Real Life Options

Real Life Options - Bevis

Inspection report

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

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30 June 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 June 2016 and was unannounced. We last inspected the service in March 2015 and found it required improvement. We found there was a breach of regulation as the provider had failed to ensure people received person centred care as they did not have access to things they enjoyed doing. At this inspection we found that improvement had taken place and this was no longer a breach. Further improvement was needed to make sure people had additional opportunities to participate in activities in the community.

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.

The registered manager was responsible for the management of two other services and this had contributed to them having insufficient time to carry out all of their responsibilities to ensure that people received the support and care they needed.

We had not been notified about some incidents that we should have been, in order for the provider to comply with regulations however we had been notified of a recent incident as required. It was not evident that arrangements for checking the safety and quality of the service by the registered provider were effective in driving forward continuous improvement and making sure identified areas for improvement were actioned. The registered manager advised of plans in place to reduce the number of services they managed from three down to two.

Systems in place to monitor. assess and drive up improvements had not been effective. You can see what action we have told the provider to take at the back of the full version of the report.

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.

All medication was administered by staff who were trained to do so but some aspects of medicines management needed improvement.

People could not be certain their rights in line with the Mental Capacity Act 2005 would be identified and upheld.

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 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.

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.

We saw that risks were not always appropriately assessed and managed.

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

Medication was usually administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People could not be certain their rights in line with the Mental Capacity Act 2005 would be consistently identified and upheld.

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

Is the service caring?

Good

The service was caring.

We saw good and kind interactions from staff towards people who lived in the home.

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?

Requires Improvement

The service was not consistently responsive.

Arrangements for people to be able to participate in activities they enjoyed in the community needed to be improved.

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?

Requires Improvement

The service was not consistently well-led.

The systems to monitor and improve the service were not robust.

The registered manager had insufficient time to carry out all of their responsibilities to ensure that people received the support and care they needed.

Relatives and staff said 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 30 June 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection 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. We received information from a local authority that purchases the care on behalf of people, and we used this information to inform our inspection.

During our inspection 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 spoke with the registered manager, care co-ordinator, four care staff, and a district nurse. 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 received information from a physiotherapist and a social worker involved in the care of individuals who lived at the home.

Requires Improvement

Is the service safe?

Our findings

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, "There are no safety issues."

Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included assessments for manual handling, fire and falls. These had been updated if an incident occurred to make sure any control measures in place were still appropriate. Some people were at risk of falls and we saw that when people were in the lounge there were staff around to check that people were safe. When people walked around the home this was done with the assistance of staff in line with their risk assessment. We saw that one person used bed rails to reduce the risk of falls from bed. The person used a pressure relieving mattress and we were concerned that the increased height of the mattress meant the height of the bedrails may not prevent a fall from bed. The registered manager told us the rails had been in use for some time and it was likely an assessment would have been completed when they were obtained. The registered manager was unable to evidence that a full risk assessment had been carried out taking into account guidance issued by the Health and Safety Executive in relation to the safe use of bed rails.

We looked at the staffing arrangements. We received different opinions on the availability of staff from the relatives that we spoke with. One relative we spoke with told us there were not always enough staff to meet people's needs. They told us, "They are sometimes short of staff." Two relatives did not have any concerns about the current staffing levels. One relative told us, "There are always plenty of staff when I have visited." A healthcare professional told us that the home had been sufficient staff available when they had visited.

We saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. The registered manager told us that staffing levels were currently under review as a new person had moved into the home during the week of our visit. Staff numbers had been increased and this included a member staff who had transferred with the person from their previous home.

Staff told us there had been issues with insufficient numbers of staff on duty but that this was improving. One member of staff told us, "It has not been that good but now we have extra staff so it is a lot better." Another member of staff told us, "So far it is going well with the new levels." Staff rotas showed that there had been some use of agency staff. One of the agency staff had been working at the home for several years. The care co-ordinator told us they tried to have some consistency with the agency staff they used so that they got to know people well.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. Staff told us they were confident the registered manager would take action if they reported a safeguarding concern. 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. A healthcare professional told us that on one of their visits to the home there had been a verbal confrontation between two people who lived there. They told us staff recognised this was escalating and were quickly on hand to defuse the situation, which they did calmly and provided reassurance to both people.

A hoist was in use at the home to assist people to move. This had recently been serviced but the report of the service identified that a repair was needed. Evidence was provided after our visit that this had been completed. This meant that the hoist was in good working order and safe for people to use.

The registered manager told us that there had been no new staff recruited but that some staff had recently transferred to the home. They were 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. Original copies of staff recruitment information was held by the provider and some of the staff files we viewed did not have evidence of the checks that had been completed. We requested further information to show that Disclosure and Barring Service checks were in place for staff. Evidence of this was sent to us after our visit.

We looked at some of the fire safety arrangements that were in place. A member of staff who had recently transferred to the home confirmed they had been given an introduction to the fire procedures when they started work at the home. 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. 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.

We looked at the way medicines were stored, administered and recorded. The registered manager, care co-ordinator and care staff told us that medicines were only administered by staff who were trained to do so and had been assessed as competent. We were informed there were plans to commence checking staff competency annually. We spoke with one staff about the medication prescribed to people and they demonstrated a very good understanding of what the medication was for.

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 records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. We saw people being given their medication. Staff checked the medication records to make sure they were giving people the correct medication. We noted that the medication record was signed before the medication was given to the person. This should not be done as staff were signing the record to say the medication has been given when it has not. This may cause a problem if the person then refuses their medication or it is not given in error. We discussed this with the member of staff. They told us this was not their usual practice and they had been anxious to make sure the record was signed due to the inspection taking place. This indicated that this was not their usual practice and that people would usually receive their medication safely.

Requires Improvement

Is the service effective?

Our findings

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.

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 saw staff seeking people's consent during our visit, for example before assisting people with personal care. There had however, been some inconsistency in ensuring people's capacity had been assessed and decisions made about how people received care in their best interest. One person had undergone a medical procedure that affected their ability to eat and drink. Agreement that the procedure was in the person's best interests had been gained with the input of healthcare professionals and an independent advocate. For one person who had bed rails to keep them from falling from bed 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.

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. The relatives we spoke with told us that staff were able to support people in an effective way. One relative told us, "Staff do a great job."

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, "The training has got better. I do find it useful but some things can be repetitive as we have done them before. I feel 100% supported." Another member of staff told us, "The training is quite good, we get all sorts."

A system was in place to enable to registered manager to identify the training completed by staff and when this needed to be updated. 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 first aid training had been scheduled using practical classroom based methods to enhance staff knowledge and skills in this area.

Arrangements were in place for staff who were new to the organisation to complete a four week 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. 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 but some had not had this recently. However they confirmed they could approach the registered manager at any time.

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. One person told us, "My dinner was nice."

People's care records contained information for staff on people's nutritional needs and the textures they required for meals and drinks. 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. Staff told us that people were assisted to choose the foods they liked when accompanying staff to purchase food. One member of staff told us if people did not like what was on the menu then an alternative would always be offered. They gave an example of one person often looking in the food cupboards themselves to see what they would like to eat. Staff told us that one person had been underweight and had recently had input from a dietician. At a recent appointment it had been identified that some weight gain had been achieved.

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, however we noted that for one healthcare need there was no care plan in place. This meant that there was a risk of staff who were new to the home not having the information they needed to help them to meet the person's needs effectively.

Two healthcare professional confirmed to us that staff did what was asked of them in relation to advice given. We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. We saw that people attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks.

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" and also "okay." 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, "Yes, they are kind and caring, very much so. Staff who are not [caring and kind] do not last long there." Relatives spoke positively about the level of care delivered. One relative told us, "The place is perfect. [Person's name] likes it there." A health and social care professional confirmed to us that staff were caring.

We saw staff interacting with people in a positive and caring way. 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. A health and social care professional told us that when liaising with a person's key-worker they had found they had a very good understanding of the individual's needs. One person was new to the home and staff were continually checking their well-being and discussing ways in which they could make the person less anxious about being in a new environment.

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, "They always offer me a drink when I visit."

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. One member of staff told us that when assisting people with their personal care they always handed the person their flannel so that they could wash the areas of the body that they were able to do rather than doing everything for the person. This helped to maintain their 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 people were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. People were well presented and looked well cared for. This showed that staff recognised the importance of people's personal appearance and this respected people's dignity.

Requires Improvement

Is the service responsive?

Our findings

We last inspected this service in March 2015 and found it required improvement. We found there was a breach of regulation as the provider had failed to ensure people received person centred care as they did not have access to things they enjoyed doing. At this inspection we found that improvement had taken place and this was no longer a breach. The registered manager told us that each person had their own individual activity plan and each person went out on community activities at least three to four times a week. People also had the opportunity to benefit from activities with visiting therapists, this included music and massage therapy.

Further improvement was needed to make sure people had additional opportunities to participate in activities in the community. One person's relative told us that their only concern about the home was that there were sometimes not enough staff to enable the person to go out regularly. They told us, "[Person's name] does go out but I think that could be improved." A health and social care professional told us that activities for people were not always person centred.

Two relatives commented that they had the opportunity to attend and participate in reviews of their family member's care. One relative told us, "Staff keep me updated and consult me about the care." 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 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 care co-ordinator and registered manager recognised this was an issue and told us they were working towards introducing a more streamlined care planning format.

Discussions with staff and records showed that people regularly participated in activities in the community. This included local walks, shopping and events at a local church, which we were told people enjoyed as they had links with the church for many years. Staff said that it had been difficult to support people to attend some activities they enjoyed such as the cinema due to staffing levels. However, staff were optimistic that the new staffing levels would now enable this to take place. Activities were also arranged within the home based on staff knowledge of the things people enjoyed doing. On a regular basis, therapists visited the home to offer people massage therapy, foot therapy and music therapy.

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.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in March 2015 and found it required improvement. 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.

Whilst some improvements had been made and some were in progress the provider had not took timely or sufficient actions to ensure people were receiving a consistently good service.

People who used the service were unable to tell us what they thought about the management of the home. There was a manager in place who was registered to manage the service in 2016. At the time of their interview with us in April 2016 they were responsible for managing four services. We were concerned that this was too many services for one person to manage but we were informed that steps were being taken to reduce this to two services. However, at this inspection in July 2016 we found that the registered manager was still responsible for three services. The registered manager informed us this would be reducing to two services but they did not know when this would take place

The number of services the registered manager had responsibility for had some impact on the time they were able to spend in each service. This meant it was difficult for them to have full oversight of Bevis. A health and social care professional told us that when liaising with the registered manager they had found they had only a little knowledge of the person's needs. During our visit 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. During our visit the registered manager was only able to spend a limited amount of time with us as they had meetings and other commitments for other services.

There had been some incidents that had occurred where we should have been sent a notification to inform us of the incident, as required by regulations. We had not been sent a notification in all instances but had been sent a notification for a recent incident.

We saw evidence that learning from some incidents had been used to make changes to people's care but that a detailed analysis of all incidents was not undertaken. We saw that some audits were completed and action plans produced to help improve outcomes for people. However audits had not always identified some of the areas where improvement was needed For example, numerous health and safety audits had been completed but the audits had not identified that risks regarding one person's bed rails had not been sufficiently assessed.

The providers systems and processes to assess and manage risks and drive up improvements had failed to identify and act on areas that had not been completed since the last inspection. Whilst some progress had been made there was no assurance that all aspects would be addressed in a timely manner. This is breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

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, "The manager does give their time. They are always available if I need any help." Another member of staff told us, "The manager is always in and out of the home and approachable." Staff told us and records showed that regular staff meetings were held where there were able to put forward ideas about improving the service. Staff said they would be listened to and acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The absence of effective systems and processes to ensure that the provider could ensure that compliance with the regulations could be achieved failed to ensure that health, safety and welfare of people using the services was assured. (17(1) (2)(a) (b) (d) (e) and (f))