

## Real Life Options

# Real Life Options - Earlswood House

### Inspection report

3a & 3b Earlswood Road  
Kings Norton  
Birmingham  
B30 3QZ  
Tel: 0121 441 5746  
Website: [www.reallifeoptions.org](http://www.reallifeoptions.org)

Date of inspection visit: 21 October 2015  
Date of publication: 22/12/2015

### 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



### Overall summary

Earlswood House is registered to provide accommodation and support for up to eight people with a learning disability. There were eight people living at the home when we inspected. We last inspected this service in November 2013.

At the time of this inspection there was a manager in post but they were not registered. 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. There had been no registered manager since June 2014.

# Summary of findings

People who were able to speak with us confirmed that they did feel safe living in the home. Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse.

There was not enough suitably competent and experienced staff to accompany people to go out from the home or to undertake activities in the local or wider community, and this restricted people's choices. Agency staff were being used to cover staffing vacancies and we were informed that additional staff had been recruited but had not yet commenced in the home as checks were pending to make sure they were suitable to work with people.

New staff that had commenced had been provided with an in-house induction and had also attended the providers own induction on how to care for people and work safely. Staff had been provided with some, but not all of the training they required or in some instances had not received regular supervision.

People told us, or indicated by gestures, that they were happy at this home. We observed some caring staff

practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. We saw staff treating people with respect but the way in which staff had managed one person's behaviour had a daily impact on other people living at the home.

Whilst we received positive feedback from staff about the manager it was evident that they had insufficient time to carry out all of their responsibilities to ensure that people received the support and care they needed. The manager was also responsible for the management of three other services.

We saw that attention was needed to the environment. Décor was in poor condition and some carpets and furnishings needed replacement. There was no evidence that work to address these issues had been scheduled by the provider.

It was not evident that arrangements for checking the safety and quality of the service by the registered provider were effective. We found the provider was in breach of Regulations. 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 was not consistently safe.

People were not safely protected by appropriate deployment and adequate staffing levels to meet their needs.

Some aspects of medicines management needed improvement.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Not all staff had received training in topics that were relevant to ensure they safely met the needs of people using the service.

People could not be certain their rights in line with the Mental Capacity Act 2005 would be identified and upheld.

**Requires improvement**



### Is the service caring?

The service was not consistently caring.

Staff demonstrated that they respected people's privacy but the way in which staff had managed one person's behaviour had a daily impact on the dignity of other people living at the home.

People were happy with the support they received. We saw good and kind interactions between staff and people who lived in the home.

**Requires improvement**



### Is the service responsive?

The service was not consistently responsive.

Arrangements for people to be able to participate in activities they enjoyed in the community needed to be improved.

Care plans and assessments did not always adequately guide staff so that they could meet people's needs effectively.

**Requires improvement**



### Is the service well-led?

The service was not well led.

The systems in place to check on and improve the quality and safety of the service were not always effective. The provider had not ensured that people were benefitting from a service that continually met their known needs.

There was a manager in place but they were not registered.

**Requires improvement**



## Summary of findings

<p>A relative and staff said the manager was approachable and available to speak with if they had any concerns.</p>	
---	--

# Real Life Options - Earlswood House

## 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 21 October 2015 and was unannounced. The inspection team comprised of two inspectors.

Before the inspection we looked at the information we already had about this provider. We reviewed previous inspection reports for this service. 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 safeguarding matters. We

contacted local authority commissioning and adult safeguarding teams and also received information from a social worker who had been involved in investigating some recent issues of concern.

During our inspection we met with all of the people living at Earlswood House. Most people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. We spoke with the manager, team co-ordinator, an agency worker and two care staff. We also had brief discussions with a further two care staff. We looked at the care records of three people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Following our inspection we spoke with the relative of one person who lived at Earlswood House. We also received information from two health and social care professionals. The manager sent us further information which we had requested and was used to support our judgment.

# Is the service safe?

## Our findings

People who were able to speak with us confirmed that they did feel safe living in the home. We asked if there was anything at the home that frightened people and they said “No.” Other people who were unable to express their views looked relaxed in the company of staff. A relative confirmed that they thought their family member was safe living at the home. One health care professional told us that during their visits to the home they had not observed any interactions from staff that had caused them concern.

At the time of our inspection we were aware of one safeguarding incident that was still under investigation by the local authority. In this instance a member of staff had delayed reporting their concerns. The manager made us aware at the start of our visit that a safeguarding concern had been raised by health professionals the day before our visit that included concerns about staffing availability and training.

The manager told us that she was aware of the risk that staff may be reluctant to report abuse. She told us that to ensure staff felt confident in reporting any concerns the issue of safeguarding people from abuse was discussed in staff meetings. We saw that the manager had made sure there were some simple guidelines for staff to follow about reporting abuse and these were on display. Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. The provider had a whistle-blowing hotline that staff could use to report any concerns. We noted there was information on display in the home regarding this. This showed the manager had taken action to reduce the risk of staff delays in reporting safeguarding concerns in future.

We looked at some of the fire safety arrangements that were in place. We spoke with two care staff and an agency staff about the procedures they needed to follow in the event of the fire alarms sounding. They were all confident in the procedures they needed to follow. An agency staff confirmed they had been given an introduction to the fire procedures when they started work at the home. People had individual evacuation plans so that staff had information about the support they needed. We looked at the records for testing the fire alarms and saw these were done weekly. This helped to make sure people were protected from the risk of a fire occurring in the home. The

manager told us she had recently arranged for a health and safety audit of the home to be carried out. We were informed this had been completed and the report of this had yet to be received.

Several drawer fronts, cupboards and worktops in both kitchens were damaged making it difficult to keep these areas suitably clean. The manager told us the kitchens had been in a poor state of repair for some time but she did not know when the provider would be rectifying this. In one of the kitchens we saw that frozen chicken was being defrosted in a way which did not meet good food hygiene guidelines. The manager ensured the chicken was discarded to protect the people using the service from risk of contamination of their food.

We looked at the staffing arrangements. On the day of our visit a member of staff had been unable to work their planned shift due to illness. The manager had made arrangements to cover this and an agency staff who had previously worked at the home arrived soon after our arrival. This showed that the service had systems in place to provide staff cover at short notice.

Out of the five care staff who were on duty when we arrived at the home, two were agency staff. Staff rotas showed that sometimes three of the five staff could be agency staff. At nights we saw that out of the two staff on duty, at least one staff was a permanent member of staff. During our visit we saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. One care staff told us, “There seems to be enough staff.” Some staff we spoke with raised some concerns about staffing arrangements in the home. They told us staffing levels were usually safe but that there was continued use of agency staff. Staff told us that staffing arrangements sometimes had an impact on people being able to go out into the community as they needed staff support to do this. An agency member of staff told us that they did not undertake tasks such as taking a person to the GP. They told us that permanent staff usually did this as they knew people better.

A relative of a person who lived at the home told us, “They [staff] keep changing and I don’t know any of them.” People who lived at the home had some complex needs including autism and found communication and relationships with numerous people difficult. The manager acknowledged that the current use of agency staff was not ideal and that

## Is the service safe?

they tried to have some consistency with the agency staff they used. They told us that recruitment of staff was ongoing and that three care staff had been recruited pending satisfactory recruitment checks.

The manager and recently employed staff we spoke with confirmed that the necessary checks including references and a Disclosure and Barring Service (DBS) check had been made before they started working in the home. During our visit we saw an example of people's safety being given priority by the team co-ordinator when an external activity therapist arrived to conduct an activity without a suitable DBS check being in place.

We looked at the way medicines were stored, administered and recorded. The manager and care staff told us that medicines were only administered by staff who were trained to do so. The manager told us that informal observation of staff was completed to make sure they were safe to do this was done and that plans were in place to complete more formal, written assessments in future.

There were suitable facilities for storing medicines. We observed medication being given and saw that staff checked the medication records before administering any medication. Some people were prescribed medication on an 'as required' basis and we saw that guidance was in place for staff about when this medication was needed. Most medication was in blister packs. The records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. However in two instances we saw that the records had not been signed by staff. For one of these instances the medication was not in the blister pack therefore suggesting this medication had been given. In the other instance the manager was unable to provide assurance the medication had been given as the balance of medication in stock did not tally with the records. These issues had not been identified by the audit systems in place within the home.

# Is the service effective?

## Our findings

We asked staff about the training they had received. The staff we spoke with did not raise any concerns about the training on offer. We looked at the induction arrangements for staff who were new to the home. One recently employed care staff told us, “I had an induction and lots of training.” Another recently employed care staff told us, “They were so welcoming when I came here. I started on shadow shifts, it was brilliant.” Discussions with an agency member of staff showed they had also had the opportunity to undertake several hours working alongside an experienced member of staff when they first started working at the home. They told us they had been asked what they were good at and what they liked doing so they were given tasks they were confident in undertaking. They told us if they had any problems there was usually someone to ask advice from and that the manager often checked with them to make sure they were okay. We asked the manager if the induction provided met the new ‘Care Certificate’ recommendations. They told us they did not know but would find out.

One person at the home had a specific health condition and we saw that two recently employed staff had training scheduled to find out about this condition. We were informed that staff who had been employed long term had already completed this training but this was not supported by the training records we saw. The manager told us that the provider had improved the training that was provided to staff and that where there were gaps in staff training action was being taken for staff to attend this.

We asked the manager about the supervision arrangements for staff. 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 manager told us that the supervision had fallen behind for some members of staff and that they would be rectifying this issue.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We observed that some people that lived at the home may not have had the mental capacity to make an informed choice about decisions in their lives. We found that the service placed restrictions on people moving freely about the home. On the day of our inspection we found the kitchen door in each home was locked and people were only able to access it with staff that had the key code. Staff confirmed to us that the kitchen door was kept locked so that people that lived there could not access the kitchen alone as this was judged to be an area of risk. The first floor bathrooms were also kept locked and we were again informed that this also was due to judged risks to people. We asked if there were any assessments completed to show if the least restrictive option was in place and if any best interests decisions were in place for these practices. The manager told us it was her intention to do this but that meantime she had made Deprivation of Liberty applications for everyone who lived at the home as she recognised that the issue of locked doors was a possible restriction.

Some people at the home had purchased their own beds; this is something that the provider should usually pay for. The manager told us that people preferred a double bed rather than a single bed and that was why they had paid for the item themselves. The manager confirmed there were no records available to show if people had capacity to make this decision or if the decision had been made in the best interest of the person.

One person at the home had a specific long term health condition that may require emergency treatment from health professionals. The manager told us and care records showed a recent event when the person had been unwell and the emergency ambulance was called in line with their care plan. Advice had also been obtained from the person’s GP. The manager told us that the person had declined to go to hospital but they did not think the person had the capacity to understand the implications of their decision.

## Is the service effective?

The manager told us they would be seeking a best interest meeting with the relevant health care professionals to decide on the future actions needed should similar events occur.

People who were able to communicate with us confirmed they were happy with the meals provided. One person told us, "I like my food." Another person told us with a smile on their face that they had enjoyed their porridge for breakfast.

Staff told us that people had access to a wide range of different food and drinks. One care staff told us that each weekend people were offered a full English brunch. Staff told us that the menus were completed on a weekly basis and that alternatives were always available if people did not want what was on offer.

We observed drinks being offered to people throughout the day. We looked at the care records of three people and

these also indicated that people had sufficient drinks daily. We spent time in one of the dining rooms whilst people had their lunch. People received appropriate support and their facial expressions indicated they were enjoying their meals. People's care records contained information for staff on people's nutritional needs. One person had been overweight and the manager told us that staff had been successful in supporting the person to lose weight through healthy eating and exercise.

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. One health care professional told us that staff supported a person to attend all appointments and that staff members had worked with them when requested. Another health care professional told us that they did not have any concerns with the quality of care that the person they visited received.

# Is the service caring?

## Our findings

People who were able to communicate with us confirmed that staff were caring. One person told us that the staff were nice. A relative we spoke with told us, “The staff are all very kind and caring.”

One person had been unwell and we saw that the manager and staff checked how they were feeling several times during our visit. Another person appeared to be in discomfort. A care staff checked with the person if they were in pain and offered reassurance. This showed they cared about the person’s well-being.

In one of the houses where four people lived there was no toilet paper provided in the downstairs shower room and this was the only toilet facility that was kept unlocked. The manager told us that one person had a behaviour that meant they were unable to leave toilet paper readily available and when it was needed people requested this from staff. Whilst one person who was able to comment told us they did not mind this, this arrangement did not promote people’s dignity. We were not provided with evidence to show that alternatives such as providing people with a stock of toilet paper in their bedrooms had been considered or if some people could be provided with a key to the bathroom that was kept locked during the day.

Staff were respectful in the way they spoke about people at the home. One member of staff told us, “The care plans give you a bit of an idea but you need to watch people. Humans change every day. Observation is important as people can react differently to different staff.” Another member of staff told us, “We work for the benefit of the people we support.”

Opportunities were available for people to take part in everyday living skills. One person told us, “I make my own sandwiches.” One person enjoyed helping staff and we saw them emptying the waste paper bin in the office. People were involved in shopping for some food and household items and some people made themselves a drink with support from staff. Some people returned from shopping during our visit and we saw that they were helping to carry some of the shopping.

We saw that people were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. People were well presented and looked well cared for. This showed us that staff recognised the importance of people’s personal appearance and this respected people’s dignity.

We asked care staff what they did to protect people’s dignity and privacy and all the staff we spoke with were able to describe how they did this. We saw examples of this including staff knocking on people’s bedroom doors and seeking permission to enter. People were offered a key to their bedroom so could choose if they wanted to keep their bedroom locked. Care plans we sampled directed staff to maintain people’s privacy and dignity, for example by ensuring the bathroom door was closed when they were bathing.

A relative we spoke with told us they were able to visit the home at any time they chose and did not need to inform the staff they were coming. They told us the staff were always friendly and polite and welcomed them in to the home to visit their family member.

# Is the service responsive?

## Our findings

Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes and what was important to them. One person's plan recorded an interest in horse racing. We saw this interest was supported by staff during our visit. The person had a newspaper with the racing pages and told us they were looking forward to watching the racing on television. Some of the information we sampled had a good level of detail about people's needs. For example for one person their plan was detailed in the support they needed to make a hot drink and focused on what they were able to do for themselves. We saw some examples where there were gaps in information. One person had a plan in place for a specific health condition, this had not been recently reviewed and their specific health needs assessment contained no mention of this condition. Care plans and risk assessments were in the process of being transferred into a new format. The manager told us that a deadline of 6 November 2015 had been set by the provider for this work to be completed.

During our inspection, we observed that some people were supported to do things that they found interesting. This included two people playing football with staff in the courtyard and another person reading their preferred newspaper. People who spoke with us told us they did things they enjoyed.

The care records of three people indicated they had opportunities to engage in various activities, including puzzles, hand massages, and walks to the shops. One person had an interest in gardening and their care records recorded they had recently participated in this activity.

The manager told us that they were taking steps to increase the choice of activities available to people. We were told

that 'trial sessions' had been arranged with external organisations and individuals to provide music and massage therapy. It was then planned to assess if people had enjoyed these before arranging for these to take place on a regular basis.

We were informed that most people at the home needed the support of two staff to access the community and that the current staffing arrangements limited people's opportunity for community activities. We were given the example of one person who liked to go swimming but were told this did not happen due to the staffing level needed to support this. One relative told us that their family member had recently been supported by staff to go on a day trip to the seaside. However the relative also commented, "[Person's name] used to go on regular holidays but has not been on one since Real Life Options took over the service." A health care professional told us that since Real Life Options had taken over the service community access for people had decreased. A member of staff told us, "Most days we ask people if they want to go out, they do go out, shopping or for a coffee. All of them go out in turn."

No formal complaints had been recorded in the home's complaint log since our last inspection. The manager told us that no complaints had been received. We noted the complaints procedure on display in the home was several years out of date and did not have the correct contact details and referred to a previous provider of the service. This meant there was a risk that people and relatives would not know how to make a formal complaint or who to contact. The manager told us they were aware that the procedure was not up to date. They provided evidence that they had recently been sent a new complaints procedure in an easy to read format with pictures. They told us that everyone at the home would be provided with a copy.

# Is the service well-led?

## Our findings

We asked the manager about the systems in place to seek the views of people or their relatives where appropriate. They informed us that the provider had sent out surveys to people's relatives in January 2015 but they had not received any feedback from the provider to include if any surveys had been returned or not. This meant that opportunities had been missed to gather and look at feedback to see if any action was needed to improve the quality of the services provided.

During our visit we saw that attention was needed to the environment. Décor was in poor condition and some carpets and furnishings needed replacement. A relative had told us, "The décor, needs a lot of work, it has been like it for quite a while and thought it would have been done by now." We asked the manager if they had an action plan and time scale for the identified improvements but we were told one had not been written and that they were awaiting a response from the provider regarding the issues identified to them. People were living in an environment that had not been well maintained.

We were not provided with evidence to show that infection control audits were completed to make sure good infection control practice was in place. The manager advised that there was no lead person for infection control in the home.

Records were not all readily accessible during our visit. When we requested them, the manager was unable to locate some records that included evidence of staff recruitment checks, staff meetings and medication audits. Some records were eventually found during our visit whilst others were sent to us several days later.

Where an incident or an accident occurred staff completed a report. The 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. We noted that some of the reports did not detail if any actions had been considered necessary following the incident taking place. The manager told us that consideration was always given to any actions needed following incidents but that the records of this were not always retained in the home.

The provider had undertaken an audit in July 2015 to focus on the key question 'Is the service safe?'. We sampled some of the actions that had been identified as needed and

found they had been completed or were in progress. The audit had identified that up to date complaint information needed to be on display, this had not yet been completed when we visited. The audit system in place was not comprehensive and failed to assess and identify that staffing levels were not always safe or adequate to meet the needs of people using the service. This meant the provider missed the opportunity to identify and act on current concerns regarding staffing arrangements. The provider had not undertaken recent checks to assure themselves that the service was providing effective, caring, responsive and well-led care.

These issues regarding governance and oversight of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

The home is required to have a registered manager in post. At the time of this inspection, our records confirmed that a registered manager had not been in post since June 2014. A manager was employed who had not yet been registered with us. They had previously applied for registration but due to issues with the application this was not progressed. The provider had not ensured that a further application to register a manager was submitted.

Our discussions with the manager indicated they were knowledgeable about people's needs and had an awareness of some of the areas where improvement was needed so that a good service could be provided to people. We found some gaps in the manager's knowledge about notifications that needed to be reported. In addition they were unaware of the expectation that staff new to the care sector should complete the new care certificate and the requirement for services to have a designated infection control lead.

A relative of a person who lived at the home told us they were aware who the manager was and felt able to approach them if they had any concerns. One health care professional was very complimentary about the manager and told us that the home was well led, they judged that the manager led the team well and was an asset to Real Life Options. However they also commented on the fact the manager had to manage multiple homes and that this impacted on the time they had to manage Earlswood House and support the staff.

All of the staff we spoke with told us they felt well supported by the manager. One member of staff told us,

## Is the service well-led?

“The manager is very visible, she will come into the lounge and observe, she does not just sit in the office.” Another member of staff told us, “You can tell the manager about anything, she is really good.”

We spoke with the manager about the time they had available to work on-site at Earlswood House. These discussions showed that the manager was also managing three other services, none of which were located closely to Earlswood House. This meant that the manager was often unable to spend more than an average of one day a week

at the home. Whilst the manager was supported by a team co-ordinator that person also worked at another service operated by the provider so was not continually available at Earlswood House.

We were made aware that the provider had recruited a new area manager but the person had not yet started. The manager of Earlswood House had been line managed by a divisional manager of the provider since July 2015 but we were informed they had not yet visited the home. The manager told us that monthly group management meetings were in place so that she had the opportunity to feedback about issues at the home.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The absence of effective systems and processes to ensure that the provider could ensure that compliance with the regulations could be achieved failed to ensure that health, safety and welfare of people using the services was assured. (17(1) (2)(a) (b) (d) (e) and (f))</p>