

Real Life Options

Real Life Options - Swan House

Inspection report

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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

About the service

Swan House is a residential care home providing personal care to people with learning and/or physical disabilities. The service can support up to six people but at the time of the inspection, five people were using the service.

The care home accommodates people in one adapted bungalow.

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

People using the service at the time of the inspection could not tell us about their experiences of using the service. However, we observed positive interactions between people and staff and people looked comfortable with the way they were being supported.

Relatives gave us consistently good feedback on the service and, the way the staff team had ensured people could stay in the home even when their needs changed. A typical comment was, "My relative had a massive stroke last year and I was so pleased he could stay here rather than having to go to another home."

There were enough suitably qualified and experienced staff on duty to meet people's needs and to keep people safe. People received their medication at the right time and were supported by staff who knew them well and how to keep them safe.

The staff had worked well with external health professionals to ensure people received effective care which maintained or improved their health. Staff received training which helped them to deliver effective and personalised care.

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; the policies and systems in the service supported this practice.

The service applied 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 using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives and staff were happy with the way the service was being led and there was a clear culture amongst the staff team in providing high quality person-centred care. Audits and checks were carried out in the home to ensure standards of care were maintained.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 good (published 11 January 2017).

Why we inspected

This inspection was planned as part of our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 was carried out by one inspector.

Service and service type

Swan House 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

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

The people who were using the service at the time of our inspection could not talk to us about their experiences of the care provided. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two relatives about their experience of the care provided. We spoke with four members of staff, including the registered manager, the care co-ordinator and care workers. We also spoke with one visiting healthcare professional.

We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the home was a safe place to be. One relative said, "I have never had any concerns and would like [person's name] to stay here until the end of their life."
- Staff received training in how to recognise possible abuse and knew how to report concerns.

Assessing risk, safety monitoring and management

- Staff had a good understanding of the risks to people and we saw that they took care to keep people safe. For example, we saw people were using pressure relief cushions on their chairs.
- There was clear guidance for staff on how to manage risks; for example, one person had a specific plan which guided staff how to manage their epilepsy.
- The service carried checks on fire safety and the environment to make sure people were safe.

Staffing and recruitment

- We saw that there enough staff available to support people, enable them to go out and take part in activities. Records showed that staffing levels were changed if people had appointments or trips planned. One relative told us, "There are always enough staff and [person's name] now has additional staffing for personal care."
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- Records showed people received their medication at the right time. Medicines were stored safely and staff received training in how to support people with their medicine as prescribed.
- Some people required medication 'as and when required' or in emergencies and staff understood when these were needed and how to give them.
- We saw that managers carried regular checks on staff's competence in giving medication.

Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- We saw staff using personal protective equipment such as gloves and aprons to reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager reviewed incident and accident records to make sure appropriate action could be

taken to reduce the risk of further harm.

- For example, the registered manager had investigated a recent incident where one person had become very anxious to check whether staff had followed the person's care plan.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home to make sure their needs could be met. This included assessing people's individual preferences and their cultural and religious needs.
- The service carefully re-assessed people following any hospital stays or changes in support needs to make sure care plans were updated.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the right level of experience and knowledge. One relative said, "I know the staff have all had the right training which is great."
- Records showed that staff received training that was relevant to their role and to people's needs. Staff files contained evidence that their competence was checked by managers. For example, staff were observed giving medication to people three times before being allowed to do this on their own.

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

- We saw that people had a say in the menus and that specific diets were catered for at mealtimes.
- We observed people being offered regular drinks and snacks throughout the inspection.

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

- Relatives told us that their family members had access to healthcare professionals when needed and that the service had worked hard to improve people's health. We saw records which showed people had gained weight and regained mobility following hospital stays and operations.
- Staff monitored people's health, such as weighing people regularly, and made referrals to healthcare professionals if there were any concerns. One healthcare professional told us, "The staff team were very receptive and followed through my instructions really well."

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

- The environment had been adapted to meet people's needs; for example, there were no steps or stairs so people could move around the home safely. One relative showed us their family member's bedroom which has been newly decorated. This room had an overhead hoist to help staff deliver safe care.
- The care co-ordinator told us that there were plans in place to install a new kitchen as some cupboards and work tops needed replacing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw that the service had applied for DoLS where appropriate and were waiting for these to be authorised by the local authority. Where people did not have the capacity to make some decisions, the service had organised meetings to ensure decisions were taken in people's best interests. For example, one meeting had agreed it was best for one person to have bed rails to help keep them safe and this had been agreed with professionals and next of kin.
- Staff understood the importance of giving people choice and asking for their consent. Staff had also received training so they understood the MCA.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treating people with patience, humour and respect. Staff took care to maintain a calm and quiet environment which people appeared to enjoy and paid attention to small details such as adjusting people's footwear when needed.
- Relatives told us they were happy with the way care and support was delivered. One relative told us how staff had sat with the their relative in hospital even after their shifts had finished to make sure the person had a familiar face with them. Another relative said, "The staff team here are fantastic."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- Records showed that people's diversity was respected and supported. For example, we saw that people attended the local church each week if they so wanted.

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

- People were supported to make choices about everyday life in the home as much as possible. For example, we saw people making choices about what they wanted to eat and how they wanted to spend their day.
- Staff understood how people would make choices if they had no verbal communication.
- We saw that relatives and visitors were made to feel welcome and people enjoyed spending time with people who were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished. We saw staff protect one person's dignity by using curtains when delivering personal care.
- Care plans were individualised to make sure people were supported to do things for themselves where possible. We observed staff people supporting people to walk around independently where possible.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care and support plans were personalised to ensure they reflected people's likes and dislikes.
- People were supported by a consistent staff team who knew them well. This meant people were supported in line with their preferences. For example, one member of staff told us, "We have made the home much quieter which has helped [person's name] have less seizures."
- The service was organised to meet people's needs; for example, staff worked all day shifts which meant people could go out for the day and not have to return home for staff shift handover.

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.

- The service ensured information was displayed and given to people in an accessible way. For example, there was large noticeboard which had symbols to let people know what activities were taking place.
- People had communication plans which helped staff understand how people preferred to communicate. One member of staff said, "[Person's name] can't make verbal choices but you can tell by his mood and facial expression what he wants."

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 and staff met each week to help people choose what activities they wanted to do. We saw that these choices were then transferred on to the activity planner and then took place. During our visit, we saw a visitor help people carry out an exercise programme which they seemed to enjoy.
- Relatives were happy with the activities on offer. One told us, "I know they take him out; they go to see the animals which he loves."
- The provider had organised competitions such as art and crafts which people could take part in with other people from homes owned by the same provider.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy in place to handle any complaints received.
- The service had not received any written complaints in the last 12 months but relatives were confident the service would respond to any concerns they had. One relative told us, "The manager is open and will listen to any concerns."

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- People's files contained details of how they wanted to be cared for at this time of their life. These had been completed with the help of people's families. For example, we saw one plan which had listed the names of the people one person wanted to invite to their funeral and what music they wanted played.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives and staff were happy with the way the service was being led and managed and we saw the registered manager had created an open, caring and honest culture within the home.
- Staff felt supported and told us the registered manager was approachable. One member of staff said, "The manager and care co-ordinator are lovely to work with." Another said, "The manager is amazing; he motivates me so much."

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

- The provider had notified relatives, the local authority and CQC of any incidents as they are required to do so. For example, relatives had been notified when a shift had been short staffed on one occasion.
- We found the registered manager to be open throughout the inspection about what the service does well and what needed further improvement. This was supported by the PIR the provider had submitted. The rating from the last inspection was on display in the home for relatives and visitors to see.

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

- The provider and the registered manager undertook regular checks and audits to make sure the service was safe and effective. These included checks on medication, fire safety and infection control. Any actions were noted and carried out.
- The provider carried out unannounced visits to the home so that they could keep an oversight of the quality of the service.
- The registered manager kept in touch with best practice by attending events and meetings which were arranged by the provider.

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

- People were supported to attend residents' meetings and have their say in the day to day running of the home.
- Relatives told us the service kept in regular contact and the registered manager was always available and approachable if they wanted to ask anything.
- The provider had recently introduced a social media forum which staff could use to raise ideas and

suggestions.

Working in partnership with others

- The registered manager told us the service had good working relationships with other agencies which helped people receive the care and support they needed
- We saw that some healthcare professionals had sent in written compliments about the staff and the way the service worked. One healthcare professional told us, "I have no concerns. The home is always very welcoming and are willing and quick to get in touch if they have any concerns."