healthcare professional told us that paper work in the home was disorganised but that this was something the new registered manager had inherited and had plans to rectify this. Our visit found that some records were not up to date. This included people's care plans and some sampled records contained conflicting information. We also found that records of healthcare appointments attended by people were disorganised and made it difficult for staff to locate information about when people had last attended routine health checks. Some of the records we requested to look at were not available. This included completed infection control audits and a complete record of medication that had been returned to the pharmacist.

The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of their role. Prior to our inspection there had been a safeguarding issue that the provider had not notified us about. At the time of its occurrence the registered manager had not been in post. We discussed with the registered manager the regulations regarding notifying us of important events in the home. The registered manager told us that shortly before our visit they had become aware that they needed to notify us about the outcome of Deprivation of Liberty applications. They provided evidence that they were now taking action to submit the required notifications.

Some people at the home had a deprivation of liberty authorisation in place. One person was in hospital during our visit. We asked the registered manager how they shared information about DoLS with other health professionals when people were admitted to hospital. The registered manager told us they did not have a system in place but would ensure this was implemented.

People who used the service knew who the manager was but were unable to tell us about the management arrangements due to their level of understanding. Visitors we spoke with told us that the registered manager was approachable. This was also confirmed by staff who told us that the registered manager was approachable and had made some improvements at the home in the short time they had been there. One member of staff told us, "Things are more in order, we know what is happening. It is more professional. He is very approachable. I raised an issue and he was helpful."

Our discussions with the registered manager indicated they were knowledgeable about people's needs and had an awareness of some of the areas where improvement was needed so that a good service could be provided to people. Some support to achieve this had been offered by a quality consultant employed by the provider. They had audited some areas of the care provided and the registered manager had completed an action plan for the home. We saw that many of the actions had either been completed or were in progress. A

minority of actions had missed the scheduled date for completion. Action had been taken to improve some of the internal audits completed. The registered manager told us of the area manager's planned to introduce a service audit tool. We were informed this would involve registered managers from the registered providers other locations auditing each other's locations.