

Real Life Options

Real Life Options - Springfield Road

Inspection report

180 & 182 Springfield Road
Moseley
Birmingham
West Midlands
B13 9NE

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23 May 2017

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Website: www.reallifeoptions.org

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Springfield Road is a care home that is registered to provide care for up to 12 people who have a learning disability. The care home consists of two separate bungalows. At the time of our inspection 11 people were living at this home. The service currently provides nursing care but it is the provider's intention to cease providing nursing care in the future.

At the last inspection on 4 December 2014 the service was rated Good.

At this inspection we judged that the service provided remained Good.

Why the service is rated Good.

People received the support they required to live a full and active life, while maintaining their safety and well-being. There were enough staff to safely support people and the registered provider had robust recruitment checks to ensure new staff were suitable to work with people.

Risks relating to people's healthcare needs and lifestyle had been assessed. Staff were aware of the support people needed in these areas, and we saw staff providing support that was consistent with these assessments.

People required the support of staff to manage their medicines. Staff responsible for administering medicines had been trained and people received their medicine when they needed it.

Staff had received training and support to ensure they were aware of people's needs and how to meet them. People were supported to see a wide range of health professionals and they received the help they required to maintain good health. People were provided with a wide range of meals and drinks that they enjoyed and that would ensure they maintained good hydration and nutrition.

People were supported to have some choice and control of their lives and staff supported people in the least restrictive ways possible. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

Staff were caring in their interactions with people. The staff we met knew people well, and were able to tell us about people including their needs, preferences and things and people who were important to them.

A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. People had been supported to maintain links with people, places and activities that were important to them.

As far as people wished and were able they were involved in developing and reviewing their care plans.

When people could not or chose not to contribute to this process staff had involved people that knew the person well and used their knowledge of the person to plan care that they felt was in the person's best interest and best fitted their known preferences and wishes.

We received consistent feedback that the home was well run, and that the registered manager and senior staff team were supportive and promoted good practice. The registered manager and registered provider had a wide range of checks and audits in place that ensured the on-going safety and quality of the service. These had been effective at providing assurance that the service remained good, and that the service was meeting people's needs and all of the fundamental standards.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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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 checked 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 comprehensive inspection took place on 23 May 2017 and was unannounced. The inspection was undertaken by one inspector and an expert by experience over one day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection visit we reviewed all the information we held about the service, and contacted the local authority and Health Watch. Health Watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. As part of the inspection we looked at information we already had 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. We refer to these as notifications. We reviewed the information from notifications to help us determine the areas we wanted to focus our inspection on.

We visited the home and met everyone currently living there. Some of the people living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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.

During our inspection we spoke with four care staff, the deputy manager, one nurse, one agency nurse and the registered manager. We looked at parts of two people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of three

staff. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs and the requirements of the law. We spoke with four relatives.

Is the service safe?

Our findings

People we spoke with told us they were happy with the service provided and had no concerns for their safety or well-being. Relatives of people living at the home confirmed they had no concerns regarding people's safety. Throughout our inspection we observed people looking relaxed and calm with the staff who supported them.

Staff we spoke with explained to us how the care and support they provided focussed around helping people do the things that were important to them, and keeping them safe. Staff we spoke with were aware of people's needs and had received training to ensure they could meet these safely. People were observed to have freedom to move around their home, with access to all areas but with staff aware of movement and any potential risks. One person had experienced some falls and action had been taken to seek advice from health professionals to help reduce the risk of further falls. This included the introduction of mobility aids for the person. We saw staff assisting the person to use these in line with their care plan.

Some people needed the support of a hoist to move. We saw staff using this safely. Staff told us they had received training and we saw that there were guidelines in place for how to use the hoist safely. Staff knew which slings people needed to use and were able to tell us which sling loops should be used. The guidelines did not record this, providing this information would further support staff to deliver good and safe care. The registered manager told us this information would be recorded as a priority.

Staff confidently described the action they would take in the event of abuse being reported or alleged. The registered manager understood their responsibility for safeguarding people who lived at the service. This would ensure people got the support they required and that the relevant agencies would be informed.

Some people living at the home displayed behaviours as a means to communicate their feelings or to request support. Staff we spoke with were able to describe what a person was communicating when they displayed certain behaviours and how they supported them. There was guidance for staff on how to support people with their behavioural needs to ensure a consistent approach was carried out for each person.

Our observations, discussions with people, staff and relatives showed there were sufficient numbers of staff on duty to safely meet people's needs. The staffing rota showed that additional staff were made available wherever possible by offering existing staff additional hours or by the use of agency staff who were familiar with the service and people's needs. One member of staff told us, "People have continuity [of staff] because it does affect them if they have someone new."

The provider had robust recruitment practices to ensure staff employed were safe to support people. These checks included obtaining a Disclosure and Barring Service Check (DBS) and securing references from past employers. This helped to ensure people were supported by staff suitable to work in Adult Social Care.

People could be confident that their medicines were well managed. Staff who administered medication had been trained to do so. There was not currently a system in place to formally assess staff competency but the

registered manager told us this was done on an informal basis. Staff we spoke with consistently described the process they followed to ensure medicines were safely administered and managed. We saw that a range of checks were undertaken by the management team to ensure people had received their prescribed medicines

Is the service effective?

Our findings

People could be confident that the staff team had been trained and supported to develop the skills they required to meet their needs. Throughout our inspection we observed staff confidently meeting people's needs in relation to their mental health, with mobility and specific health conditions.

The registered manager confirmed that the induction provided equipped new staff to support people safely. The organisation had ensured that the Care Certificate was available for any new staff starters that required this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care. We asked staff about the training they had received. Staff confirmed they had received the training they needed to meet people's needs. One member of staff told us, "My training is always kept up to date." Staff confirmed and records showed that staff received regular supervision. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities.

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 heard and observed staff offering people choices and patiently explaining things to enable people to make choices regarding their own care. Staff were observed to ask permission to help and guide individuals. For example, one staff asked; "Would you like me to help you?" when one person had said "I can't do it" at lunchtime. Other staff were observed asking permission to help straighten people's clothes and adjust their hair. Where it had been assessed that people did not have the capacity to make some decisions we saw that best interests decisions had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had an adequate knowledge of their responsibility to support people in line with the MCA. The registered manager demonstrated knowledge of this and when restrictions on people's liberty had been identified as necessary to keep people safe, these had been discussed with the relevant professionals, and alternatives explored that might be less restrictive. Applications had been made to the supervisory body when required, and systems were in place to ensure these were applied for again, before they expired.

People told us that they enjoyed the food provided. One person told us, "My favourite is the cheese and potato pie and I had that last week." One person's relative told us, "The food always smells good." We asked staff how people were given choices in regards to their meals. Staff told us they had weekly meetings with people to plan the menu for the week ahead. They told us that for people who were unable to express verbally what they wanted to eat that picture cards of meals were used. We saw staff effectively offering

choices to people during our visit.

People had been supported to maintain good health, and to access the healthcare services relevant to them. Changes in people's healthcare needs had been noted and support and advice had been obtained from the relevant professionals when required. We saw that people had a health action plan in place, in line with good practice recommendations for people who have a learning disability. This helped to ensure people's healthcare needs are met.

Is the service caring?

Our findings

People were supported by staff that they had got to know well. There were many staff who had worked with people for a number of years. The relatives we spoke with were very complimentary about staff at the home. One relative told us that staff were, "Very understanding." A second relative told us, "The care is excellent. You couldn't put [Person's name] anywhere else. She loves that place. Staff are terrific. The kindness glows from them."

All the care and support we observed was offered with kindness and compassion. The interactions between staff and people living at this home showed that people had developed trusting relationships with staff. People looked relaxed and calm with the staff who were supporting them. One relative we spoke with told us, "The staff are all caring, they get '10 out of 10' for that." Relatives told us they were made welcome by staff when they visited their family member.

We observed examples of caring practice from staff during our visit. For example, the registered manager observed one person was not wearing their glasses. They located the glasses for the person and then checked with them if they wanted to wear them. During our observations we saw and heard people being spoken to with kindness. Some people came into one bungalow from the bungalow next door. They were greeted warmly and hugs for staff and other people were spontaneously given.

We saw staff exercising patience in trying to help people understand questions and make choices, and we saw interactions and support that promoted people's dignity and independence. For example staff were seen to knock on bedroom doors before entering. Relatives confirmed that people's dignity was protected.

Some of the people we met were not able to explain their needs and wishes easily. We observed staff using their knowledge of the person, and their experience of what different words and gestures meant to help people make choices and express their wishes. For example, staff told us that one person would not point to preferred items but would push away unwanted ones.

Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items. We saw that staff prompted people to carry out tasks needed rather than to do things for them. This helped to maintain people's independence.

Staff were aware of the individual wishes of each person, relating to how they expressed their culture, faith and gender. If people wished they were supported to attend places of worship and the meals on offer were culturally diverse. People could be confident their individual preferences and choices relating to their culture, faith and gender would be respected.

Is the service responsive?

Our findings

Relatives informed us they were involved in their family members' care and that the staff kept them up to date on any changes in care. A new care planning format had been introduced since our last inspection. Each person had a care plan that recorded their needs and how any risks should be managed. These were regularly reviewed. Care plans recorded people's likes and dislikes, what was important to them and how staff should support them.

Our observations and people's care records showed that each person had been provided with care and support that was tailored to meet their individual needs and wishes. Staff we spoke with were aware of the preferences of each of the people we met, areas in which they were able and wished to be independent, and areas in which they required support.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. People had access to activities in the home or the community on a near daily basis. People had individualised activity schedules for the week based on things they enjoyed. One person told us, "Sometimes I go for a walk round the park with staff. I like that."

During our visit people participated in a variety of activities with staff support. Two people went to college with staff support to attend an art class. People we met who were spending at time at home had also been supported with activities they enjoyed including watching films or TV programmes of particular interest to them, artwork, and playing games. Some people were having a music session. Some people were offered instruments. Staff offered one person a choice of CDs to listen to and her choice was played.

Regular meetings were held with people who lived at the home. As part of these meetings staff explained to people what to do if they were unhappy about something. The relatives of people living at the home told us they were confident to raise any concerns or complaints directly with the registered manager.

The registered manager told us that there had been no complaints received in the last twelve months. There was information on display in the home in an easy-to-read format with pictures about how to make a complaint.

Is the service well-led?

Our findings

All of the staff and relatives that we spoke with indicated that the service was well led. A relative we spoke with told us, "The managers do a good job. Very good." We saw the registered manager promoted a positive culture within the home. A member of staff told us, "It's not our home, it's theirs". All of the staff we spoke with described the registered manager as being approachable. One member of staff told us, "It's lovely to come to work in a place where it's a fantastic environment and people are so warm."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Where an accident or incident occurred staff completed a report. The registered manager showed us evidence that a copy was then sent to a senior manager along with a monthly report of the number and type of incidents that had occurred. Each person had their own log to help the manager track themes and trends.

Our discussions with the registered manager indicated they were knowledgeable about people's needs. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display at the service and on the provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

The registered manager and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs, was safe and meeting the requirements of the law. These had been effective at providing assurance that this service was still good and at driving forward improvements. Since our last inspection the registered manager had commenced unannounced spot checks. These had been completed at various times to include weekends and at night. These checks helped to make sure people were experiencing good outcomes in areas such as staff support, medication and the environment.