Real Life Options

Real Life Options - 21a Elvetham Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 9 February 2017 and was unannounced. We last inspected the service in June 2016 where we identified that improvements were needed to make sure the service was responsive and well led. Activities on offer to people needed to be improved and care plans needed to be updated. Quality monitoring systems were not always effective and there was not a registered manager in post. This inspection found that some improvements were still needed.
21A Elvetham Road is registered to provide care for up to five people who have a learning disability. Five people were living there when we inspected.

Since our last inspection the manager had registered with us and they were available throughout our inspection visit. 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.

One incident between two people at the home had not been responded to in line with local safeguarding procedures and risk assessments had not been reviewed following the incident. This meant that not all possible action had been taken to keep people safe from the risk of future incidents. People who were able to speak with us confirmed that they did feel safe living in the home. Some people we met found verbal communication difficult, we observed these people looking relaxed and showing happiness with their facial expressions and body language. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. There were sufficient staff to meet people's needs who received opportunities to further develop their skills. People received the correct medication at the correct times. All medication was administered by staff who were trained and competent to do so.

People had care plans in place, but some of these were not current. Action to ensure the care plans were updated was in progress. People were supported to engage in activities but further development was needed to promote opportunities for activities in the community.

People were supported by staff who had been trained and were aware of people's needs. The registered manager had in most instances approached the appropriate authority when it was felt there was a risk people were being supported in a way which could restrict their freedom. For one person, this had been delayed but had been done a few days before our inspection visit. Staff had been provided with training about the Mental Capacity Act 2005 (MCA) and were aware that applications had been submitted to restrict people's liberty.

People were supported to maintain good 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.

People told us or indicated by gestures and their body language 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. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of his role but in some instances had not made expected referrals to the local authority. The systems in place to review and improve the quality and safety of the service were not always effective.

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.

Safeguarding procedures were available and staff we spoke with knew to report any allegation or suspicion of abuse however one potential safeguarding incident had not been responded to appropriately.

There were sufficient numbers of staff available to meet people's individual needs.

People received their medicines safely and as prescribed by their GP.

Is the service effective?

Good

The service was effective.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported with eating and drinking and to maintain their overall health.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service.

People had been involved in decisions about their care and support. Their dignity and privacy had been promoted and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Arrangements in place did not ensure that all people who lived at the home were offered sufficient opportunities to participate in

activities they enjoyed.

There was a complaints procedure and people felt confident to raise any concerns they had.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The systems in place to review and improve the quality and safety of the service were not always effective.

There was a registered manager in place and staff told us they were approachable.

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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 09 February 2017 and was unannounced. The inspection team comprised of one inspector.

As part of the inspection process 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.

During our inspection we met with everyone who lived there. We spoke with two people about the care and support they received. Some people's needs meant that they were unable to verbally tell us their views. 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, four care staff, an advocate, two relatives and the visiting hairdresser. We also received information from a social worker, an advocate and one person's visitor through a befriending scheme. We looked at the care records of three people, the medicine management processes and at records about staffing, training and the quality of the service. The registered manager also sent us further information about the actions they were taking in regards to updating care plans which was used to support our judgement.

Requires Improvement

Is the service safe?

Our findings

During our visit we saw an incident report about one person's behaviour towards another person at the home. Discussions with the registered manager showed this had not been discussed with or reported to the local authority under safeguarding procedures. The registered manager told us that on reflection, they considered that this should have been reported. We asked if a review of the person's risk assessment had been completed following the incident to help reduce the risk of a similar incident occurring and we were informed this had not been done. This meant appropriate action had not been taken to reduce the risk of similar incidents in future. The registered manager told us that this had been an isolated incident and there had been no similar incidents occurring.

A social worker told us that apart from the incident of a person being slapped by another person (which they had not previously been aware of) they had not had any safety concerns in regards to the person whose care they were involved in. A social worker we spoke with told us that staff appeared to support one person well to manage their risks of falls and of choking. Risk assessments had been completed and the staff we spoke with were aware of this person's risks. For example, one person was at risk of falling and staff told us of the actions they took to reduce the risk. We saw staff doing this in practice during our visit, this meant the persons risks of falls were reduced.

Safeguarding procedures were available in the home and staff we spoke with were aware of possible signs of abuse and knew to report any allegation or suspicion of abuse. Staff told us and records confirmed that they had received training in this area. One member of staff told us, "I would speak up as the manager is very approachable." Where refresher safeguarding training was needed this was being completed by staff via E-learning. The provider had a whistleblowing hotline that staff could use to report any concerns. There was information on display in the home regarding this so that staff knew who to contact if they had concerns.

People who were able to speak with us confirmed that they felt safe living in the home. One person told us, "There is nothing frightening here." We saw that other people who were unable to express their views verbally were relaxed in the company of staff. Relatives we spoke with confirmed that they thought their family member was safe living at the home.

We looked at the staffing arrangements. People living in the home did not comment on the staffing levels but relatives of people living at the home were satisfied that there were enough staff to meet people's needs. One person's relative told us, "Yes, there are enough staff and they know [Person's name] needs." The advocates of two people told us that when they had visited the home, there seemed to be enough staff to meet people's needs. The staff we spoke with confirmed there were sufficient numbers of staff to keep people safe. During our visit saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. This indicated the provider had employed sufficient numbers of staff to safely meet people's needs.

At our last inspection we were informed by the registered manager that a decision had been made to increase the numbers of staff at night. This has been done and the home now had one member of staff on

duty at night time plus a second member of staff who was shared with the provider's care home situated next door. This meant there was an extra member of staff to help support people should anyone be unwell or any emergency arose. The use of agency staff had decreased since our last inspection. Where agency staff were used, they had often worked at the home before so that there was some consistency of staff who knew people's needs.

We looked at some of the fire safety arrangements that were in place. People had individual evacuation plans so that staff had information about the support they needed in the event of an emergency. 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.

The registered manager confirmed that the necessary checks including references and a Disclosure and Barring Service (DBS) check had been made before new staff started working in the home. A review of staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable to work with people.

People received their medicines safely and when they needed them. The registered manager and staff told us that medicines were only administered by staff who were trained to do so and had been assessed as competent.

We observed medicine being given and saw that staff checked the medication records before administering any medicine and signed the record after administration, in line with expected good practice. 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 provide this support and this was confirmed by staff we spoke with.

There were suitable facilities for storing medicines. 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 accurately by staff to show that prescribed doses had been given to people. Some of these records still showed medicines that were no longer prescribed to people. The registered manager told us they would ensure these were removed. Audits of the medication were completed on a weekly basis to make sure people were receiving their medication.

Good

Is the service effective?

Our findings

People indicated they were happy at the home. People's relatives told us they were satisfied with the care provided. One relative told us, "I am happy with the care there." One person's advocate told us, "They are extremely happy living here and has appeared to be content and happy each time I have visited."

We were informed by the registered manager that all new staff undertook a full induction at the start of their employment. This included both an 'in-house' induction and a four day provider induction. Several staff had moved to work at the home from the provider's other homes and evidence was available to show they had also completed an induction to the home. Agency staff sometimes worked at the home and since our last inspection the registered manager had introduced a formal induction that covered essential topics for their role.

Staff told us they received training that was suitable and supported them to meet people's needs. 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. A system was in place to provide staff with refresher training and we saw this was on-going. Some topics had not yet been completed by some staff and records showed that the registered manager was taking action to address this.

We looked at 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 staff we spoke with confirmed they received regular supervision and felt supported. Regular staff meetings took place. This gave staff the opportunity to discuss people's care, staff responsibilities and plans for the future direction of the home.

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 had made DoLS applications for four people living in the home as they did not have the capacity to make some decisions for themselves. These applications had been sent to the appropriate local supervisory body. Some applications had been authorised and our discussions with the registered manager showed they were aware of and working towards implementing the authorised conditions to help keep people safe. The registered manager told us that a social worker had requested a DoLS application for one person and that this had now been done. The registered manager told us that it had not originally been done as the person was at the home on a temporary basis and that in hindsight it

should have been done sooner.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. The staff we spoke with were aware that DoLS applications had been made for people. 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.

People were provided with enough to eat and drink. Throughout our visit people were offered regular drinks and snacks that included fresh fruit. The facial expressions of people who were unable to tell us their views verbally indicated they were enjoying their meals. People who were able to communicate with us confirmed they were happy with the meals provided. One person told us, "The food is all nice. I go shopping to choose what I want."

People received appropriate support with their meals and were given foods of a consistency that was in line with their care plan. Staff told us that the menus were completed on a weekly basis in consultation with people. Where people were unable to communicate what meals they wanted, staff used their knowledge of people's likes and dislikes.

People were supported to attend medical appointments and staff sought advice from health professionals in relation to people's care. We saw that people attended regular health appointments with the GP as well as receiving regular dental and optical checks. One relative confirmed that a person's health was monitored and told us, [Person's name] was putting weight on, but that was now being monitored to help the person remain healthy. During our visit, one person attended a GP appointment. The person was anxious on their return and staff explained to the person the advice the GP had given and about the medicine that had been prescribed. This helped the person to be less anxious.

Good

Is the service caring?

Our findings

People who were able to verbally communicate with us confirmed that staff were caring and we observed staff were kind and patient with people and offered reassurance when necessary. One person told us, "Staff look after me." Another person told us, "This is my favourite home, the staff are all fantastic." Relatives of people confirmed that staff were caring and that they were made welcome by staff when they visited.

One person's advocate told us they had witnessed staff interacting well with people and the staff appeared to know their care needs. A visitor to the home told us, "Members of staff appear to be genuinely warm and friendly and have established a very good relationship with the person who seems to be well settled and happy. "

Staff spoke about people in a caring manner. One member of staff told us, "I always check and ask if something is wrong. It's my duty if someone is crying to figure out what is wrong, even if they cannot talk." They showed good knowledge of one person's communication needs who was not able to communicate verbally and gave examples of the person making different sounds depending if they were happy or not. One relative told us that the registered manager had shared with them plans for the involvement of a speech therapist, to help assess the person's current communication skills..

Staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and bathrooms and sought permission before entering. People were assisted discreetly with their personal care needs. People were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. Several visitors to the home commented that people always looked well groomed, this indicated that people's personal care needs were being met. This showed us that staff recognised the importance of people's personal appearance and this respected people's dignity. Staff were respectful in the way they spoke to and about people at the home and people's personal information was respected and protected.

Staff gave examples of how they consulted with people and obtained their views and opinions. One member of staff told us, "We now have a meeting every week with people to see what they want to do." Records we sampled supported this. The home had recently undergone extensive redecoration and we saw that people had been consulted in choosing the colours of their bedrooms.

Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items. We saw that staff prompted people to carry out tasks independently where possible. One person told us that they were able to access the kitchen to make their own hot drinks. We saw that they had access to the kitchen and they made themselves a hot drink during our visit. Some people who lived at the home had visual impairments. Tactile aids were placed in the home to help people find their way around their home. This helped to maintain people's independence.

Requires Improvement

Is the service responsive?

Our findings

We last inspected this service in June 2016 and found improvements were needed. For example, arrangements for people to be able to participate in activities they enjoyed in the community needed to be improved. At our last inspection, we found that care plans and assessments did not always adequately guide staff so that they could meet people's needs effectively. Whilst actions were in progress, further improvement was needed. The registered manager was able to demonstrate that further action was being taken to make these improvements.

At this inspection, we found that whilst most people now had the opportunity to do things they enjoyed, we did not see evidence that this was the experience of everyone living at the home. A social worker told us that one person had left the house once in the previous month and that they observed during their two visits to the home that the person had been alone whilst staff were off doing other tasks. They told us that when they asked a member of staff what the person enjoyed doing their reply was, 'We don't know'. The records we viewed supported the feedback from the social worker in regard to the limited activities in the community. We asked several staff during our visit about the activities this person enjoyed and staff were consistent in their answers, telling us that the person liked to go for meals out and having their nails painted.

We looked at the care records for the person and this indicated they liked to participate in a range of community activities. We saw the information about what they liked to do did not match their current experiences. Records often recorded 'Walking around the home,' or 'Relaxed in the lounge,' as an activity. It was not evident that this person had been encouraged to participate in activities of interest to them or if they had declined other activities which may have been on offer.

We spoke with the registered manager about this person's needs. They told us that the person did enjoy going out but that due to their age and physical abilities, they did not always want to go out on activities and sometimes preferred to stay at home. However, they acknowledged that activities for people could be improved. We saw that the registered manager had discussed the requirement to do this with staff at a recent meeting. The registered manager told us that additional activities such as hydrotherapy were being explored. The registered manager also planned to trial people attending hairdressers in the community, rather than always using a visiting hairdresser so that people's use of community facilities would be improved. Many of the staff we spoke with also identified that the range of activities for people was something that needed improvement and was being actioned.

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. Most of these plans were not up to date. Three people still had the care plans in place from their previous home, (with the same provider) but they had been in their new home for over six months. The registered manager recognised that the plans needed to be reviewed to reflect people's new accommodation. They told us that a new care plan format had been introduced by the provider and showed us that they had received training on completing these. They provided evidence that they were working on completing the new care plans for people and that these were near to completion.

The relatives we spoke with told us they were satisfied with the care provided. The relatives of two people at the home told us they had the opportunities to do things they enjoyed and gave examples of people going horse riding, theatre, swimming and to the cinema. A visitor told us that in relation to one person they had; "Opportunities to go out, including trips to the shops, a bowling alley and places to eat." During our visit, we saw that staff engaged people in activities that included artwork and nail care.

People who we spoke with knew who the manager was and told us they would speak to him if they had a concern. One person indicated they would prefer to tell their family if they were unhappy, but went on to tell us there was nothing they were unhappy about. Relatives confirmed to us that they felt able to raise any concerns with the managers of the service. One relative told us, "We would be confident to raise any worries. I have raised things in the past and they have taken my comments on board."

There was information about how to make a complaint about the service and this was available to people in formats that included pictures to help make them easier to understand. 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.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in June 2016 and found improvements were needed in how the service was led. For example, quality monitoring systems were not always effective and there was not a registered manager in post. This inspection found that although some improvements had been made these had not all been completed in a timely way. While actions were in progress in regards to care records and activities further improvement was still needed.

The manager commenced working in the home in April 2016 and since our last inspection had completed their registration with us. The registered manager also had responsibility for a second location nearby and they told us they split their time equally between the two homes. They were supported in managing the home by a care co-ordinator.

A social worker commented to us that they were not sure if the home was well led. They told us this was because they had requested some actions needed to be completed for one person and there had been a delay in responding to this request. An advocate also told us that there had been slow progress in relation to meeting a condition of a Deprivation of Liberty authorisation in relation to updating the care plan of a person and that they had made the registered manager aware of this on their last three visits to the service. Our inspection visit found that most people's care plans were in the process of being updated. Following our inspection visit the registered manager sent us evidence of one person's plan having been completed.

There had been some instances where the registered manager or the provider had not taken appropriate action. For example, although now resolved an application to deprive a person of their liberty had not been made in a timely manner and a potential safeguarding incident had not been reported to the local authority.

Where an incident or an accident occurred staff completed a report. The registered manager told us 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. The registered manager told us that he reviewed the incidents to check if there were any themes or trends but that none had been identified. Whilst some incidents had been used to help improve staff practice, we noted that a report for a recent incident lacked detail and did not include all of the details that staff had shared with us. There was no evidence that the incident had been reviewed and the information gained used to learn lessons to prevent similar occurrences in future.

One incident had been responded to in a robust way. The registered manager had previously informed us of a medication error under safeguarding procedures and had also informed the local authority. The error related to the booking in procedures of medicine. Following the error the registered manager had updated the home's procedures and staff we spoke with were aware of the changes and confirmed they now followed the new procedure.

People who used the service did not comment about the management of the home but a relative told us that their family member got on very well with the registered manager. We also received some positive feedback from a visitor who told us that the registered manager seemed capable and caring and had always

been ready to discuss the person's needs. The staff we spoke with were positive about the management of the home. One member of staff told us, "It has been a lot better since [manager's name] has been here, he has improved a lot. People go out more, there is better interaction." Staff meetings had taken place. All of the staff we spoke with told us they felt well supported by the registered manager.

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 were aware. We saw there was a rating poster clearly on display in the service and on the provider's website.

Since our last inspection the registered manager told and showed us that they had introduced new audits, to include infection control. Since our last inspection the registered manager had also commenced unannounced spot checks. 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. We were informed that an audit was scheduled at the home.

Formats had also been developed to assess the service against the CQC key questions and for unannounced spot checks to check people were experiencing good outcomes in areas such as staff support, medication and the environment. These had commenced and senior staff had arrived at the home unannounced at various times including early mornings and evenings. These checks helped to make sure staff were working to the standards expected by the provider.