Real Life Options

Real Life Options - Bevis

Inspection report

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Ratings

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

Overall summary

This inspection took place on 12 and 26 March 2014 and was unannounced.

At the previous inspection, in January 2014, the home was found to be compliant in the areas we inspected.

Real Life Options – Bevis provides accommodation for up to six people with a learning disability. The accommodation is a detached bungalow with a garden. On the day of our visit there were five people living in this home.

There should be a registered manager at this home. 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. When we carried out this inspection there was no registered manager at this home, but we had received an application from a prospective manager who was managing this and three other locations at the time.

Summary of findings

Most of the people living in this home were not able to discuss their feelings about the home with us. People seemed to be calm and relaxed when we visited. We saw staff treating people with respect and communicating well with people who did not use verbal communication. We found enough staff to cover people's basic needs. The staffing levels did not provide many opportunities for people to go out of the home, other than for short walks, or to participate in activities in the neighbouring community. People had limited access to the things they enjoyed, such as going out in the car and visiting leisure facilities. We judged this to be a breach of the regulation which says that care should meet people's needs and reflect their preferences.

People received the correct medication at the correct times. All medication was administered by staff who were trained to do so and there were systems to make sure that the medication was stored, administered and recorded in a safe way.

People were supported to maintain good health and to access appropriate support from health professionals where needed. However, relatives told us, and we saw in records that, due to low staffing numbers, people's opportunities to take exercise outside the home and go out and about were less than in the past.

People were supported to eat meals which they enjoyed and which met their needs in terms of nutrition and consistency.

There were systems for quality monitoring and assurance but these had failed to reveal shortfalls in record keeping and staff training which had been found by the service commissioners. The new manager was now addressing the shortfalls and undertaking improved monitoring of the performance of the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We spoke to staff and looked at records to see if the home was complying with this legislation. We found that the manager had received training in relation to recent interpretations of this legislation and he demonstrated an understanding of the impact on people at the home. He had made relevant applications as required. However, staff had not yet been trained in this area.

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?
The service is safe.

Staff were recruited appropriately and there were enough staff to meet people's basic needs..

There were good arrangements for the identification and referral of safeguarding concerns and the manager reported incidents appropriately.

People received their prescribed medication safely.

Good

Is the service effective?
The service was effective.

Newer members of the staff team had not received structured induction

training which meant people were at risk from being cared for by staff who did not have the skills and knowledge to meet their needs, but the manager had arranged the rotas so that people's basic needs were met safely.

The manager had received up to date knowledge training in relation to the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The staff had not yet been trained in this area.

Staff received support through supervision and staff meetings.

People were supported to attend medical appointments and to eat and drink in ways which maintained their health.

Good

Is the service caring?
The service was caring.

We saw good and kind interactions between staff and people living in the home.

People were involved in planning the support they received, if they were able, and were supported to be as independent as possible within the home.

Staff demonstrated that they respected people's privacy.

Good

Is the service responsive?
The service was not always responsive to people's needs.

There were good systems for planning the care and support which people needed. However, staffing levels meant that people were not always getting the support they needed to participate in activities they enjoyed.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Requires improvement

Summary of findings

Is the service well-led?

The service was not always well led.

There was no registered manager but the manager had applied for registration.

There were systems for audit and quality assurance. These had not always been effective. The manager had identified areas in which improvement was needed, for example, staff training and activities and was making appropriate changes.

There were some links with the local community as relatives were encouraged to visit, but opportunities for community involvement and for undertaking activities people chose were limited by staffing numbers.

Requires improvement

Real Life Options - Bevis

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 12 and 26 March 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at the information we held about the home, including information which had been provided by people who had contacted us with concerns, social workers and representatives of Birmingham City Council's commissioners.

Before our inspection we checked the notifications we had received about the home. Providers have to notify us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents. We checked to see if we had received any comments about the service since our last inspection and spoke with the local authority commissioning service about their involvement with the home. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we met the five people who lived in the home, the manager and five members of staff. We observed people's care and asked questions of the staff and manager. We looked at records in the home including those associated with medication, quality assurance and staffing. We looked at a sample of three people's care plans. After the inspection we spoke with a social worker and two other visitors to the home.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe in the home. We saw that people looked relaxed and comfortable in the company of staff and each other. Staff told us how they made efforts to keep people safe but expressed concern that the low numbers of staff may mean that people could not always be properly supervised and this may have put people at risk.

People were not always supported by sufficient numbers of staff. There were usually three members of staff during the day and two members of staff at night. We saw that day staff undertook cooking and cleaning duties in addition to providing personal care to people. We saw that staff had limited opportunities to take people out or to support people to be engaged in activities within the home.

Staff demonstrated that they knew about the signs of possible abuse and they knew the action which they should take should they suspect abuse. The manager demonstrated that he knew what action to take to report suspected abuse to the relevant authority. The manager had taken appropriate action when there had been allegations of mistreatment of people and had cooperated with social workers when investigations had taken place. The majority of staff had received some training in this area. The manager had booked several members of staff on courses in the near future.

People were supported to take appropriate risks in order to be as independent as possible, but people needed support from staff to complete everyday tasks and were not able, for example, to cook or make hot drinks without supervision or assistance. Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations.

Staff confirmed that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS) and the records confirmed this.

People received the correct medication at the correct times. The pharmacist who supplied the medication had carried out an inspection in January 2015 and raised no concerns in this area. We checked the medication systems and sampled the records for three people who lived in the home. We found that there were suitable arrangements for storing, administering and recording medication. These included instructions for staff about when to administer medication which was prescribed to be used 'as required'. The instructions were detailed and advised staff about which checks to make before administering medication and the circumstances under which it should not be given. Medication was administered only by staff who were trained to do so.

Good

Is the service effective?

Our findings

Staff communicated well with each other on a daily basis, updating each other about the

needs and behaviour of the people in the home and making decisions about who would carry out specific tasks and support individuals during a shift. Staff passed on information at the start of each shift.

Some more experienced members of staff told us that they had received induction training when they first started working at this home. They had then been trained in additional areas, such as autism, so that they could better meet the needs of the people in the home with specific needs. The records showed that some more recently appointed members of the team had not received a full induction and some more experienced members of the team had not received updated training. This meant that they could not undertake certain tasks. The manager was in the process of booking staff on training courses to make sure that all members of staff had the knowledge they needed to be able to provide people with appropriate care, for example, manual handling and catheter care. Tasks which required specific training such as manual handling were only carried out by staff who were trained to do so and the manager arranged the rotas so that suitable staff would be on duty.

In addition to formal supervision sessions and annual appraisals, the manager carried out regular observations of staff practice, using an observational tool and shared the findings with staff at one to one sessions. This enabled staff to reflect on their practice and identify possible improvements. There were regular staff meetings at which staff discussed people's care, staff responsibilities and plans for the future. Staff expressed frustration to us and at meetings, as we saw from minutes, at not having the time to provide people with a better quality of life.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The manager demonstrated that he knew about the requirements to take into account people's mental capacity when there were decisions to make. The manager had recognised that the way the home was operating imposed restrictions on people's liberty and had made applications to the relevant authorities. The manager had recently attended training in this area and had a good level of understanding of the requirements of the law. Other members of staff demonstrated, in conversation, that they were aware of the need to consider people's mental capacity but they had received no formal training. The manager told us that there were plans for staff to receive training in this area.

We saw that people seemed to enjoy their meals. We saw that there were menus for the week on display and staff told us that people were involved in planning the menus. Staff displayed a good level of knowledge about people's preferences and specific needs in terms of food. Staff had received training from a dietician so that they could better support people in this area. They had sought advice from a speech and language therapist to make sure that people's food was of the right consistency to avoid choking. The therapist had written a comment that the staff had been welcoming, "telling me all the information I needed to know".

We sampled the daily records for four people. These showed the food which people had eaten. Staff monitored how many fruit and vegetables people had eaten each day, so people were encouraged to eat a healthy diet. In some cases, health professionals had assessed people as having a specific need in terms of nutrition, for example, where they were advised to change their weight to one which was considered to be healthier. We saw that there were instructions for staff about how to provide an appropriate diet and the records showed that staff followed these instructions. Staff explained how they served food of the required consistency for each person in the home and how, when people ate in other venues, they took meals with them for people whose needs could not be met by pubs or restaurants.

People were supported to access a range of health professionals, according to their needs. We saw that people

Good

Is the service effective?

attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks. The staff reported good relationships with visiting health professionals. Staff supported people to maintain good health by encouraging them to eat a healthy diet and attend appointments. However, people had limited opportunities to exercise as there were fewer staff available to take them on walks than there had been in the past and staff expressed concern that people's stamina would be reduced.

Good

Is the service caring?

Our findings

Staff demonstrated that they were caring in their approach and made efforts to involve people in their care. People living in this home had limited abilities to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language. We saw that staff communicated well with people and seemed to have good relationships with people.

A relative told us that they felt that staff had been very good at communicating. They told us, "They [the staff] knew every little turn and how to communicate with [relative's name]. They knew all his little habits." The relative expressed concern that the turnover of staff 'may have' meant the newer members of the team had not had enough time to get used to the person's communication.

Staff responded to people's needs. When we were speaking with staff and people came up to them, staff took the person's hand and went with them. Staff noticed when people's needs had changed and when they wanted staff to provide personal care or accompany them to another part of the home. We saw staff offering people food and drinks.

Staff made efforts to mitigate the effects of low numbers by, for example, taking people out for short walks in the local area on a rota basis. This meant that only one member of staff was out of the building at a time.

We heard staff encouraging people to undertake tasks or activities of daily living. For example, we heard on member of the team saying, "I am very proud of you – well done, keep it up."

Staff showed that they were aware of the need to respect people's privacy. They knocked on doors before entering and advised us when people had indicated that they preferred not to interact with us.

Staff understood the need to consult people about their care and to ask their permission before acting. For example, we heard a member of staff asking, "[person's name], is it okay to give you your medication now?"

Staff had a good level of awareness of people's needs in relation to their religious and cultural backgrounds. People were supported to practice their chosen religion and to eat foods which they particularly enjoyed.

Requires improvement

Is the service responsive?

Our findings

People were not able to discuss their feelings with us about how they spent their days. Staff demonstrated that they knew people's individual preferences and interests. They knew the effect that undertaking certain activities usually had on individuals. Staff advised that, for example, some people were calmer when they had been able to go out for a long walk. Some people became frustrated when they had no opportunity to go out for exercise. Staff reported how some people exhibited particular behaviours that put themselves at risk when others went out of the home and also when other people were getting attention in the home.

The numbers of staff available during the day meant that it was difficult for staff to be able to take people out regularly, other than on short walks near to the home one at a time. For example, with three members of staff on duty, if one member of staff drove a vehicle belonging to one of the people and another staff member accompanied to supervise the person on the outing, this would mean that only one member of staff was left in the home to supervise the other four people. The record of what people had done on the week of our first visit showed that people had mostly spent their time in the house either watching television or listening to music. For the 35 sessions recorded for five people over a seven day period, 21 were recorded as 'watching TV'. People's records showed that they liked to participate in a range of activities including outings to places of interest but our observations and records showed that they spent most of their time sitting passively.

For much of our inspection we observed people sleeping, wandering around the home or sitting staring and we observed limited opportunities for people to engage or be stimulated. A visitor told us, "They don't get out anything like as much as they used to." The last outing which people could recall happening was in October 2014. This was a trip to Longleat and people said that they had enjoyed it.

The manager had identified the need for people to be able to participate in more activities and had planned to try to organise more joint activities with people and staff from the neighbouring homes. The plan had not been progressed at the time of the inspection and whilst this would enable people to get out of the home more often, the plan had not recognised that people had no opportunity to exercise choice about the nature and timing of the activities they enjoy on a daily basis. Staff we spoke with were able to describe ways of person centred working but expressed their frustration that the staffing numbers often meant that they were not able to provide a responsive service to people and support them to do the things that they wanted to do on an individual basis to meet their needs and support their well-being.

Visitors told us that they were made welcome in the home and could visit any time without giving notice.

Relatives told us that they would know how to make a complaint. There was information for people about how to make a complaint about the service. This was also supplied in 'easy read' version. People who had no regular visits from relatives were enabled to secure the services of an advocate to help them to make their views known. The organisation's complaints policy set out timescales for the handling of complaints.

Requires improvement

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager The previous registered manager of

this home left the service and was voluntarily deregistered in September 2014. The home was being run by a manager who had applied for registration and who was managing three other services at the time of our visit. At the time of our visit there was no deputy manager available. This meant that there were times with no management presence in the home.

Visitors to the home expressed a view that there were insufficient numbers of staff to provide a safe and consistent service and some expressed concern that there was no consistent management presence.

Although there were systems to assess the quality of the service provided in the home we found that these had not been consistently effective. For example, a visit by the local authority commissioners of the service had revealed shortfalls which had not been picked up internally. The home's quality assurance systems included audits which were carried out every three months and the new manager was now undertaking these checks.

A recent visit by a council commissioning officer had identified some shortfalls in the records, training and practice. The manager had written an action plan and, at the time of our visit, had made progress to address the issues identified and put in place measures to ensure that appropriate checks would be carried out in future. He had ensured that care plans, including end of life plans, were up to date and had booked staff on training to address the shortfalls. We sampled four people's care plans and health records. These had been reviewed by the manager and updated as required.

Relatives expressed concern to us about the possible planned changes to the way in which people's care would be funded in future. They expressed uncertainty about how the planned new arrangements would work and said that they would have welcomed more information from the provider organisation, and the council who were responsible for funding people, in this respect. The manager was on behalf of the provider making efforts to allay the fears which relatives had expressed about the future of the service. For example, he told us that he was planning a coffee morning for relatives in the near future.

Staff provided examples of how they tried to mitigate the effects of the lower staffing levels and uncertainty about the future funding and operating arrangements of the home. One member of staff told us, "even though there are so many negatives we look for the positives and work together as a team. We pull together." The manager told us that he was available by 'phone if staff were having problems and staff confirmed that he was supportive.

We saw that people had some opportunities for maintaining links with the wider community. For example, relatives were encouraged to visit and people had attended some facilities outside the home for leisure and recreation. However, opportunities for outings and further community involvement were less frequent than at the time of our last inspection. Opportunities for community involvement were

limited by staffing numbers. Relatives informed us that although it had been usual in the past for one or more people to be taken out in transport belonging to one person who lived in the home, this had ceased due to this activity requiring two members of staff.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services We found that the registered person had failed to make sure that people were receiving person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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