

Real Life Options

Real Life Options - Forest Road

Inspection report

4 Forest Road
Moseley
Birmingham
B13 9DL

Tel: 01214422246
Website: www.reallifeoptions.org

Date of inspection visit:
08 June 2016

Date of publication:
22 July 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 7 June 2016 and was unannounced. We last inspected the service in November 2013 and found it was compliant with all the regulations we looked at.

The service is registered to provide care for up to five people who have a learning disability and 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.

People who used the service and their relatives 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.

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

There were sufficient appropriately trained, skilled and supervised staff and they received opportunities to further develop their skills.

The registered manager had approached the appropriate authority when it was felt there was a risk 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) but not all staff were aware that Deprivation of Liberty applications had been submitted.

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 assessed risks.

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 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.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff demonstrated an understanding of people's individual needs and preferences.

The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of her role. We had not been notified about some incidents that we should have been to comply with regulations. 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 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.

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.

Appropriate systems were in place for the management and administration of medicines.

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 were supported to attend medical appointments and staff sought advice from health professionals in relation to people's care.

People were being supported to eat and drink in ways which maintained their health.

Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew people well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People used community facilities and were supported to follow and develop their personal interests.

Relatives were confident action would be taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

The service was not consistently well-led.

We had not been notified about some incidents that we should have as required by regulations.

The systems in place to check on and improve the quality and safety of the service were not always effective.

Staff spoke positively about the registered manager. Staff also told us they enjoyed working at the service and felt part of a team.

Requires Improvement 

Real Life Options - Forest Road

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 7 June 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. We took this into account when we made the judgements in this report.

During our inspection we spoke with four people. Some people's needs meant that they were unable to verbally tell us their views. We observed how staff supported people throughout the day. We spoke with the registered manager, care co-ordinator and two care staff. We looked at the care records of two 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 received information from a health care professional.

Is the service safe?

Our findings

People who were able to speak with us confirmed that they felt safe living in the home. We asked if there was anything at the home that frightened people and they said "No." Other people who were unable to express their views looked relaxed in the company of staff. Relatives we spoke with confirmed that they thought their family members were safe living at the home. One relative told us, "I feel he is safe, he's fine there and seems happy."

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. One member of staff told us, "I would report it to the manager. I am confident it would be dealt with, but if not I would keep reporting higher until it was sorted." The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. 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 discussed a previous safeguarding incident with the registered manager. Although the incident was not recent it had only recently been identified and investigated. The registered manager identified that learning from the incident had taken place and we saw that some changes had been made to financial systems to reduce the risk of similar occurrences in future.

We looked at the staffing arrangements. We saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. The staff and relatives we spoke with said there were enough staff to meet people's care needs. An agency member of staff was being used to cover for a current staff vacancy. To make sure that people were being supported by someone who knew their needs the same agency staff was being used for consistency rather than using different agency staff. This helped to ensure that people were cared for by the number of staff with the skills and knowledge required to keep them safe.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the registered manager and care co-ordinator had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. It had been identified in a recent staff meeting that an assessment was needed for one person who was using the kettle. This had been completed and enabled the person to have some independence whilst the risks of scalding from boiling water were reduced. During our visit we identified that there was a broken garden chair in the garden that people had access to. The registered manager told us they were not aware of this and immediate arrangements were made to remove this.

We looked at some of the fire safety arrangements that were in place. An agency staff 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 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 in the last twelve months. 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. Agency staff were sometimes used. We were shown evidence that the registered manager had checked with their employer that suitable checks had been carried out through the Disclosure and Barring Service

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitable safe location. The registered manager and care co-ordinator told us that medicines were only administered by staff who were trained to do so and had been assessed as competent. Staff confirmed they had received training and been assessed. We saw staff giving people their medication. They followed safe procedures when doing 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 records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. We saw that these were accurate and up to date.

We saw the supplying pharmacist had completed an audit of the medication system in within the last six months. Action had been taken where recommendations for improvement had been made.

Is the service effective?

Our findings

We were informed that all staff undertook an induction at the start of their employment. The registered manager confirmed that the registered provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff told us they received the training they needed for their role. One member of staff told us, "The training is good, mostly it is useful." Another staff told us, "The training is beneficial. It sparks things that you may have forgotten about."

We looked at the supervision arrangements for staff. The staff we spoke with confirmed they had received recent supervision and felt supported in their roles. Supervision is an important tool which helped to ensure staff received the guidance required to develop their skills and understand their role and responsibilities. There had been recent staff meetings at which staff discussed people's care, staff responsibilities and plans for the future.

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 brought to the attention of the registered manager that one member of staff we spoke with was not aware which people had DoLS applications.

People were provided with enough to eat and drink. People received appropriate support and their facial expressions indicated they were enjoying their meals. People who were able to communicate with us confirmed they were happy with the meals provided. Records we saw demonstrated staff worked flexibly to make sure people were able to enjoy things to eat and drink when they wanted them. Staff told us that the menus were completed on a weekly basis following consultation with people who lived at the home. Where people did not have verbal communication picture cards were used to help seek their views.

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. The relatives of people living at the home told us that their family member's health care needs were met. One health professional who we spoke with was very complimentary about the care people received. They told us that staff responded to their recommendations and were able to evidence these had been carried out.

Each person had a 'health passport' in place. This contained important key information that the person would take with them if they needed to be admitted to hospital and helped make sure health care professionals were aware of their needs. The care co-ordinator told us that following a person recently needing hospital treatment staff had identified that 'hospital bags' would also be beneficial. We were told that each person would have their own bag which contained essential personal items such as night wear that would accompany the person to hospital.

Is the service caring?

Our findings

People who were able to communicate with us confirmed that staff were caring and we observed staff were kind and patient with people and offered reassurance when necessary. A relative told us, "All of the staff are kind and caring, that is something that has improved." Another relative told us, "The staff are all excellent." A health care professional told us that the staff they had worked with had showed a caring approach towards people.

Staff knew what people liked to do and were keen to support people in their hobbies and keeping in touch with their families. We saw staff checking and asking people how they were or what they wanted to do. It was a hot day when we visited. One person was wearing trousers and appeared to be too warm. Staff were observant to this and encouraged the person to change into a pair of shorts so that they would be more comfortable. We observed staff respect people's privacy when delivering personal care.

Staff used communication aids to help people express their views. For example, weekly meetings were held with people where picture cards were used so that people could choose the meals and activities they wanted in the next week.

We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. Some people watched the television during our visit and we saw they were consulted about what they wanted to watch.

Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items. One person told us that staff helped them to keep their bedroom tidy and helped them to make their bed. One person helped to set the dinner table ready for the evening meal. We saw that staff prompted people to carry out tasks needed rather than to do things for them. A member of staff told us that one person had previously been shaved with a razor by staff. They told us that recently the person had purchased an electric shaver and staff were now supporting the person to learn how to use this. This helped to develop and maintain their independence.

Is the service responsive?

Our findings

People were encouraged by staff to make decisions about the type of care they wanted. Some people needed help from staff to do this, such as support to understand the choices available and to make decisions about how they wanted their care delivered. All the relatives we spoke with told us staff encouraged them to be involved in planning their family members' care. One relative told us that it was planned for their family member to move home as plans for the future direction of the home meant it may no longer be suitable for them. The relative told us they were being consulted and involved in this process.

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 care plans had been regularly reviewed but these did not always show that where appropriate, people or their relatives had been involved or consulted with to ascertain if there were changes needed. To help address this we saw that part of the action plan developed for the home was to book person centred planning meetings for people. The registered manager said these were being scheduled. Monthly meetings were also being scheduled with people and their key workers so that people's views on their care could be discussed.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. People told us they felt there were enough activities available they participated in things they liked. During our visit some people went out to buy personal items and to have lunch. Some people enjoyed playing football in the garden with staff. One member of staff told us, "People always get to go out, a few weeks ago we went to the safari park." Records showed that people had opportunities to participate in regular activities and outings in their local community.

A health care professional told us that staff at the service were good at supporting people to participate in activities in the community. One person had recent involvement from an occupational therapist to help identify activities they might enjoy and benefit from. The registered manager told us that as a result two people had recently been assessed for attendance at a gardening project and were now awaiting a place to become available.

We saw that regular 'house 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 registered manager told us that the relatives of people had been sent information about how to complain. Both of the relatives we spoke with confirmed they felt confident to raise any complaints. One relative told us, "I have been given a booklet about how to complain and I am not afraid to raise things directly with the 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 about how to make a complaint but this was not up to date. This meant there was a risk that visitors to the home may not know how to make a formal complaint or who to contact. This was addressed immediately when we brought this to the registered manager's attention.

Is the service well-led?

Our findings

People who used the service were unable to tell us what they thought about the management of the home. The relatives we spoke with confirmed that it was a well-managed service but identified some areas where they felt improvements could be made. One relative commented to us that communication could be improved so that they were kept informed of important events in the life of their family member, for example in relation to their healthcare. Another relative commented that they had limited contact from the registered manager. The registered manager told us that they spoke regularly with people's relatives to seek their views but there was no formal system in place to obtain and record their views. This meant that opportunities had been missed to gather and look at feedback to see if any action was needed to improve the quality of the services provided.

The registered manager was also registered to manage a second location but told us that they usually managed to visit Forest Road on a daily basis. They were supported in managing the home by a care co-ordinator who also worked at another location. Both the registered manager and the care co-ordinator confirmed that they had enough time to carry out their management responsibilities effectively. However there had been some recent impact on the registered manager's workload as they were assisting in the closure of another of the provider's locations. They told us this was due to be completed in a few weeks and so they would have more time to allocate to Forest Road. . Staff we spoke with told us the manager usually visited the home on a daily basis and was available by telephone when needed.

The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of her role but acknowledged that we had not been notified about some incidents that we should have been reported in line with the regulations. Staff told us that they enjoyed working in the home and were well supported by colleagues. Staff told us that there were regular and frequent staff meetings. These were used to discuss the needs of particular people in the home and to update staff about events and plans.

The registered manager and the provider had some processes for monitoring and improving the service but these needed to be improved. We saw that regular health and safety audits were completed, however those completed since January 2016 had highlighted the assisted bath was overdue a service. Whilst some communications with the landlord had taken place the issue had not been resolved. Following our visit the registered manager told us that the person who used the bath accessed it without the need to use the seat riser and this meant there was little risk to the person. We were also sent evidence that servicing of the bath had been arranged.

Prior to our inspection we were sent a completed provider information return. This informed us that the provider carried out audits in line with the commission's Key Lines of Enquiry (KLOES). Whilst the provider had completed some recent audits these had been focussed on care records and on health and safety and did not cover all of the KLOES. Following our visit we received information from the area manager to indicate that formats for these audits had been developed and would commence soon.

Where an incident or an accident occurred staff completed a report. The 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. These reports did not detail if any consideration was given to reviewing the person's care plans or risk assessment following the occurrence. The registered manager told us this was done but was not recorded on the report. Discussion with the registered manager indicated they did not have a system in place to use information from completed forms to analyse trends which could prevent the likelihood of negative experiences for people recurring.