

Real Life Options

Real Life Options - Bevis

Inspection report

5 Newhomes, Monyhull Hall Road
Birmingham
West Midlands
B30 3QF

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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

Bevis House is a residential care home providing personal to people with learning disabilities and/or physical disabilities in a bungalow style property. The service can provide support for up to six people and at the time of the inspection the home was fully occupied. Each person had their own bedroom and all people enjoy shared use of the communal areas of the home and garden.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People who used the service could not talk to us about their experience of living at the service and being cared for by staff. However, we spent time with them observing how staff supported them. We noted that relationships and interactions between staff and people living in the home were positive and relaxed. People were clearly at ease in the company of staff and with each other.

We saw that there were enough skilled staff on duty to meet people's needs. People received support and attention they required to safely engage in activities of interest to them and activities of daily living. Risks were well managed, and people received the medication and treatment they needed to keep them safe.

People were supported to maintain good health and had contact with doctors and other healthcare professionals as needed to keep them well. A varied and balanced diet was always provided for people. Staff were well trained and knowledgeable about how people needed to be supported to keep well and enjoy a good quality of life.

People were supported to have maximum choice and control of their lives and staff supported support 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 to deliver good outcomes for people. 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 support focussed on people having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager and staff ensured that people's individual care and support needs were met. Reviews were regularly undertaken so that positive outcomes could be provided for people. Regular contact with healthcare providers was maintained by staff in the home so that healthcare and support needs could

be monitored and acted upon as necessary.

Relatives of people expressed confidence in the registered manager and staff, they said they were well informed and updated by the home about all aspects of the care provided. Relationships between the registered manager and staff were positive and all said that communication in the home was good with information about people shared in a timely manner. Regular audits and checks were conducted by the provider to maintain and check on the quality of the service provided.

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 (with the report published May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

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

Bevis 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all information we had to plan our inspection.

During the inspection

We met and spoke with all six of the people during the inspection however the people who used the service

could not talk to us about their experience of living at the service and being cared for by staff. We spent time with them as they engaged in their daily activities and used observation to help us understand their experience of being cared for.

We spoke with three members of staff and with the registered manager during the inspection visit. During the inspection and after the visit we spoke on the telephone with four relatives of people about their experience of the care that was provided.

We reviewed some of the records maintained in the home including records of care planning, risk management, specific support needs and medication administration. We look at one set of staff recruitment records and at the training records for the whole staff team. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear about actions and processes they would follow to report any concerns.
- Relatives told us that they were confident in the ability of staff to act on any concerns that would arise. One relative said, "I know that they would respond if I had any concerns. The last time I had raise anything was several years ago and it was responded to."

Assessing risk, safety monitoring and management

- People were always supported to keep safe by staff who demonstrated good knowledge about known risks. People had risk assessments in place for everyday situations and for activities of interest within the home and in the community.
- Staff demonstrated that they were aware of known risks to people. We saw that staff were consistent in how they supported and encouraged people when they were reluctant to engage in activities of daily living.
- We saw that people with specific support needs were safely and consistently supported by staff when moving around the home. People were encouraged and reassured as needed to follow agreed methods to keep them safe.
- Moving and handling equipment was readily available and had been serviced as required to ensure it was fit for use.

Staffing and recruitment

- There were always adequate numbers of staff on duty to ensure that people were safe and were supported in all activities of daily living. People were supported by staff to engage in whatever activities or plans they had in place.
- Full checks were undertaken on staff before they started work in the home to make sure that they were suitable to work with people using the service.

Using medicines safely

- We saw that medication was safely administered to people by staff who followed clear routines and procedures. Staff had received comprehensive training in medication administration.
- Records detailing medication administration were clear and up to date. Two staff administered medication at all times.
- We saw that medication was securely stored within medication cabinets in a locked room after it had been received in the home.

Preventing and controlling infection

- The home was clean and tidy throughout with clear evidence that cleaning, and household routines were followed to maintain the premises.
- We saw that staff wore personal protective equipment to reduce the risk of infection when supporting people.

Learning lessons when things go wrong

- The registered manager reviewed and followed up on any incidents or occurrences in the home to check that appropriate action was taken at all times.
- There were established processes in place to report any incidents to the provider representative for reviewing and learning purposes.

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 care and support needs were regularly reviewed and reassessed. On moving into the home, a full assessment of support needs had been conducted for each person and used to inform individual care plans that were in place.
- One relative commented positively on the action taken by staff to identify and act on health concerns, "They always let me know if they have identified any new concerns and update me on what action they are taking... They arrange regular screening checks and make appointments when they think there has been a change."

Staff support: induction, training, skills and experience

- We saw that there were clear records detailing training that had been provided for staff alongside detail of training that was due to be provided next or refreshed, to enable them to confidently support people.
- Staff spoke well of the training that was offered and made available, with one staff member advising, "The refresher training each year is very good and is useful."
- On commencing employment in the home staff received full induction training; one staff member said, "The induction training was good, and I had training which covered the care certificate standards. It helps me to keep people safe."

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

- People received a varied and balanced diet which met their needs and preferences. We saw that the food served was appetising and plentiful with alternatives available should people not want what had been planned. Drinks were offered and made available throughout the day and people had access to suitable crockery and utensils as they needed.
- We saw that people who had specific dietary needs were well supported when the consistency of their food needed to be altered. Staff knew people who were at nutritional risk of not eating or drinking enough and steps were taken to encourage people to eat well. We saw that records detailing the action of staff were not always consistently maintained and the registered manager initiated action during our visit to address this issue.
- Staff consulted with and acted on the advice of specialist healthcare professionals on issues related to nutritional needs. One relative commented that the person in the home had gained weight as planned to improve their health.

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

- Relatives spoke positively about the action taken by staff to address the healthcare needs of people using the service. Examples were shared of screening appointments that had been arranged by staff to promote and protect good health amongst people using the services.
- One relative expressed satisfaction about healthcare support, "They have arranged hospital, doctors and opticians' appointments as needed. They ensure that support to attend the appointments is provided without me having to do anything."
- Each person had information on file about their healthcare and support needs which was ready for use at any time. Referred to as a 'hospital passport' the registered manager advised that they were reviewed and updated as any changes occurred to ensure that they were always accurate.

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

- The layout and design of the home ensured that people did not have to encounter any level changes or steps which could have proved hazardous to some people in the home. The large lounge area and dining room were interconnected and were well used by people who moved between rooms frequently during the day.
- People had easy access to the large kitchen which was staffed whilst cooking and food preparation was underway.
- We saw that people freely moved around the home in communal areas, encountering no hazards in any part of the home. People were able to easily access their bedrooms when they wished.
- Bathing and toilet facilities were conveniently located in the home and afforded privacy to people when they were being used.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured that applications for DoLS had been applied for as appropriate and were waiting for authorisations from the local authority.
- Where people did not have the capacity to make some decisions, the registered manager and staff had held meetings to ensure that decisions were taken mindful of people's best interests. We saw that where necessary any decision making meetings had involved healthcare professionals to help determine what actions should or should not be taken.
- Staff demonstrated a good working knowledge of the importance of keeping people safe whilst ensuring that their right to make choices was respected. People were asked for their consent in all aspects of their daily lives.

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 saw that people were encouraged and supported by staff to engage in routines and activities that suited them. Staff knew each person's preferences and we saw that they were consistent in how they provided support that was needed.
- Interactions and conversations between staff and people were seen to be warm, friendly and calm. Staff encouraged people to participate in activities that they knew were favoured by individuals, but respected people's wishes when they declined to be involved or wanted to do something else.
- People exercised choice in how they dressed, and the individual preferences and styles were known by staff. One relative said, "He is particular about how he dresses, and staff ensure he is always well turned out."

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

- People were encouraged and supported to be involved in making decisions about all aspects of their lives.
- The décor and furnishings in the home were clean and homely and people had been involved in agreeing festive decorations which were evident throughout the home.
- Staff were knowledgeable about how different people reacted to changes within the communal areas. For example, staff were heard discussing how they were going to manage taking down some Halloween decorations without upsetting some people in the home who had been involved in deciding on the placement of those decorations.
- Each person had their own bedroom and we saw that people had been supported to personalise their own rooms. One relative commented, "He has a good room which is well maintained. He has nice belongings in his room."

Respecting and promoting people's privacy, dignity and independence

- We saw that staff supported people in ways that respected people's privacy and dignity. When one person needed to have a change of clothing, staff discreetly prompted and supported the person to go to their room with offers of support from staff.
- We saw that people were consulted with and involved in choosing what they wanted to do during the day of the inspection visit.
- A relative told us that they were confident that people were offered real choices, "He can join in or refuse activities as he wishes, and we know this is important to him." Another relative said, "I'm really happy with the care he gets; he gets listened to and staff help to ensure he can do what he wants."

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

- Each person had a personalised care and support plan which reflected their preferences and dislikes.
- Care and support was provided by staff who knew everyone well. For example, one person liked to engage in banter and jokes with staff and clearly liked it that staff responded to such interactions with humour and lots of smiles. Another person liked to engage in board games and received lots of support from staff to play games even when other activities were taking place.
- We saw that some people were assisted and supported to go out for a short walk whilst another person liked to spend time alone listening to and singing along to music of his choice.

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.

- There were some display boards in the home where pictures and signs were used to ensure people could see what activities or events were planned.
- People had allocated keyworkers amongst the staff group who ensured that people's varied communication methods were well known and utilised to help them express their views. The preferred methods of communication were recorded in the care plans.
- Staff were knowledgeable about signs or behaviour that indicated or suggested that people might be unwell or unhappy in some way. Staff were confident about how they would share any such concerns with other staff and senior staff in the home.

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

- People were consulted with each week about activities they wanted to engage in so that staff could plan and support people as they wished.
- One relative spoke well about the daily life in the home and the care provided by staff and concluded their comments with, "He has a good life here." All relatives spoke positively about being made welcome when they visited the home and referred to communication about the person's health or support needs being very good. One relative said, "The staff are very good and let me know about health care issues or medical check ups even when I don't get to visit."
- People were encouraged by staff to try new activities within the home and we saw that a painting session was popular with some people who engaged in the activity with enthusiasm and then proudly displayed

their art work in the home.

- People had opportunities to join up with others for social events and activities from nearby homes also operated by the same provider. People had easy access to local communities and services.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place to deal with any complaints received.
- Staff referred to knowing people well and feeling that they pick up on signs and symptoms in people are unhappy or unsettled in any way. Staff went on to outline action they would take to advocate on behalf of people and raise complaints themselves if they had any concerns.
- Relatives were very clear about knowing what to do if they did have a complaint and expressed confidence that complaints would be responded to fully. One relative said, "I could raise a complaint with any staff and I know it would be listened to and dealt with." Another relative said, "I'm confident that a complaint would be handled well although I've not had any cause to complain."

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People had information on file related to end of life wishes and steps had been taken to consult with families about any known wishes. The registered manager advised that the variation in detail between some end of life plans depending upon how much information families had known.

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

- Staff commented positively on the support they received from the registered manager. One staff member said, "The staff meetings are good we discuss things in detail if needed – especially how to support people. You can always ask again if you are not sure and don't feel bad about asking; the manager really cares."
- Relatives were positive about the support provided to people living in the home. One relative said, "I'm confident that the care is good and consistent. It does not depend on how often I visit."
- Staff advised that the registered manager provided feedback when compliments were received, which they felt helped the team moral and working relationships.
- The provider issued a regular bulletin for all staff which promotes and provides details of organisational updates and changes. The bulletin also has details of opportunities for staff to develop and further improve.

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 registered manager advised that the provider had clear processes in place to share information with relatives and others should any incidents occur.
- The registered manager was keen to share information about what the service did well and demonstrated an open approach to continually improving all aspects of the service. For example, we discussed the storage and access to essential health information that would be needed in the event of an emergency. Through the discussion the registered manager outlined minor improvements that he was going to initiate to improve this access for staff.

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

- The registered manager advised that he received good support from the provider. He advised that he had regular contact with other registered managers, of services operated by the provider, through formal meetings and telephone contact.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.
- Staff understood and described how they would raise any issue of concern direct with the manager or the provider if needed.
- The results from regular provider audits and registered manager audits were utilised in the home to help identify if there were aspects of care and support that could be improved.

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

- The registered manager had delivered on planned improvements that had been advised to CQC at the time of the last inspection.
- Inspection reports were on display in the home and relatives advised that they had been informed about the inspection findings after the last inspection.
- Relatives of people using the service expressed confidence in the ability of the registered manager and one person said, "The manager is on the ball at all times." Another said, "I'm always involved by the home manager and staff in any decision making issues."

Working in partnership with others

- The registered manager and staff said that they had a good working relationship with healthcare professionals and other agencies who were involved in supporting people.
- We saw evidence that staff acted upon advice and support plans that had been suggested to ensure that people received the best possible outcomes from the support provided.