

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?

Requires Improvement ●

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

Swan House is registered to provide accommodation and support for up to six people with a learning disability. There were six people living at the home when we inspected.

We last inspected this service in December 2015. The regulations were being met but improvements were needed to staffing arrangements, risk management and people's rights in line with the Mental Capacity Act. 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. This meant that the systems in place to check on and improve the quality and safety of the service were not always effective. This inspection in November 2016 found that the majority of issues had been improved and rectified

At the time of this inspection 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.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. Although staff understood people's needs well arrangements in place may not ensure that all known risks are well managed. The staffing arrangements ensured that safe levels of staffing were provided at all times of the day. People received the correct medication at the correct times. All medication was administered by staff who were trained to do so.

People living in this home were not able to discuss their feelings about the home with us. People seemed to be calm and relaxed when we visited. People indicated by gestures and their body language that they were happy at this home and this was confirmed by people's relatives. We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting.

Staff had received sufficient training and supervision to ensure they had up to date knowledge and skills to provide safe care. People were supported to maintain their health and to access appropriate support from health professionals where needed. People were supported to eat meals which they enjoyed and which met their needs in terms of nutrition and consistency.

Staff were responsive to people's needs and delivered care in line with people's wishes. People were supported to engage in activities they asked to do. People had access to a complaints system and the registered manager responded appropriately to concerns.

There was effective leadership from the registered manager. The registered manager assessed and monitored the quality of care people received. Further action was required to improve the records of the actions taken in response to incidents occurring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Improvements were needed to the assessments for some identified risks to people.

Appropriate systems were in place for the management and administration of medicines but some minor improvements were needed.

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

Is the service effective?

Good ●

The service was effective.

People could exercise their right to choose how they wanted to be supported and staff understood the Mental Capacity Act 2005 (MCA).

People received care which met their needs because they were supported by staff who had the appropriate skills and knowledge.

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

Is the service caring?

Good ●

The service was caring.

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

People were supported to maintain their independence and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in activities they enjoyed.

There was a complaints procedure in place which was accessible to people and visitors.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider had taken account of the findings of our last inspection and made improvements to the service.

There were systems in place to monitor the quality of the service however records of incidents were not always detailed.

Relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

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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 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 28 November 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we looked at the information we already had about this provider. 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. These help us to plan our inspection. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with everyone who lived at Swan House. 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. To do this 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.

We spoke with the registered manager and four care staff. We looked at parts of three people's care records, the medicine management processes and at records maintained about staffing, training and the quality of the service. We spoke with the relatives of five people who lived at Swan House and received information from one care professional and one health professional. The registered manager also sent us further information which was used to support our judgment.

Is the service safe?

Our findings

We last inspected this service in December 2015 and found improvements where needed as some risks to people had not been assessed. This inspection found improvements had been made but further improvements were needed to ensure people received consistently safe care.

We saw that some people in the home used bed rails to reduce the risk of falls from bed. Our last inspection had identified that risk assessments had not been completed for their use, and these had now been completed. The safe use of bed rails had also been discussed with staff to help make sure staff knew how to use these safely. We saw that one person had covers fitted to their rails to help reduce the risk of entrapment in the rails and of possible injury. However we noted that the covers did not extend the full length of the rails and the risk assessment was not specific about the type of cover needed. The registered manager told us, and records showed that a request had been made to a health professional for advice on the rails in use. However, the registered manager needed to ensure the current arrangements were safe.

People were not able to tell us if they felt safe in the home. We saw that people looked relaxed and comfortable in the company of staff and each other. Relatives we spoke with confirmed that they thought their family member were safe living at the home.

One person's relative told us that their family member had recently had an accident and that action was quickly taken to reduce the risk of similar occurrences. Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included assessments for manual handling, fire and falls. We observed staff assist a person to transfer from their wheelchair to a chair and saw this was done safely. Staff explained what they were doing throughout the process.

We saw that the registered 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. All of the staff we spoke with told us they were confident the registered manager would act on any concerns reported. 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 so that staff knew who to contact if they had concerns.

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 and that regular fire drills were completed. This helped staff to know how to support people to keep safe should a fire occur in the home. We discussed with the registered manager that consideration should be given to undertaking a further drill following the admission of new people to the home.

We looked at the staffing arrangements. 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. Since our last visit some new people had moved into the home and we saw that staffing levels had been increased to meet their needs. Relatives of people living at the home were satisfied with the staffing levels. One relative told us,

"There are plenty of staff." Another relative told us, "There are enough staff and they are all understanding of [person's name] needs."

Staff told us staffing levels were safe. One member of staff told us, "I think the staffing levels are meeting people's needs." Another member of staff told us, "It's much safer now we have two staff at night time."

The registered manager and 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. A review of three staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable to work with people.

We looked at the way medicines were stored, administered and recorded. A pharmacist had visited the home in the previous few months and made some recommendations for improvement. We saw that some of these recommendations had been met but some still needed to be actioned. This included addressing the temperature of the medication cabinet as the room was sometimes too warm and may affect some medicines. A record also needed to be made of which area of the body topical patches were applied. Completing these recommendations will help to ensure people receive their medication safely.

The registered manager and care staff told us that medicines were only administered by staff that were trained to do so. The registered manager told us that formal observation of staff was completed to make sure they were safe to do this and this was confirmed by staff we spoke with.

We observed medication being given and saw that staff checked the medication records before administering any medication and signed the record after administration, in line with expected good practice. 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. The records of the administration of medicines were completed by staff to show that prescribed doses had been given to people.

Is the service effective?

Our findings

We last inspected this service in December 2015 and found improvements where needed as restrictions had been placed on people and it had not been agreed as in their best interests. This inspection found improvements had been made in these areas.

People who were able to indicated they were happy at the home. One person told us, "It's nice." People's relatives told us they were satisfied with the care provided. One relative told us, "I'm really happy that [person's name] is happy there." Another relative told us, "I think staff used to be untrained but now it is much better."

People were supported by staff who had the skills and knowledge to meet their individual care needs. Our observations showed that staff had the necessary skills to meet people's needs effectively.

We looked at the induction arrangements for staff who were new to the home. Staff told us that they had received induction training when they first started working at this home. The current arrangements included both an 'in-house' induction and a four day provider induction. The provider had introduced the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff new to the care sector with the knowledge they need to provide safe and compassionate care.

We asked staff about the training they had received. Staff confirmed they had received the training they needed to meet people's needs. Some staff had received some specific training to help them carry out some procedures in relation to a person's health needs. Staff confirmed that new staff who had not yet undertaken this training did not carry out these tasks.

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 registered manager undertook formal observations of staff practice, for example during meal times and both in-house and community activities. The observation resulted in a formal score for the engagement observed and this was discussed with the staff. This enabled staff to reflect on their practice and identify possible improvements.

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. The registered manager demonstrated that he knew about the requirements to take into

account people's mental capacity when there were decisions to make. The registered manager had recognised that the way the home was operating imposed restrictions on people's liberty and had made applications to the relevant authorities. There was clear information on the outcome of these in people care records so that staff were aware of any agreed restrictions.

Information was also available to show people's capacity to consent to decisions had been assessed and where people lacked capacity, decisions had been made in their best interest. The registered manager told us that one health care professional had recommended a medical procedure for one person and that a best interest meeting was being arranged to discuss this.

Throughout the inspection we saw staff cared for people in a way that involved them making choices and decisions about their care. We saw staff checking with people that they consented or were happy for staff to assist them with everyday tasks, for example staff checked people had finished their drinks and sought permission to take their cups from them before doing so.

We observed sufficient drinks being offered to people throughout the day and people were offered choices of what they wanted to drink. We spent time in the dining room whilst people had their lunch. People received appropriate support and their facial expressions indicated they were enjoying their meals. We saw that people were given meals and drinks in line with their recorded guidance. A relative told us, "[Person's name] has trouble swallowing so staff put thickeners in his drinks." People's care records contained information for staff on people's nutritional needs and the textures they required for meals and drinks.

People indicated they enjoyed their meals. One person told us, "The food is nice." One person's relative told us, "He likes the food here." We asked staff how people were given choices in regards to their meals. Staff told us they had recently implemented 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. They told us that not all people made a choice and that where this was the case meals were chosen by staff based on the person's known preferences.

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. We saw that people attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks. One person's relative told us, "They [the staff] respond to health needs, follow the right procedures." Another relative told us, "Staff keep me up to date when [person's name] is not well, they are very good at that." A health care professional told us they did not have any concerns in relation to how staff supported people with their health care needs. They commented that one person had recently been unwell and that his had been well managed by staff.

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. The protocol that gave staff instruction on what to do following such an event had been reviewed and the staff we spoke with knew what to do in an emergency.

During our visit staff discussed that they had been concerned about a medication change for one person following their discharge from hospital. They were concerned this may have had a negative impact on the person's health and so they had arranged for the person to have a review of their medication. 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 living in this home had limited abilities to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language. Staff were respectful in the way they spoke to and about people at the home. We saw that staff gave people praise when they had achieved a task and used words such as 'good man' which was respectful of people. Staff demonstrated respect that this was people's home, an example of this was that one person was supported to answer the front door to their home when we visited.

The relatives of people who lived at the home confirmed that staff were kind and caring in their approach to people. One relative told us, "The staff are all lovely." Another relative told us, "Staff have a caring nature." People's relatives confirmed the staff were always friendly and polite and welcomed them in to the home to visit their family member. One relative told us, "I'm always made welcome." A care professional told us that they had observed staff to be caring when they had visited the home.

We observed examples of caring practice from staff during our visit. One example of this was that staff observed the sun was in the eyes of one person, making them uncomfortable. Staff took action to resolve this to make sure the person was comfortable.

Staff usually respected people's privacy and dignity. Examples of this include staff being discreet when asking people if they needed support with their personal care and we saw that staff knocked on bathroom and bedroom doors before entering. One person's clothing was in a position that exposed part of their body and a member quickly offered the person assistance to protect their dignity. However we did see some inconsistent practice in relation to one person's privacy and dignity. After our inspection visit we were informed that a privacy screen had been ordered to help ensure this person's dignity was consistently protected. People were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. This showed us that staff recognised the importance of people's personal appearance and this respected people's dignity.

Staff were respectful of people's rights to make choices and during our visit we saw examples of this which included consulting people about what they wanted to drink and where they wanted to go out. We saw that sometimes people did not understand what was being asked of them. Staff at the home also attempted to get the views of people on a monthly basis using a pictorial record called 'Service Users Talk Time.' The registered manager told us that staff observations of people's reactions and body language also contributed to how they sought people's views.

People were encouraged to be independent where they were able. For example we saw during meal times that people were encouraged by staff to be as independent as possible and were provided with equipment such as lipped plates to help promote this.

Is the service responsive?

Our findings

We last inspected this service in December 2015 and found improvements were needed. 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. Action had been taken to improve these areas.

Relatives of people told us that they had been consulted and included in planning people's care. One relative told us, "I was involved in the assessment about [person's name] moving into the home." A new care planning format had been introduced since our last inspection. 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, what was important to them and how staff should support them. We saw that staff knew people well. Staff were able to tell us people's likes and preferences. The relatives we spoke with told us they were satisfied with the care provided.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. People's records showed that they liked to participate in a range of activities including outings to places of interest. At our last inspection our observations and records showed that they spent most of their time at home. During this visit we saw staff engaging people in some in-house activities and most people had the opportunity to go out with staff. For example one person went out to feed the ducks at a local park, other people went out to local shops. One person did not go out but staff explained this was because they were unwell. A care professional told us that on a recent visit to the home staff were about to take the person out to a local restaurant and that the person seemed keen to go.

People were supported to maintain relationships with those that mattered to them. Visitors were made welcome at the home and people were supported by staff to visit friends. The registered manager told us that where relatives were not able to visit staff telephoned them to let them know about the well-being of their family member.

Staff told us that people enjoyed activity sessions conducted by visiting therapists to include music, exercise, massages and manicures. Records confirmed that people had the opportunity to participate in things they enjoyed or were important to them. This included regular attendance at the local place of worship. Staff told us they were currently planning Christmas shopping trips for everyone so that they could choose the presents they wanted.

Relatives told us that they would feel confident to raise a complaint. One relative told us, "I would feel very comfortable telling the manager if there was a problem." Another relative told us, "I'm confident to raise any issues." One relative told us they had previously raised a small concern. They told us, "The manager put me at ease."

There was information about how to make a complaint about the service and this was available to people in an alternative format. This had been reviewed since our last inspection to make sure it was up to date.

People were also informed about how to make a complaint at the weekly meetings held with people at the home.

No formal complaints had been recorded in the home's complaint log since our last inspection. The registered manager confirmed that no complaints had been received but indicated if complaints were received these would be used to improve the service. People could be confident their complaints would be listened to and action taken.

Is the service well-led?

Our findings

We last inspected this service in December 2015 and found improvements were needed in how the service was led. Quality monitoring systems were not always effective. This inspection found that improvements had been made.

Swan House had a registered manager in post. Previously they had also managed three other services. This meant that the registered manager was often unable to spend more than an average of one day a week at the home. This inspection found that the provider had taken action to reduce the number of services the registered manager was responsible for to two. The registered manager told us that this had been very beneficial in improving the time they had to spend at the service.

People's relatives confirmed he was approachable. One relative commented, "The manager is very nice. I can ask anything I want and he tries to put things right." Another relative told us, "There has been a vast improvement at the home." All of the staff we spoke with told us they felt well supported by the manager. One member of staff told us, "He is very good with us, he has the time to sit and listen to us."

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. Each person had their own log to help the manager track themes and trends. We discussed with the registered manager that the recording of incidents could be improved in regards to the actions taken following an incident occurring. Whilst the registered manager was able to tell us about the actions taken the current records focussed on the actions taken immediately after the incident, and did not record the actions taken in the longer term to reduce the risk of similar incidents occurring.

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 in 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.

Since our last inspection the registered manager told and showed us that they had introduced new audits, to include infection control. A matrix had been developed so that the registered manager knew when these audits were due to be completed. 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. We were also made aware that the provider had employed a new quality assurance officer for the Birmingham, Oxford and London regions who was commencing full audits of their services.

There were regular staff meetings at which staff discussed people's care, staff responsibilities and plans for the future. Records showed that where concerns had been identified these were discussed with staff so that improvements could be actioned. For example, one record showed that a health professional had raised a concern about the lack of recording of one person's skin condition. We saw these records were now being maintained on a daily basis.