

Real Life Options

Real Life Options - 21a Elvetham Road

Inspection report

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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 

Summary of findings

Overall summary

We carried out this unannounced inspection on the 21 August 2018.

At our last inspection carried out on 09 February 2017 we judged this service as 'requires improvement' in the key questions of safe, responsive and well led and rated the service as 'requires improvement' overall. At this inspection we found that the provider had not made the required improvements we identified at our previous inspection. We found that the provider had failed to make sufficient improvements to the efficiency of their quality assurance systems. This meant that this was the second consecutive inspection whereby the provider had failed to achieve a 'good' rating in the well led area of our inspection. As a result of our finding we found that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what further action we have taken at the end of this report.

21a Elvetham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 21a Elvetham Road provides care and support for a maximum of five people who are living with a learning disability. There were five people living at the home at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. 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 provider's quality monitoring systems had either not identified some of the areas for improvement that we found during our inspection or when identified by their own system had then not been followed up on in a timely way.

People's needs had been assessed and care plans developed to inform staff how to support people. However, care records did not fully reflect the detail of specific health care conditions. Some risks to people were not always well managed.

Staff had not received all the training they needed. However, the registered manager took action to address this and a training plan was put in place following our inspection.

People were supported for by staff who were trained in recognising and understanding how to report potential abuse. People's dignity was maintained and people were communicated with in their preferred way.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The provider was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

People were supported to take part in activities and were involved in their day to day care and chose how to spend their day. People were encouraged to maintain their independence and were supported to meet religious and cultural needs.

People spoke positively about the care staff .Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them. There was a friendly and calm atmosphere within the home.

People were supported to maintain a healthy diet that met their cultural and dietary needs. Systems were in place to ask people their views about the home and to listen to concerns and complaints.

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 always safe

Risks to people were assessed but not always well managed.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People received care and support with their consent.

People received care from staff who knew people well. Steps were put in place to ensure that staff training and knowledge was brought up to date so that staff could do their job safely and effectively.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was tailored to their individual needs and preferences.

People had the opportunity to engage in activities that were based on their interests and meaningful to them. People's diverse needs were recognised.

Systems were in place to listen and respond to concerns.

Is the service well-led?

Requires Improvement ●

The service was not well led

Systems and processes in place to assess and monitor the safety and quality of the service had not been effective at ensuring the required improvements were made in a timely way.

A registered manager was in post and staff told us that they felt supported in their role.

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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 the 21 August 2018 and was unannounced. The inspection team consisted of one inspector and a second Inspector for part of the day.

As part of the inspection process we looked at information we already held about the 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 incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had also submitted to us a Provider Information Return (PIR). A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During our inspection we met with everyone who lived there. We spoke with two people about the care and support they received. Some people's needs meant that they were unable to verbally tell us their views. We observed how staff supported people throughout the day. To do this 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 also made general observations around the home.

We spoke to three support staff, the operations manager and the registered manager. We also spoke with a

person's friend and a relative. We looked at records relating to the management of the service including care plans for two people, the incident and accident records, three staff recruitment records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

Is the service safe?

Our findings

At our previous inspection on 09 February 2017 we rated this key question as 'requires improvement'. At this inspection in August 2018 we found that although some improvements had been made further improvements were needed to this key Question. At our previous inspection we found that an incident at the home had not been discussed with or reported to the local authority under safeguarding procedures as required. At this inspection the registered manager demonstrated an understanding of their responsibilities around safeguarding and what needed to be reported and to who they would report to. People told us staff supported them to stay safe and staff we spoke with understood how to keep people safe and had received training which included recording and escalating their concerns to senior staff. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that a person might be at risk of abuse and what action to take if they had any concerns about people's safety. A staff member told us, "Any concerns and I would go straight to the manager. If they weren't around I would contact head office and I am confident that they would do something".

We saw that some people had a health condition which was referred to in their care records. Their care plan detailed limited information about their medical history or the signs, symptoms and triggers that staff needed to be aware of in relation to the health condition and any associated risk. Staff that we spoke with were able to tell us about some of the signs they would look for in relation to these health conditions. A staff member told us, "We would pick up quickly if there was a change in the person's well-being". All staff that we spoke with knew people well and told us that they would pick up on any changes and take appropriate action. Staff told us that if needed at any time they would seek medical advice. A staff member told us, "If I was concerned I would ring 111 or the emergency services".

We saw that following an accident or incident the registered manager had reviewed the accident record and recorded any actions to be taken. Information about accidents was also shared with senior managers in the organisations for their review and oversight. However, we saw that following an incident or accident that the control factors in place had not always been looked at to see what action may need to be taken to reduce any risks or the risk of reoccurrence.

We saw that the safety and cleanliness of the furnishings was not always considered and placed people at risk of harm. For example, we saw that the fabric covering on the dining room chairs were torn and foam was exposed. These presented a risk of skin tears and did not ensure that effective infection control cleaning could take place. We saw that the kitchen window was broken and although it could be closed it could not be locked. The rear gate lock was broken and presented as a safety and security risk. We saw that infection control and health and safety checks were in place the records we saw had picked up on these issues but action had not been taken in a timely manner. We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection.

People who required support to take their medication said they were happy with how staff assisted them. One person told us, "I always get my tablets on time. They stop me getting poorly. The staff give them to me

at breakfast, tea and before I go to bed". The registered manager told us that staff competency to administer medicines were assessed and six staff were now due this assessment and a date for this had been scheduled. Staff we spoke with told us that they had completed medicine management training and had no concerns about medicine management. The records of the administration of medicines were completed accurately by staff to show that prescribed doses had been given to people.

We saw that people were relaxed and comfortable while in the company of staff and were happy to approach them when they required assistance. One person told us, "I am really happy living here. I feel safe living here. I can talk to the staff if anything is bothering me". A relative told us, [person's name] is really happy living there. They are safe and they are getting good care."

Staff told us about what actions were completed on a regular basis to help keep people safe. For example, records showed that fire checks took place and staff told us that they knew how to support people safely in the case of a fire or a medical emergency. Staff that we spoke with told us that they knew what to do in the event of a fire. All staff had completed first aid training. Although, fire drills took place within the home records showed that not all staff had taken part in a fire drill.

The registered manager confirmed to us that staffing levels were based on the number of care hours funding that the home received. They told us that this meant that there were either three or four staff on each shift. The registered manager told us that there were some flexible levels of staffing to make sure people could attend activities and appointments. A staff member told us, "Staffing levels are usually fine". Another staff member told us, "Recently one staff member has left and some staff are taking holidays so we are covering shifts, sometimes we can be a bit short but not often, we do have bank staff who help out and they know the people". We observed during our visit that staff had time to spend with people and were not rushed and activities went ahead as scheduled.

Staff spoken with told us that all recruitment checks had been completed before they commenced employment. We checked three staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. We saw that recruitment checks were completed at the providers head office and the registered manager was then notified that the relevant checks had been completed. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

Is the service effective?

Our findings

At our previous inspection on 09 February 2017 we rated this key question as 'good'. At this inspection this key question remains rated as 'good'.

A staff member told us, "I am up to date with my training and I had a supervision about a month ago with [Team coordinator name]". Some staff told us that they were due some annual training updates and staff that we spoke with told us that they also needed training for people's specific health needs. For example, diabetes awareness and epilepsy awareness training. This training would ensure that staff had the knowledge to provide consistently effective care. We discussed staff training with the registered manager and looked at the training records. The registered manager told us on the day of our inspection that plans were in place to ensure that all the staff training needs would be actioned. They also agreed to provide us with a training plan with details of when the training would take place and we received this information following our inspection.

Staff told us that they felt supported and had formal supervisions for reflection and support. Staff told us that communication systems in the home were good. They told us that a handover took place at the changeover of a shift. All of the staff spoken with felt they were provided with the information they needed to support people effectively. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We saw positive interactions and staff knew people's preferences and choices. We saw during our inspection that staff made attempts to involve people in all day to day decisions, such as what they wanted to do and how people wanted to spend their time and what they wanted to wear. The registered manager told us that where needed best interest meetings had taken place and talked through examples of when they had needed to do this. These meetings ensure that the person, and others important to them, are consulted about decisions relating to their care and support.

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 had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager had a system in place for monitoring the progress of DoLS applications and was able to provide us with an update including where authorisations had been approved and those that they were waiting a response from the Local Authority. Staff that we spoke with demonstrated an

understanding of who had a DoLS authorisation in place and the reasons why.

People were provided with enough to eat and drink. We saw that people were involved in decisions around food and drink choices. We saw people who required support to eat did so in a way that met their needs. One person told us, "I get my own breakfast and make my selves snacks when I want to. The staff cook my tea". Staff we spoke with had a good understanding of people's specific dietary requirements and what support they required with meals. We saw that people, who required their food to be prepared in a certain way and required staff assistance at meal times to eat safely, received the support they needed. The providers PIR told us that meal times were flexible and this was confirmed during our inspection.

People received support to attend medical appointments and staff sought advice from health professionals in relation to people's care. Staff told us about the changes in a person's mobility and the action that they had taken to support the person. This included further specialist tests to establish the cause and a referral for physiotherapy had been made.

The premises were suitable to meet the needs of the people living there as it was a purpose built bungalow reflected the values that underpin the Registering the Right Support. There was a range of shared areas for people to access including a dining room and lounge. However, a second quite lounge was currently locked and we were told was being used for storage and not available for people to use who may have liked a quiet place to sit. We saw that people were able to make a choice about spending time with other people or choosing to spend time on their own in their bedroom. There was an accessible garden area with seating provided.

Is the service caring?

Our findings

At our previous inspection on 09 February 2017 we rated this key question as 'good'. At this inspection this key question remains rated as 'good'.

People we spoke with told us that staff were kind and caring to them. One person told us, "I like all the staff". Another person told us, "I like it here and I like the staff". We saw that people were relaxed and comfortable with staff. Staff we spoke with were able to tell us about people's care and support needs. Conversations with staff confirmed that people were valued and supported to express themselves in ways that reflected their individual and diverse preferences. One person had a friend visiting at the time of our inspection. They told us, "I feel [person's name] is very happy and settled here. The staff are friendly and kind".

We observed staff spending time with people and they were not rushed. We saw that staff had developed friendly, relaxed relationships with the people they supported. We asked staff their views about the care people received and they told us that people were well cared for and that the staff team were caring. We asked staff to tell us a little about each of the people who lived in the home, they focussed on people's personalities and likes and dislikes. This showed that staff knew people well and focused on people as individuals.

Some people who received support had specific communication needs. We saw that these had been discussed as part of the person's assessment and that guidance was provided to staff on how they should people to communicate their needs. We saw a staff member prepare a person's breakfast and they told us that they knew what the person liked and the person would push the meal away if they didn't like it. Staff told us that they do sometimes use objects of reference and photographs to support people in making choices and decisions about their care. However, we didn't see this in use at the time of our inspection.

We saw that staff respected people's privacy and dignity. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care and people were assisted discreetly with their personal care needs. A staff member told us, "I always shut the door and the main thing is to talk to the person and tell them what you are doing". We saw that 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. The providers staff training included observations of staff competency in relation to providing personal care to ensure that people were supported in a way that upheld their privacy and dignity.

People religious beliefs were known and respected and people told us that staff supported them to attend their chosen place of worship. We saw that some people were supported to take part in everyday living skills. One person told us, "I do lots of things for myself. I clean my bedroom. Bring my washing to the laundry and I get my own breakfast". Our observations confirmed that the person was supported to do this. We saw that some people were more dependent on staff support. We saw that staff sought opportunities to promote people's independence. For example, we saw that people were promoted and supported by staff to hold their own cutlery or cup at meal times.

The provider's PIR told us that people are encouraged to retain relationships with families and friends and that people can invite friends and families to their home and staff will make arrangements such as travel plans when needed. A relative and friend that we spoke with as part of the inspection confirmed to us that they were made welcome when visiting the home and were free to visit when they wanted to. Some people who received support from the service had required the support of an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told of circumstances when an advocate had been required and knew how they could refer people to this service when needed.

Is the service responsive?

Our findings

At our previous inspection on 09 February 2017 we rated this key question as 'requires improvement.' We found that improvements were needed to the arrangements for people to be able to participate in activities they enjoyed in the community. At this inspection we found that some improvements had been made.

Some people could make their own choices about what they wanted to do and some people required a high level of staff support to engage in hobbies and interest. One person told us, "I love to go horse riding. I get there by train the staff go with me". They went on to tell us, "I love swimming. I don't go swimming in the school holidays because it is too busy. But I will go back again when they all go back to school". Another person told us, I like going out to the shops. I am going out today. The staff go with me so I don't get lost. I love going on the bus to different places". They also told us about a day centre that they attended. Two people told us that they were looking forward to a long weekend holiday by the coast and they were going very soon. Staff told us about how they supported people to enjoy trips out to the local shops, meals out, cinema and parks. They told us that in house opportunities included music, sensory, hand massage and arts and crafts. Staff told us that the day was planned so that all people were given access to opportunities at home and in the local community. They told us that some people had purchased a bus pass and cinema pass to support their interest and which made opportunities more cost effective. The registered manager told us that they were also in the process of exploring some sensory opportunities and activities for people in the local community.

We saw that people were supported by staff to make decisions about their care. One person told us, "I moved here from another home. I came and had a look around. I am really happy here. I don't look at my care plan. The staff talk to me and they ask me what I want to do". At our last inspection the registered manager told us that they would be streamlining the care planning format. We saw that some progress had been made on this. Each person had a care plan to tell the staff about their likes and dislikes and how they liked to be supported.

Through our discussions with staff it was clear they were non- discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. We saw that meetings took place with people and they were referred to as 'my meetings'. We saw the minutes of these and they showed that discussion and conversations took place with people where possible regarding what people wanted to eat, what they would like to do, what to do if they were unhappy about something.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider was able to access information regarding the service in different formats to meet people's needs, for example easy read or large print and we saw that people's care plans contained information about their communication needs. We spoke with the registered manager and staff about how

they provided information to people with limited verbal communication. They told us that pictures, photographs and objects of reference are sometimes used but we saw no evidence of this during our inspection. A staff member told us, "We know people really well and know what they like. If (person's name) doesn't like something we know straight away by their facial expressions".

There was an easy read complaint leaflet displayed for people to see. People told us that they would speak to staff or the registered manager if they had a concern. One person told us, "I would speak to (staff members name) if I wasn't happy. They are nice". The registered manager told us that they had received no complaints since our last inspection.

Although no one was in receipt of end of life care on the day of our inspection, we spoke with the registered manager about this. They told us that they were starting to gather information about people's wishes. This was so that if and when required people would be supported in a way that they wanted and the registered manager told us this information it would be recorded in their care records.

Is the service well-led?

Our findings

At our previous inspection on 09 February 2017 we rated this key question as 'requires improvement.' We found that two professional visitors to the home had told us about delays with the registered manager updating information about people's care. We also found that a report about incidents lacked detail.

At this inspection we found that the provider's quality monitoring systems had either not identified some of the areas for improvement that we found during our inspection, or when identified by their own system had then not been followed up on in a timely way. In addition to this the home required improvement in the key questions of safe, responsive and well led at our previous inspection. This shows that the registered manager has been unable to make or sustain the improvements required.

We saw that there were systems in place to improve the quality of the service. The registered manager conducted checks and audits in a range of areas including people's medicines, care plans, health and safety, infection control and spot checks of staff practices. The registered manager and care co-ordinator also carried out unannounced checks on the service. Records of these showed that issues were identified. We asked to see the action plans for these and the registered manager told us that none were available that any issues highlighted would have been addressed at the time. We saw that the provider had an operations service improvement plan. We asked to see the action plan related to these and saw that a number of issues had already been identified by the provider. Whilst some issues had been addressed some still required action. This showed that although the provider had a system in place this was not always robust and effective. In addition our inspection identified further issues that had not been identified by the providers system to monitor and audit. For example, we found that where people had known health condition records lacked sufficient information about the signs, symptoms and triggers that staff needed to be aware of to support the person to meet this health need. Systems to audit had failed to identify that some risk assessments did not provide staff with enough information about how to provide safe and appropriate support to people. Systems to audit medication had failed to identify that prescribed creams had not always been signed for, or that PRN protocols were general and not specific to the individual person. Health and safety audits and infection control audits although carried out where not always effective. When an issue was identified it was not always dealt with in a timely manner and risk of harm when not dealt with promptly. The system to identify and plan for staff training needs had not always been effective and had not always identified training needs. The Systems had failed to identify that some health appointment records lacked evidence of appointment outcomes and follow up. The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Although the registered manager took some action on the day of our inspection to some of the concerns we raised this was reactive management and not proactive. Had the systems in place to monitor and audit the quality and safety of the service been implemented effectively these issues would have been identified sooner.

Staff we spoke with understood their roles and responsibilities. Staff were caring and showed commitment

to their role and the people they supported. They told us that they would speak with the care co-ordinator and or the registered manager if they had any concerns. All staff that we spoke with told us that they felt confident in approaching the managers with any concerns and had been informed on how they could whistle blow if they had any cause too.

People who could tell us told us that they were very happy living at 21a Elvetham Road. One person told us, "I like the manager. They are really nice to me. They ask me how I am and they shake my hand". We saw that people were supported to complete annual satisfaction surveys and these had been produced in an easy read style, so that they were easier for people to understand. The survey we sampled showed that the person was generally very satisfied with their care.

The registered manager also had responsibility for a second location nearby and they told us that they split their time between the two homes. The registered manager would usually be supported by a care co-ordinator who also worked between the two locations. However, they were not currently working at the service and this has been the case since the end of July 2018. The registered manager told us that the provider was going to provide some temporary management support to ensure continuity of leadership across both services.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and their website as required. This showed the registered provider understood their responsibilities.

A Provider Information Return (PIR) was sent to the provider to complete and was returned to us in March 2018. The PIR included areas identified by the registered manager that they were going to make improvements to. They told us that a new care planning system would be implemented and we could see that had been achieved, although our inspection identified that improvements were needed to this. The PIR also told us that the manager meets with other managers in the area on a regular basis which is led by the Area Manager and the registered manager confirmed to us that this support system was still in place. We were also able to corroborate from the information in the PIR that staff had a good knowledge and understanding of people's care needs. However, some of the provider's quality monitoring systems referred to in the PIR our findings were that these were not always consistently applied within the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager understood their obligation in relation to their duty of candour. The registered manager was able to tell us their understanding of this regulation. We requested some additional information from the registered manager following our inspection and we were provided with all the information we requested in a timely manner.

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 provider's systems to monitor the quality and safety of the service were not consistently effective.