Real Life Options

Real Life Options - 96 Bishopton Road

Inspection report

96 Bishopton Road
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 1 October 2015 and 12 October 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 12 October 2015.

We last inspected the service in November 2013 and found that it was not in breach of any regulations at that time.

96 Bishopton Road provides care and support for up to six people who live with a learning disability. The home does not provide nursing care. 96 Bishopton Road is a large detached house which has been divided into two units each accommodating three people. Externally there is a courtyard garden. The house is situated close to local amenities.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At the time of our inspection the registered manager for the service was also acting as divisional manager for the registered provider. We were told that this was a temporary arrangement that had been formally put in place from 1 June 2015 and would cease at the end of November 2015. Whilst the registered manager was performing this additional role a senior member of staff from another of the registered provider's services in the locality had been tasked with overseeing the day to day running of the home. The registered manager still had regular involvement and visited the service at least once or twice a week.

People who used the service had a range of communication skills. People had some verbal communication whilst others used signs or gestures which staff interpreted. We saw that people were smiling and happy.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination. The registered provider had a whistle blowing hotline and information regarding this is clearly displayed.

We looked at care plans and found that they were written in a person centred way and included easy read documents and pictures making it easier for people using the service to understand them. The care records we viewed also showed us that people had appropriate access to health care professionals such as dentists and opticians. We saw that individual risk assessments were in place and that they covered the key risks specific to the person. The care plan documents were not always completed fully and some were not signed or dated. The review of these documents also needed to be more clearly recorded.

We observed that people were encouraged to be independent and to participate in activities that were meaningful to them. People were listening to music, engaging in craft activities and spending time in the garden. People were also supported to go out into the local community and during our visit one person was taken by staff to a motor sport event.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. Staff received regular supervision and yearly appraisals to monitor their performance.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Some refresher training was overdue but we have received confirmation since our visit that all staff are now booked on to the relevant courses.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. We saw that there was a four week menu in place offering a good variety of dishes and staff also demonstrated knowledge of people's likes, dislikes and special dietary requirements.

There was a complaints procedure in place and this had been produced in an easy read format with pictures and placed in every person's room.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection no such trends had been identified but the registered manager demonstrated an understanding of the action to be taken should this change.

We spoke with staff who told us they felt supported and that the registered manager was always available and approachable. Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other. There was a relaxed atmosphere and we saw staff intereacted with each other and people who used the service in a very friendly and respectful manner.

Summary of findings

We found that the registered manager was not conducting rigorous enough checks of the paperwork and systems in place at the home as a number of areas of concern had not been identified. Documents in care plans were not always correctly completed, signed or dated. Handover records were not fit for purpose, Personal Emergency Evacuation Plans (PEEP) were not regularly reviewed and were out of date, fire alarm test records were not accurate and staff were not up to date with all of their mandatory training.

We found the provider was breaching one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the governance arrangements. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Assessments were undertaken to identify risks to people using the service and others. Risk assessments were in place but reviews were not adequately recorded.

Staff we spoke with knew how to recognise abuse and reported any concerns regarding the safety of people to senior staff. There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Appropriate arrangements were in place for the management and administration of medicines but temperature checks were not undertaken on the fridge used to store medicines.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support the people who used the service. Whilst most training was up to date it was noted that refresher training on Manual Handling and Team Teach was overdue.

The service understood and followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Wherever possible people were involved in making decisions about their care and staff encouraged people to be independent.

People were enabled to make choices in relation to their food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The Service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

We saw staff engage people in conversations which were tailored to ensure each individual's communication needs were taken into consideration.

People had access to advocacy services and we saw evidence of this being used effectively.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People's care plans were tailored to meet each person's individual requirements, they were written and planned proatctively from the point of view of the person who received the service.

People had opportunities to take part in activities that were important and relevant to them. They were protected from social isolation and enabled to maintain relationships with relatives and access the local community.

The service had an 'easy read' complaints procedure and there was a copy in every person's room.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

There were systems in place to monitor and improve the quality of the service but they were not effective. Training was not up to date and this had not been picked up. Records were not always up to date or fully completed.

Staff and relatives we spoke with told us the registered manager was approachable.

Staff said they felt supported in their role and both staff and relatives said they were confident that comments they made were listened to and taken on board.

Real Life Options - 96 Bishopton 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.

The inspection took place on 1 October 2015 and 12 October 2015, the first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also spoke to the commissioners who gave us some information regarding recent events at the home but raised no concerns about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection there were six people who used the service. During our inspection we observed how the staff interacted with people. Because the people using the service were unable to fully verbally communicate with us we used our observation to see whether people had positive experiences. We also reviewed a range of records. This included four staff files, training records, medicine records and records relating to the management of the service such as audits, surveys and policies. We reviewed the care plans of three people to check that the records matched with the support we observed and the information provided by staff.

During the inspection we spoke to the registered manager, two senior support workers, three support workers and one person using the service. After the inspection we spoke to two relatives on the telephone.

Requires improvement

Is the service safe?

Our findings

The majority of people using the service had complex needs which meant they were not able to fully verbally communicate with us. During our inspection we saw that people were relaxed and smiling and engaged with staff in a positive way. One person told us "I'm happy here."

Relatives we spoke with said they felt their family members were safe in the service. One relative told us "I am happy that they keep [person's name] safe, staff are around all the time."

We spoke with three members of staff about safeguarding. They all demonstrated a good understanding and could identify types of abuse. The staff we spoke with told us they knew what to do if they witnessed any incidents and they would report safeguarding concerns straight away. One staff member said "it's about keeping the people I work for safe, if I see anything untoward I will report it". The training records showed that staff were up to date with safeguarding training.

The service had policies and procedures in place for safeguarding vulnerable adults. A recent safeguarding incident had been correctly reported to the local authority and the registered manager had worked with the local safeguarding team to look at ways to reduce future risk.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. The registered provider had recently introduced a whistleblowing hotline. Details of this were on display in the service and all staff had been given cards with this information on. Staff we spoke with were able to tell us about the hotline and also told us they felt comfortable to raise any concerns with the registered manager without fear of recrimination.

We saw records that showed water temperatures were taken regularly and were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. The hoist had been recently serviced and there had been regular portable appliance testing (PAT) of electrical equipment.

We observed that the premises were kept clean and tidy with walkways clear to enable people to move around safely. There was plenty of personal protection equipment [PPE] available. A family member we spoke with told us "They keep things clear, there is one member of staff in particular who thrives on cleaning and the place never smells bad."

Each person had a Personal Emergency Evacuation Plan (PEEP) in place however these documents were placed in the middle of the Business Contingency File (Disaster Plan) and nowhere else. In case of emergency these may not have been easily accessible. The PEEP documents were not dated and it was therefore not possible to identify when they had been produced or whether they had been reviewed. By checking the information on one person's PEEP it was clear that the document was out of date and did not reflect accurately the procedure for their evacuation in an emergency. A discussion took place with the registered manager about ways of addressing these issues. The manager told us that PEEPs would also be placed on individual care plans and after the inspection we received confirmation that the service was liasing with the fire officer to produce effective and up to date plans. Interim measures had been put in place for those people whose needs had changed. There was no central file specifically for PEEPS that could be given to the emergency services in the event of a fire.

Staff told us that the fire alarms and doors are tested weekly. We saw the book in which these tests were logged correctly up until 11 April 2015, after that they are marked up as 'evacuations'. The registered manager confirmed that these were tests not evacuations but had not picked up on this during their audits.

We were told that the service retained staff well. The low turnover of staff meant that only one new member of staff had been recruited in the last 12 months. We looked at four staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation such as application forms and interview records were held at the registered provider's head office but documentation we saw showed that identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We were told that the service receives an email from their Human

Requires improvement

Is the service safe?

Resources department to alert them when DBS checks are due for renewal and that staff are then asked to bring the necessary documentation in to the office to complete the new application.

We saw that individual risk assessments were in place and that they covered the key risks specific to the person. It was not clearly recorded on these documents that regular reviews had been appropriately conducted. We saw dates and initials written on the top of the forms and staff told us that this was when they had been reviewed however it was not clear that these dates related to reviews. Any information considered during the review was not documented and the outcome of the review was not noted. **We recommended that when risk assessments are reviewed this should be recorded more appropriately.**

We saw that generic risk assessments were in place for the service however the staff signature sheets to indicate these had been read and understood were all photocopies. It was therefore not possible to tell whether staff had seen these or not. We pointed this out to the registered manager who told us this was not satisfactory and would be addressed.

We were shown the cupboards on each floor where the medicines were stored. They were kept locked and were well organised with each person's medication clearly identified. We checked people's Medication and Administration Record (MAR) and found they were correctly completed and signed. One person had a topical cream prescribed 'to be applied to the affected area' and we discussed with staff that a body map would be a useful way to indicate where this area was. There were clear protocols in place for 'when required' medicines (PRN) for example what signs would indicate a person was in pain. The temperature of the medication cupboards was taken daily as per NICE guidelines Managing Medicines in Care Homes 1.12.2 and was within the recommended range. The temperature of the medicine fridge was not being taken at the time of our visit and staff told us this was because there was only a topical cream being stored in it. **We recommended that the service records the medicines fridge temperature daily.**

The systems for ordering and returning medicines was explained by staff and the corresponding paperwork seen to support this. Staff responsible for administering medication had received medication training.

Accidents and incidents were recorded and details were held on separate files for each individual. The registered manager regularly audited these files and if any patterns or trends were picked up they told us these would be acted upon.

We were told that staffing levels were organised according to the needs of people using the service and the recommendations of the local authority. We saw staff rotas which showed that there were four staff on duty during the day, two upstairs and two downstairs. Staff worked long days, from 7am/8am to 10pm, but they told us that they preferred this. None of the staff we spoke with felt that the long days were a problem and said it was their choice to work this way. Staff also said that longer shifts meant continuity for people. We were told "they know that the person who gets them up on a morning will be there all day and put them to bed on a night". Another member of staff told us "it means we can take people out for the day without having to rush back". All of the staff we spoke with said they felt there was enough staff to provide a safe level of care.

The registered manager told us that if people are displaying heightened levels of challenging behaviour extra staff would be brought in. There had recently been an instance of this and extra one to one time had been agreed by the local authority. One member of staff told us that in times of crisis staff from across the service will all help.

The service do not use agency staff. If cover is needed for holiday or sickness then staff from a neighbouring service will step in. The manager told us that these staff know the people who use this service and this ensures least disruption for people and the best possible continuity of care.

Good

Is the service effective?

Our findings

All the staff we spoke with told us there was a plentiful supply of training. One staff member said "Training in here is really extensive, they torture you with it" another person told us "I feel I've had sufficient training, sometimes it feels like too much but it's good to keep updated".

Staff told us they had received all of the mandatory training along with specific training around dementia, epilepsy and rescue medication. Discussions with staff and observation of their interaction with people showed they had the skills and experience to care for people. However training records did show that some training was in need of updating. We were also told by staff that they received Team Teach training to help them handle challenging behaviour. Team Teach is the promotion of de-escalation strategies and the reduction of risk and restraint, to support teaching, learning and caring, by increasing staff confidence and competence, in responding to behaviours that challenge, whilst promoting and protecting positive relationships. The training matrix we were shown revealed that a significant number of staff, seven out of sixteen, were overdue refresher training in Team Teach. It was also noted that eight out of sixteen staff were overdue manual handling refresher training.

Staff told us that a team from a local NHS assessment and treatment service for adults with a learning disability and associated challenging behaviour came in to the home to give staff advice.The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

At the time of our inspection everyone who used the service had been assessed as lacking capacity and were being deprived of their liberty. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. Staff at the service had made appropriate applications to the local authority and the relevant authorisation had been received.

The registered manager and staff we spoke with told us that they had received training on the Mental Capacity Act (MCA) 2005 and were able to demonstrate an understanding of the MCA principles and how to make 'best interest' decisions. One member of staff told us "it's important not to make those decisions that people can make for themselves."

Staff told us they had regular supervision sessions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records from these meetings on staff files to confirm they had taken place.

We were also informed by the registered manager and the members of staff we spoke with that staff meetings were held regularly and we saw minutes to support this. The meetings were held monthly with the exception of only one or two occasions and a range of subjects was discussed. One staff member told us that a suggestion they had put forward was acted on and they felt the meetings were worthwhile. Staff also told us "it is an opportunity to air whatever you want" and "the meetings help you feel supported."

The home had a domestic kitchen and dining area on each floor which were clean and tidy. We saw a four week menu which showed good variety and we also observed food being prepared during our visit. Staff we spoke with said they felt that food standards were good. One staff member said "We don't buy cheap food, we have a good shopping budget" we were also told "people get a wide range to choose from, it's a really good place for choice." We saw that two different meals were being prepared in order to give people choice and we were told that staff would also support people to make their own sandwiches and snacks. We saw that people were supplied with plenty of hot and cold drinks during our inspection.

One person had been underweight when they came to the service but we were told by staff that their weight had improved significantly and we saw records which confirmed they had gained over two stone meaning they were now a healthier weight for their height. The registered manager told us that they thought this improvement was

partly down to the person being given the time they needed to eat their meals. This was good evidence that people have a plentiful supply of food and are given the appropriate support at mealtimes.

All staff had undertaken Food Hygiene training however it was noted that two members of staff were overdue refresher training. We were told that two people needed food of different consistency. One person needed food to be soft or cut up into small pieces and another person needed their food to be blended. When we spoke to staff who were preparing food during our visit they demonstrated knowledge of this and also told us they were making a particular meal because they felt it would be nicer blended than other options.

The registered manager informed us that people had regular appointment with healthcare professionals such as psychiatrists, dentists and opticians. Whilst we did not have opportunity to speak with any healthcare professionals during our visit records were held on individuals medical files that provided evidence of this positive engagement. We saw that each person also had a Hospital Passport. The aim of the hospital passport was to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. The registered manager also told us that staff were empowered to ring for a GP if they felt a person required it, they said “staff are really on the ball with health stuff”.

One member of staff we spoke with told us that they felt handovers were not always sufficient. They told us “you don’t always know what you’re coming in to”. A relative also told us “sometimes if someone has just come on shift they may not know how [persons name] has been but they will find someone who does or get someone to ring me.”

Handover books were completed by senior staff on duty at the end of each shift but the staff do not have handover meetings. We looked at the books that were being used for handover and found that the system in place did not always record information clearly. There were two books in use, one was a ‘tick box’ record to show that certain tasks had been carried out. Any issues were cross referenced to other documents such as accident records or daily handover notes. We found that the notes in the second handover book were not sufficiently comprehensive and they were not always dated making it impossible to be sure which day you were reading information from. As there was no senior member of staff on duty overnight the notes made in the handover book were an important point of reference for the senior staff member coming on duty the next morning. There were no handover notes made by night staff. We discussed this with a senior support worker who suggested that using a diary in place of the handover notebook would ensure that there was no confusion regarding the date of entries. The registered manager confirmed before the end of our visit that this system would be adopted.

Some people’s bedrooms had been recently decorated and we were told that the others were scheduled to be done soon. Staff described how they had taken one person out to get paint charts so they could choose a colour for their room and we heard staff talking to another person about what colour they would like their room to be. We saw that people had personal items in their rooms, one person had a bird feeder outside their window and we were told that another person was going to have a ball pool area built in their room. We spoke to a relative who confirmed that this idea had been discussed and agreed with them.

Good

Is the service caring?

Our findings

During our visit we saw staff interacting with people in a positive and caring way. Staff demonstrated good knowledge of the people they were caring for and were able to tell us about their interests and preferences. One person we spoke with told us "I like it here better than where I lived before".

We spoke with a relative who told us "there has been a very big improvement in [person's name] since they moved to Bishopton Road, [person's name] is definitely a lot happier" we were also told "the staff care for [person's name] and that's what is most important". Another relative told us "the staff really are a friendly lot of people, they always welcome you in".

We saw that staff spoke to people respectfully and in a friendly manner using words, signs and gestures that people understood. We saw that the care being delivered reflected the information in people's care plans.

People moved around the service as they wished and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time to spend time on their own and we also saw staff supporting service users to spend time in the garden.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They told us about ensuring bathroom doors were kept closed and covering people with a towel whilst providing personal care. One member of staff said "I treat them how I would like to be treated."

Staff told us they enjoyed their work. One member of staff told us "The staff team are amazing, you really can't fault them", another staff member told us "When you see things on telly about care homes I just know that would never happen here."

A family member we spoke with told us they felt the service kept them involved in their relative's care they told us "I work away and they will arrange important meetings for when I'm home".

Staff told us they encouraged people's independent living skills and we saw evidence of this during our visit. People were encouraged to move around independently where they were able to. Care records confirmed that people were supported to keep their bedrooms tidy and we saw one person taking their clothes to the laundry room. Staff also told us that people were supported to make snacks for themselves. One member of staff told us "The more independence people get the more empowered they feel." They also told us "Although there is help there if they need it people can do a lot for themselves and when they do, you see their personalities more". Another member of staff said "You sometimes need to encourage independence by reminding people they can do things for themselves."

We did not see any information about advocacy displayed in the service. We asked the registered manager about this and we were told that people were made aware that advocates were available and that an independent advocate visits the service regularly. We were shown evidence that people did have access to advocates and were given an example of this in action.

Recently one person had been offered a place in a supported living service. The registered manager and a member of staff had taken the person to visit the proposed property but felt it was not suitable. The service was on two floors and would not be easily accessible. Staff felt a move to the new service would limit the person's independence and impact negatively on their dignity. We spoke to a relative of the person in question who confirmed that due to other commitments they they were unavailable whilst this was going on and felt that staff had acted in the person's best interest. In order to ensure that the person's voice was heard advocacy services from the citizens advice bureau were engaged and the person's wishes to stay were observed.

Good

Is the service responsive?

Our findings

A relative we spoke with said, "You can tell the by way the staff talk they know people." We were also told "they will put themselves out for [person's name] they know what [person's name] likes."

The care plans we looked at were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The care plans were comprehensive with detailed information on each file. A one page profile with pictures, a photograph of the person and a clear summary of what was important to the person was on each file. Whilst these were clearly useful documents they were not dated and it was therefore not possible to tell if they were up to date. We also saw a document called 'How I Communicate', this was an easy read document which set out a very detailed description of a persons likes and dislikes, how they communicated and displayed their emotions. Some of the documents in the care files were not signed or dated and some had not been fully completed. We discussed this with the registered manager who acknowledged that there was work to be done to improve records and said they would begin this immediately.

Each person had been allocated a key worker and monthly 'Talk Time' sessions were held between them. The Talk Time tool is a Real Life Options document that was developed with service users to assist individuals with limited or no verbal communication to be involved in the planning of their care. These regular 'Talk time' meetings involved people in their care in an easy to understand way. The registered manager told us "It gives people the opportunity to discuss things with their key workers and express any concerns". We saw completed forms on care files as evidence that this system was being used regularly.

People were supported to access the local community, going out shopping, to the pub and to college.

One person showed us their room and was clearly very proud of the items of furniture they had made themselves at college. Staff told us that this person became upset on the weeks when college was closed so staff had placed a year planner on their wall and marked on when the holidays were to help them understand and manage this. Staff confirmed that this method had helped the person understand when they would not be going to college and this had a positive impact on their behaviour at these times.

We were told that staff take one person to visit their family every Sunday for lunch. A relative told us "Staff have gone out of their way to bring [persons name] home to visit, they always tell me how [persons name] has been."

Due to a medical condition one person was being cared for in bed and we asked what staff did to avoid the risk of social isolation. We were told that rooms had been swapped so that this person could see out of a window onto the street outside. Staff told us this was more stimulating for them as there was more going on and they also explained that as the new room is nearer to the communal lounge it is easier for staff to pop in and out whilst supporting other people. During our visit there was music playing in this person's room and staff told us they had contacted a family member to find out the type of music they preferred.

We saw that people were supported to maintain hobbies and interests. People were taken out to watch speedway, attended woodwork classes at college and helped with the gardening at the home. We were told that people are encouraged to help in the kitchen. Some people prepared their own snacks and baked with supervision. One person showed us the sunflowers they had grown in the garden and another person was observed making a collage with craft materials. We were told that one person had regularly attended the local church in the past and although they were no longer able to due to a deterioration in their health a representative from the church still came to visit them.

The registered manager told us that they are willing to consider anything that will make people's lives better they told us "if we can do it and do it safely we'll give it a go, we're not risk averse."

Staff we spoke with told us that people were offered choice in all aspects of their daily care for example what clothes they wanted to wear, what they wanted to eat and when they wanted their meals. We observed staff talking to a person about the food options for that day. One member of staff told us that they tried to keep choices simple and used pictures, signs and gestures that people understood, they told us "everyday we try to make everyone who lives here an individual".

Good

Is the service responsive?

There was a pictoral complaint procedure available which explained in a way people could understand what to do if they wanted to complain. These were on people's care files but we saw that there were also copies in people's bedrooms. A relative we spoke with told us they had never felt the need to make a complaint. They said "there have been two or three small things in the three years [person's name] has been here but once I've mentioned them they've been sorted". Another relative told us "if I wasn't happy about anything I would get in touch with the head of the home".

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager in place, who had been registered with the Care Quality Commission since 1 October 2010 We were informed that they had also stepped in to the role of acting divisional manager on 16 May 2015 to provide temporary cover, this was made official on 1 June 2015 and will continue until the end of November 2015. A senior member of staff from another Real Life Options service in the local area was providing additional management support during this time. We were told by staff that the home had not been affected by this temporary change, they said "it's had no impact at all on the care we deliver and [registered manager] is still coming in to the service once or twice a week".

We looked at the systems for monitoring the quality of the service. The registered manager told us that the registered provider's quality team come out every two months to conduct an audit and that action plans are produced as a result of this. We were shown copies of these action plans and evidence that indicated some of the follow up action had been taken. A health and safety audit was carried out in August 2015 that identified elements missing from the disaster recovery plan that were to be actioned as soon as possible. On the day of our inspection these actions had not been completed.

We were told that the registered manager also carried out regular audits within the home however these had failed to identify a number of areas of concern. Documents in care plans were not always correctly completed, signed or dated. Handover records were not fit for purpose, PEEPs were not regularly reviewed and were out of date, fire alarm test records were not accurate and staff were not up to date with all of their mandatory training. These things were pointed out to the registered manager during our visit and they acknowledged that action needed to be taken to bring the records up to a satisfactory standard. The registered manager did not demonstrate any prior knowledge of these facts when they were discussed. There was a lack of oversight and attention to detail regarding accurate records and no effective system in place to check this.

This was a breach of Regulation 17(1) (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and relatives we spoke with all had a positive attitude towards the registered manager. Staff told us "you can talk to [registered manager] about absolutely anything, they are at the end of a phone and even on a weekend you know you'll get a reply." They also said "I'm not intimidated by the manager, they're approachable and fair." We spoke with a relative who told us "if I have a problem I'll go and speak to [registered manager], we have a good rapport. They listen to what you say and you know they take it on board." The registered manager told us "I want to be approachable, if you take away the fear factor it means that means people will be happy to report things."

Staff told us that they were happy working in the home and the low staff turnover is good evidence of this. The staff we spoke with all said they felt the culture was open and honest and during our visit we saw good rapport between staff, people using the service and management. Staff said that although they did have regular meetings and supervision sessions they also felt able to go to the registered manager to discuss things at any time outside of these forums.

We were also told that staff felt supported by the registered manager. Staff said "The manager will swap your shifts if you need time away from a challenging situation, you're never left in at the deep end". The registered manager told us that they ensure best practice by spending time 'on the floor' and would not ask staff to do anything they wouldn't do themselves. Staff confirmed that the registered manager would step in to help with incidents of challenging behaviour, they told us "they're really good at bringing people down from a crisis".The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation. For example we found that safeguarding incidents were reported appropriately to the local authority and the CQC. The registered manager had recently been working closely with the local authority as changes in behaviour of a person using the service had resulted in safeguarding concerns and the need for more one to one support.

Feedback from people who used the service was sought via a Real Life Options Survey. This survey was for a number of services in five different areas and it was therefore not possible to identify responses that were specific to this service. The registered manager was not aware of how the

Requires improvement

Is the service well-led?

information from the survey was analysed or actioned. We were told that more direct feedback was obtained from people using the service via service user meetings and the Talk Time sessions.

The registered manager told us they felt well supported by the providers. They said “if I need advice I can get it. They are there if I need them but they trust my judgement and I trust my judgement.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 People who use services and others were not protected against the risk of inappropriate or unsafe care because an effective system for monitoring the service was not in place.