

Real Life Options

Real Life Options - 21 Elvetham Road

Inspection report

21 Elvetham Road
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Date of inspection visit:
22 October 2019

Date of publication:
04 December 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

21 Elvetham Road is a residential care home providing personal care to four people living with a learning disability at the time of the inspection. The service can support up to five people.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a small service within a bungalow. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Quality assurance tools had failed to identify, implement and sustain improvements at the service in relation to people's care files and risk assessments and staff training. This meant we could not be assured people consistently received safe and effective care by staff who had up to date training.

People were not consistently supported safely by staff to move around the home. People did not always have opportunities to offer feedback about their experience of care. People were not consistently supported to access their local place of worship.

People were not supported by sufficient numbers of staff during the night to ensure they received safe care which was flexible and offered them choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not always reflect the principles and values of Registering the Right Support as people were not always able to choose what time they wanted to go to bed due to staffing constraints.

People were not actively encouraged to make decisions around their end of life care. We have made a recommendation about end of life care planning.

People were supported to maintain a balanced diet based on their preferences. People were supported to engage in activities inside and outside of the home. People were supported by staff to maintain their privacy when being supported with personal care.

People were supported to receive their medicines as prescribed. People were supported to access healthcare professionals as required. People felt able to raise concerns with the staff and management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 27 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

21 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, team coordinator and support workers. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- At our last inspection we found risk assessments had not always been reviewed following accidents and incidents and measures to reduce future risk had not always been made in a timely way. At this inspection we found whilst control measures had been put in place to reduce future risks to people following concerns being identified, risk assessments did not consistently contain comprehensive guidance for staff on how to mitigate risk. For example, risk assessments did not contain detail around which loops staff should use when hoisting people. Whilst staff were consistent in their use of the hoist, it was unclear whether this practice was led by professional guidance. We raised this with the registered manager who sought clarification from professionals following our inspection.
- At the last inspection we found people's care records did not always reflect the detailed knowledge about people's conditions that staff had expressed to us. At this inspection we found sufficient improvements had not been made. For example, one person's risk assessment did not contain information about their epilepsy, or guidance for staff on how to support the person should they experience a seizure. Whilst their care plan advised staff to, 'call 999', there was no further information around the signs, symptoms or triggers of their seizures or how staff should support them whilst waiting for emergency assistance.
- During our inspection staff told us some staff at the service were hoisting people without support, despite this action requiring two staff members to ensure people's safety. We raised this with the registered manager who acted immediately to identify staff who were using this practice and complete retraining.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments in place which contained guidance for staff to follow in relation to choking and falls.
- Staff received training in infection control and we saw they wore gloves and aprons to support people with personal care tasks.
- At the last inspection we saw the safety and cleanliness of the furnishings was not always considered and placed people at risk of harm. At this inspection we found sufficient improvements had been made to identify concerns in the environment.

Staffing and recruitment

- There were not enough staff to meet people's needs and offer people choice during the night. From eight pm there was only one member of staff on duty despite two people at the service requiring support from

two members of staff to mobilise safely. This meant these people had to go to bed before eight pm and were not able to get out of bed until after eight am the following morning. This did not ensure people living at the service were supported by sufficient staff to deliver care which offered people flexibility and respected their dignity. We raised this with the registered manager who ensured following the inspection an additional member of staff was allocated to support people during the night.

There was not sufficient staff to meet people's needs during the night. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was however sufficient staff to support people during the day time and offer people choice and stimulation. For example, we saw staff engaging with people in activities and conversation and people were offered activities outside of the home.
- Staff told us they were recruited safely and had undergone checks on their identity and from the Disclosure and Barring Service (DBS) to ensure they were suitable for employment in the care sector.

Using medicines safely

- At our last inspection, prescribed creams had not always been signed for and people did not consistently have personalised guidance where they were prescribed medicines 'as required'. At this inspection, improvements had been made to medicines records. For example, people had personalised and comprehensive guidance for staff to follow where they were prescribed medicines 'as required' and staff were completing medicines records in full when administering people's creams.
- People received their medicines as prescribed by staff who had undergone training. Some staff were out of date with their medicines training, however they were being supported by staff whose training was in date when administering people's medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and able to raise concerns with staff.
- Staff received training in safeguarding and understood the different types of abuse and how to report them. One staff member told us, "I would speak to the manager who would report the concerns to the safeguarding team."

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team and actions were taken to reduce the risk of reoccurrence. For example, following people experiencing falls, the management team referred them to the falls prevention team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them meet people's needs however, we saw staff training was not consistently kept up to date. For example, six staff members required an update on safeguarding training and some staff had been out of date with this training since September 2018. This meant staff may not have been supporting people using the most up to date guidance.
- Staff received supervision and appraisals. One staff member told us, "I had I think supervision around two months ago. It was OK. [The management team] want to know if we are happy with your work."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- We saw one person did not have a decision specific capacity assessment in place for a motion sensor in their bedroom to reduce their risk of falls. Despite this, we found people were supported in the least restrictive way and the registered manager had involved people, their families and professionals in decisions around their care. This meant our concerns were in relation to records and not people's care.
- The management team had not assured they understood the principles of the MCA as they were not aware people required decision specific capacity assessments completed to ensure they received care which considered the least restrictive options.
- At our last inspection staff had a limited knowledge of DoLS. At this inspection we found staff had undergone training in MCA and had a sufficient understanding of MCA and DoLS to meet people needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to and during them receiving support.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.
- People were supported to access equipment and technology to promote their independence. For

example, people had motion sensor mats in place to alert staff when they needed support and to reduce the risk of them falling.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make decisions regarding what they wanted to eat and drink. For example, we saw weekly 'residents meetings' were held to discuss the menu for the week ahead and people were encouraged to complete food shopping and meal preparation where they were able to.
- Staff engaged with people during meal times, this allowed people to build relationships with staff and receive additional support should they have required this.
- People's weight was monitored, and people had access to professionals to support them with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services to seek guidance on people's changing needs. For example, staff worked alongside occupational therapists where people were at risk of falls.
- People were supported to access health care professionals where they required. For example, people's skin integrity was reviewed by the tissue viability nurses where they were at risk of skin breakdown.

Adapting service, design, decoration to meet people's needs

- The provider was making improvements to communal areas within the service. For example, the dining room was being painted on the day of our inspection and we saw the registered manager involving people in choice around the colour of curtains.
- People were able to decorate their rooms in line with their preferences. For example, we saw people had hung pictures and posters on their walls to make them feel at home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff had received equality and diversity training. However, whilst people's religious, cultural and social needs were considered during care planning, staff told us people did not consistently access their local church as staff did not always want to attend with them.
- People did not consistently receive support which was caring. Staff told us they did not always support people to mobilise safely, despite staff understanding the safe principles of moving and handling and the potential risk to people by not following these.
- We could not be assured people's dignity was consistently respected as there was not sufficient staff at night to offer people with additional mobility needs safe support with their personal care needs.
- Whilst people were encouraged to remain as independent as possible, their records did not consistently contain up to date information about their outcomes and goals. For example, we saw one person's outcomes had not been reviewed since June 2018. This meant staff had not reviewed what the person wanted to achieve with their care and ensured they offered support in accordance with this.
- People told us staff were kind. One person told us, "The [staff] are nice. The [team coordinator] is nice too."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed. For example, we saw staff offered people time and reassurance when they became worried.
- People's privacy was respected. For example, staff were able to give us examples of how they covered people's bodies during personal care and knocked on people's doors before entering.
- People were supported to maintain relationships which were important to them. One relative told us, "We visit every week but can visit whenever we like."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day including what they would like to eat and drink and whether they would like to spend time in their local community.
- People had access to advocates to support them to make decisions around their care and treatment.
- People's care plans considered their choices and preferences throughout and staff provided support accordingly. For example, one person preferred to spend time in the quiet lounge as they preferred their own company. On the day of our inspection we saw staff supporting them in the quiet lounge as they wished

to be.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans, however these did not consistently contain information about their physical, mental, emotional and social needs. For example, one person's care plan did not include clear guidance for staff on how to support them with a mental health diagnosis and their needs associated with this.
- Despite this, people's care plans included their preferences and guidance for staff on how to support people to reflect these. For example, one person's care plan stated they like to wake up early and can become distressed if they overslept.
- Whilst, the management team involved people, their relatives and professionals in reviews of their care; we saw people had not had a review for some time. For example, one person had not had a review of their experience of care recorded since July 2018.

End of life care and support

- At our last inspection the registered manager told us they were making improvements to people's end of life care and support plans. Whilst no one was receiving end of life care at the time of our inspection we saw no improvements had been made to involve people in their end of life planning.

We recommend the provider consider current guidance on end of life care planning and take action to update their practice accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs relating to sensory loss and physical disabilities. For example, staff understood people's nonverbal methods of communication.
- The provider met the Accessible Information Standard and information was available in formats people could understand. For example there were easy read copies of the complaints and safeguarding procedure attached to the communal notice board.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage in a variety of activities in line with their preferences such as reading

and going out for meals. One person told us, "There's plenty to do here."

- People were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One relative told us, "I feel able to raise any worries I have with [the registered manager]."
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, systems were either not in place or robust enough to demonstrate quality and safety was effectively reviewed and improvements in quality were identified, implemented and sustained. This placed people at risk of harm.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found the provider's quality monitoring systems had either not identified some areas for improvement we found during our inspection, or when identified by their own system had then not been followed up on in a timely way. At this inspection we found whilst improvements had been made these were not sufficient to ensure the registered manager had continuously and effectively monitored the quality of the service as they continued to not identify concerns we found during our inspection.
- The management team completed an audit on the quality of the service in October 2019 which had identified some of our concerns and actions had been taken to mitigate some risks. However, we were unable to review any previous audits as the registered manager told us these had been destroyed. As quality assurance tools and actions taken to address concerns had only been in place for a short amount of time we could not be assured of the effectiveness and sustainability of these.
- At our last inspection the home required improvement in the key questions of safe and well led. At this inspection the home had deteriorated to requires improvement in all of the key questions with multiple breaches of regulation. This shows that the registered manager has been unable to make or sustain the improvements required at the service to ensure people receive safe and effective care.
- At our last inspection we found audits had failed to identify where risk assessments did not provide staff with enough information about how to provide safe and appropriate support to people. At this inspection we found improvements had not been consistently made in this area.
- Systems to monitor staff training continued to be ineffective as we saw multiple staff training was out of date and this had not been addressed in a timely manner. Whilst we saw the management team were aware staff training was out of date, they had not set a date for staff to ensure they had completed refresher training by. This placed people at risk of harm as staff may not have been offering support in line with up to date guidance.

- Quality assurance tools had not identified where people's care plans did not contain sufficient guidance to support staff to meet people's needs. We also found audits on care files had failed to identify where people's outcomes required reviewing.
- The registered manager had not ensured they had a sufficient understanding of the MCA as they were not aware people required decision specific mental capacity assessments. This placed people at risk of restrictions being placed on their liberty unnecessarily.

Quality assurance tools and processes continued to fail to ensure improvements in quality were identified, implemented and sustained. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not sought regular feedback from people and their families as people had not received regular reviews of their experience of care. We raised this with the registered manager who advised they would be sending feedback surveys to relatives by the end of the year. We will check this at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives offered positive feedback about the registered manager. One person told us, "[The registered manager] is very approachable. They are open and keep me up to date with calls and emails."
- The registered manager was open with us about areas of the service which required improvement and had begun to make some changes at the service. For example, the management team had begun checks to ensure audits on the environment were being completed consistently.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager if anything went wrong. We saw following accidents and incidents the management team had spoken with people and their families.

Working in partnership with others

- Professionals we spoke with gave positive feedback about the service. One professional told us, "Their communication is good, they let us know if they have any particular concerns about people and are contactable by email should we have any."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff were hoisting people independently, without the support of a second staff member to ensure people's safety. Care plans and risk assessments did not consistently contain sufficient information and guidance for staff to meet people's needs effectively. Checks on the environment had not identified where furniture required replacing due to the risk of cross infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure there were sufficient staff to meet people's needs and offer choice during the night.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure improvements identified at the last inspection had been consistently sustained. Quality assurance tools had failed to identify there continued improvements were required to people's risk assessments, care files and the environment. Systems in place to monitor staff training had not ensured staff training was consistently kept up to date. The registered manager had not ensured they fully understood the principles of the MCA.</p>

The enforcement action we took:

We asked the provider to complete an action plan of how they would ensure they identified, implemented and sustained improvements at the service.