Real Life Options

Real Life Options - Stacey Drive

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
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 8 and 12 February 2016 and was unannounced.

At the last comprehensive inspection in August 2015, this provider was placed into special measures by CQC. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do meet legal requirements. in relation to breaches of regulations. We undertook this full comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. This inspection found there were enough improvements to take the provider out of special measures. The provider now met their legal requirements but further improvement was required.

Stacey Drive is three, interconnected bungalows, where care and support is provided to up to 12 people who have learning disabilities and/or mental health needs and who need support to live in the community. There were ten people living in the home at the time of the inspection.

At the time of this inspection there was no 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. A manager had been appointed to run the home and was in the process of applying to become the registered manager. However they were not able to work at the home on a full time basis as they also had responsibility to manage another location which was located several miles away.

At the time of our inspection a suspension of admitting any new people to the home by the local authority was still in place. Our inspection identified that changes and improvements had occurred across the service. Hazardous substances that may pose a risk to people were now kept securely. Arrangements had improved to make sure staff would respond appropriately in the event of a fire occurring at the home and infection control procedures had been improved. The actions taken had reduced some of the risks to people's safety but some minor improvement was needed to ensure medication was administered and recorded in a safe way.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. Previously there was not enough staff to meet personal care needs of people in a timely manner or to accompany people to go out of the home should they have chosen to go out at the same time, this restricted people's choices. Changes to how staff were deployed had meant that staff were better able to support people but further improvement was needed.

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 in terms of nutrition and consistency.

Care plans were not all up to date so staff did not have up to date information to ensure they could meet people's needs effectively. We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. We saw staff treating people with respect and communicated well with people who did not use verbal communication.

New staff were provided with an induction that would ensure they knew how to care for people and would ensure they could work safely. Training and supervision arrangements for staff had improved and further training for staff was scheduled.

There was a complaints procedure which was on display and was available in an easy to read version with pictures. A system was in place to respond to concerns and complaints received.

Changes had taken place in the management staff team, in addition to the manager there was a team co-ordinator in post and both were being supported by a newly recruited area manager. Whilst we received positive feedback from staff about the manager they were only able to spend some of their time at Stacey drive as they were also responsible for managing another care home. Arrangements for checking the safety and quality of the service had improved since our last inspection but further improvement was needed to ensure people were provided with a good service.

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.

Action had been taken to reduce the areas of risk identified at the last inspection. Some aspects of medicines management needed improvement.

The staffing arrangements had improved to help meet people's needs safely.

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

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received training in most of the areas that were relevant to the needs of people using the service and received appropriate support.

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

People were supported to maintain good health but assessment was needed to check people were at a healthy weight. People had meals they enjoyed.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Staff knew people well and understood their individual care needs.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

Care plans were not all up to date so staff did not have up to date information to ensure they could meet people's needs effectively.

Arrangements for people to be able to participate in activities they enjoyed had improved but needed further development.

A system was in place to respond to concerns and complaints received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service had been without a registered manager but an application to register the current manager had recently been submitted to us.

Whilst we received positive feedback from staff about the manager they were only able to spend some of their time at Stacey Drive as they were also responsible for managing another care home.

Arrangements for checking the safety and quality of the service had improved since our last inspection but further improvement was needed to ensure people were provided with a good service.

Real Life Options - Stacey Drive

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 8 and 12 February 2016 and was unannounced. The inspection team comprised of two inspectors.

As part of the inspection we looked at the information we already had about this provider. We looked at information received from the local authority and the statutory notifications the provider had sent to us. 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.

During the inspection we met with all of the people who lived at the home. Some people's needs meant they were unable to verbally tell us how they found living at Stacey Drive, and we observed how staff supported people throughout the inspection. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the newly appointed team co-ordinator, four care staff and one agency staff. We looked at parts of four people's care records, the medicine management processes and at records maintained about staffing, training and the quality of the service. We spent time observing day to day life and the support people were offered. We spoke on the telephone with the relatives of five people. We also received information from an occupational therapist, epilepsy specialist nurse and a community nurse.

Requires Improvement

Is the service safe?

Our findings

We last inspected this service in August 2015. At that time people were not benefitting from a safe service. We told Real Life Options that the service they were providing was inadequate and we issued a warning notice to ensure that legal regulations would be met and changes made to benefit people. We returned to inspect Stacey Drive in February 2016 and found that improvements had been made and the regulations were being met but further improvement was needed to ensure people received a consistently safe service.

People who were able to communicate with us confirmed they felt safe at the home. The relatives we spoke with did not raise any concerns about the safety of people living at the home. One relative told us, "I have no current concerns about any safety issues."

Information was available in the home about how to report abuse and staff we spoke with knew how to report any allegation or suspicion of abuse. We explored staff knowledge in relation to potential signs and symptoms of abuse and staff were able to describe this in detail. One member of staff told us, "If I saw abuse I would report it." 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. Since our last inspection there had been a number of safeguarding concerns raised and some were still under investigation. All the relatives we spoke with said they did not have any concerns about people's safety. One relative told us that when an allegation had been made the manager had kept them up-to-date and told them the outcome. At the time of our inspection a suspension preventing the admission any new people to the home by the local authority was still in place. However the local authority told us that there was some improvement made in terms of staff being aware and willing to report concerns.

At our last inspection we found that a person was at risk as a member of staff gave them food that was identified as a risk to them and staff we spoke with were inconsistent in their knowledge of people's special diets. At this inspection we saw that people were supported in line with their risk assessments and the staff we spoke with were aware of the textures of foods that people needed to have to reduce the risks of choking. One person was assessed as needing staff to observe them whilst they ate but we saw the person eating a meal with no supervision. Staff realised their error and stayed with the person whilst they ate. We bought this lapse to the attention of the manager.

Since our last inspection action had been taken to ensure hazardous substances were being kept securely when not in use and repairs had been undertaken to floor covering that had been a tripping hazard. There were regular checks of health and safety arrangements within the home, such as on the fire detection system and emergency lighting to make sure it was in good working order. A new fire risk assessment had been carried out and actions taken. Each person had a personal emergency evacuation plan which guided staff in how to support them during an emergency. We spoke with staff about the procedures they needed to follow in the event of the fire alarms sounding. The staff we spoke with were confident in the procedures they needed to follow. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents.

Previously there were not enough staff to meet the care needs of people in a timely manner. The relatives we spoke with had some mixed opinions about the current staffing arrangements. Whilst most commented that staffing had improved some had concerns that people were not supported by a consistent staff team. One relative told us, "My biggest previous concern was the constant changing of staff, there is now a main core of staff but there are still ones I do not know." Another relative told us, "The staffing is okay but the only drawback is the change of staff, they do not get to know all of the person's little habits." The staff we spoke with did not raise concerns about the staffing levels in the home. One health professional told us that previously staff morale was very low, staff turnover was high and the majority of staff were agency. They then advised that more recently, there had seemed to be more consistent staff in place and the new manager had brought about a positive change. 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.

The manager told us that the necessary checks including references and a Disclosure and Barring Service (DBS) check had been made before new staff started working at the service and that this process was led by the provider's human resources department. The manager showed us evidence of checks being completed for a recently employed member of staff. A new member of staff confirmed that the appropriate checks had been completed before they started working in the home.

The relatives we spoke with confirmed they felt the environment was now better maintained. One relative told us, "The place is much cleaner, it used to be grubby with crumbs." Another relative told us, "The home is usually clean, it's just the bedroom that is sometimes a little dusty." The process of updating systems to monitor and manage infection control had been implemented after our previous inspection and this was on-going. Infection control audits were now completed regularly and we saw that the premises were generally clean. We saw that sufficient supplies of personal protective equipment such as gloves and aprons were available for staff to use and these were used as necessary during our visit. An infection control lead staff member had also appointed.

We looked at the way medicines were stored, administered and recorded. Staff told us that medicines were only administered by staff who were trained. Since our last inspection a system to assess staff competency to administer medication had been introduced and this was in the process of being completed with staff. We were informed that priority was being given to new staff or staff who had been involved in medication errors.

There were suitable facilities for storing medicines. The records of the administration of medicines were completed by staff to show that all prescribed doses had been given to people. There was a photograph of the person adjacent to their medication record to help reduce the risk of medication being given to the wrong person. Some medication records had been handwritten by staff. There was no evidence to show that these had been completed and checked by two members of staff to avoid transcribing errors.

At our last inspection we saw that some medicine protocols were not in place for medicines that are prescribed for "use as needed" (PRN) this meant some medicines could be at risk of being administered incorrectly. We saw that some of these were now in place whilst others were still in draft format and not yet available as guidance for staff to follow.

Requires Improvement

Is the service effective?

Our findings

People who were able to communicate with us confirmed they were happy living at the home and people's relatives told us they were satisfied with the care provided. Comments from relatives included, "He is very well looked after and treated well."

We looked at the induction arrangements for staff who were new to the home as this had been previously been an area of concern. Staff told us that they had received induction training when they first started working there. The current arrangements included both an 'in-house' induction and a four day provider induction. Some staff who were working at the home were still on their induction so were working as extra to the usual staffing numbers. We asked the manager if staff new to the care sector had the opportunity to complete the 'Care Certificate'. The care certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. The manager confirmed this was part of the induction process.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. The staff we spoke with told us they had received the training they needed and now felt more supported. One member of staff told us, "Training is much more organised." Training records supported that staff had received or were scheduled to attend most of the training they needed to provide effective care. An area of training that needed to be scheduled was in dysphagia to help develop staff knowledge and skills when supporting people who had swallowing difficulties with their meals. The manager was able to show that some actions had been taken to try and source this additional training for staff. The manager informed us that some staff also needed to complete training in managing behaviour which she was actively trying to arrange. We had identified that this training was needed for staff at our previous inspection in August 2015.

We asked staff if they 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. With the exception of one member of staff the staff we spoke with told us they had received recent supervision.

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 necessary applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS) had been made but the manager told us these had not yet been determined despite being submitted nearly 12 months ago. The manager told us they intended to resubmit the applications so that the information was up to date. The staff we spoke with had a good understanding of the MCA and DoLS and

had received training in this area.. One member of staff told us, "Everyone has capacity unless we prove otherwise."

The majority of people at the home had alarms on their beds that alerted night staff to them getting up or that they needed support related to managing their continence. At our last inspection in August there was no evidence to show that people had consented to their use or best interests. People we asked were unable to tell us if they had consented to their use or of decisions being made in their best interest. The manager told us this issue of best interest decision making had not yet been achieved but would be liaising with people's social workers to discuss their use. The staff we spoke with were able to tell us about the importance of getting people's consent and gave us examples of how they did this. We saw examples of staff seeking consent from people, this included gaining consent to provide assistance with personal care.

People who were able to communicate with us confirmed they were happy with the meals provided. A person who lived at the home told us, "The food is alright here." We observed sufficient meals, snacks and drinks being offered to people throughout the day and saw that fresh fruit and vegetables were available in the home. We saw that people were asked what they wanted to eat and drink. Staff told us that the menus were completed on a weekly basis and that alternatives were always available if people did not want what was on offer.

The observation we undertook at lunch time on both days of our visits indicated that people's mealtime experiences had improved. The majority of people received appropriate support and their facial expressions indicated they were enjoying their meals. People's care records contained information for staff on people's nutritional needs and the textures they required for meals and drinks. We saw that people were given meals and drinks in line with their recorded guidance. The staff we spoke with
were aware of the risks to people with complex dietary needs.

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. One relative told us, "Health needs are met and I now get lots of telephone calls to keep me up to date." We saw staff encouraging one person to keep their feet up on a footstool. Staff told us this had been advised by the GP due to medication the person was taking.

A health professional who was assisting staff to manage one person's health condition told us they did not have any concerns, they also named a particular member of staff as being excellent in recognising and managing symptoms and supporting her colleagues to recognise them too.

We saw that a record was being kept of professional visits, such as GP and dieticians. Some people's care plans recorded that they needed to be weighed monthly to help ensure they were at a healthy weight. We saw that one person had been weighed regularly but there was no assessment to show if they remained at a healthy weight. One person had not been weighed as they had refused this. We noted that consideration had not been given to using alternative methods to establish if the person was at a healthy weight or not. We saw that on our second visit some actions had been taken to assess if people were at a healthy weight.

Good

Is the service caring?

Our findings

People who were able to communicate with us confirmed that staff were caring. A person who lived at the home told us, "The staff are nice." Relatives confirmed that staff were kind and caring. One relative told us, "The staff are all friendly and I'm made welcome when I visit." Health professionals also confirmed that staff were caring.

The atmosphere in the home was informal, calm and relaxed. Staff were respectful in the way they spoke about people at the home. Staff interacted positively with people and we observed that staff clearly cared about them and how they were feeling. The fire alarms were tested during our visit. Staff made sure they had let everyone know of the test in advance so that the sounding of the alarm did not cause anxiety to people.

Staff were observant and noticed when people needed help. One person required assistance with their personal care. The person declined staff assistance several times but we saw that staff followed their care plan and used one of the person's favourite objects to eventually persuade them to the bathroom.

We asked care staff what they did to protect people's dignity and privacy and all the staff we spoke with were able to describe how they did this. We saw examples of this including staff knocking on people's bedroom doors and seeking permission to enter, and doors to people's bedroom and bathrooms were kept closed when people were being supported with their personal care needs.

At our last inspection in August 2015 an assisted bath in one of the bungalows was not working. As this was the only bathing facility in that bungalow, people had to go through adjoining doors into other bungalows to get a bath or shower. This had now been repaired so that people's privacy and dignity was protected.

We saw staff communicating well with people. Some people were able to talk to staff and explain what they wanted and how they felt. Others needed staff to interpret
gestures or understand the person's own methods of communication. We saw that staff were be able to communicate with people. People's plans contained person centred guidance for staff about how to communicate. One person had recently received some input from a health professional who had recommended the use of photographs to help the person know what staff were working with them and the activities scheduled for that day. We saw these were in use during our visits. Group meetings took place with people on a weekly basis to seek their views on the meals and activities they wanted to do in the coming week.

Opportunities were available for people to take part in everyday living skills. People were involved in food shopping, cooking and the laundry. During our visits we saw different examples of people undertaking some baking. One person looked like they were really having fun and told us with a smile that they often got flour everywhere.

Requires Improvement

Is the service responsive?

Our findings

Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes and what was important to them. We found the care planning system had been subject to some recent changes and that further changes were planned. The provider had introduced a new care plan format which had been completed for people but the manager told us they were now not using this. Another new format was in the process of being introduced and was in varying stages of being completed. We therefore found that some of the care planning information we looked at was not up to date and therefore may not have been reflective of people's current needs.

We looked at the opportunities people had to undertake interesting activities each day. One person's relative told us, "Staff understand him and he is going out a lot more." We saw that each person had their had their own activity schedule that included shopping, baking, the cinema and craft activities. Since our last visit an exercise class had been introduced every other week with an external organiser coming into the home to lead the session. Some people were planning to go on a trip to the Sea Life Centre the day after our visit. A member of staff told us, "People get to go out more often now."

At our inspection in August 2015 we were concerned that staffing arrangements did not always support some people to go out on community activities regularly. This inspection identified this had improved but the numbers of staff on some days was still not sufficient for people who we were informed needed two staff to support them to go out. One member of staff told us, "It helps when we have three staff [in the bungalow they were allocated to] as it is better to take people out." However they told us that three staff were not always available.

We noted that for one person their care records often did not show if they had participated in an activity. Records did not usually explain why the original planned activity had not taken place, we noted an exception on one record we viewed where it was recorded this was due to a shortage of staff. Their records did not usually record if they had been offered this opportunity or not. This meant we were unable to track if these individuals had opportunities to participate in the activities they enjoyed or were important to them.

It was one person's birthday on one of our visits. Staff took the person out and had also arranged a party with cakes and presents which the person enjoyed. Staff were also arranging a Valentine's party for people and each person had received their own special written invitation to the party. Some people indicated they were really excited about the planned party.

Group meetings took place with people on a weekly basis and it was reinforced with people at these meetings who they needed to tell if they were unhappy about something. There was information for people about how to make a complaint about the service. This was also supplied in 'easy read' version. Relatives told us they would be confident to contact the manager to raise any concerns they had. One relative told us, "I'm confident to contact the manager to raise any concerns, I'm not frightened to do this." One complaint had been received since our last inspection. We saw that a record of this had been made and that the issue raised had been resolved.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in August 2015. At that time people were not benefitting from a well led service. We told Real Life Options that the service they were providing was inadequate and we issued a warning notice to ensure that legal regulations would be met and changes made to benefit the people living at Stacey Drive. We returned in February 2016 and found that some improvements had been made and the regulations were being met. Further improvement was needed to ensure people received a service that was consistently well led.

It is a requirement that providers display the rating we have given in a conspicuous place. We saw the home's rating was on display in the entrance areas of the bungalows along with information on the action being taken to improve.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered provider had not always informed us of significant events that they were required to. Since our last inspection in August 2015 this had improved and notifications of incidents in the home had been sent.

At our last inspection the home did not have a registered manager. At this inspection we found that a new manager had commenced at the home. An application had been submitted to register the manager and was being assessed by the Commission.

All of the relatives we spoke with said that the home had improved in recent months. One relative told us, "It has improved since [manager's name] has taken over." Another relative commented, "Staff seem more enthusiastic since the new manager took over." A health professional told us that the manager had met any requests they had made within the deadline given. Another health professional told us they were aware the home had problems in the past but they thought the new manager was trying very hard to address issues.

Staff told us that the management arrangements had improved and that they felt supported. Comments from staff included: "Now there is a manager in place it is much better." "I can sit and talk to her [the manager] at all times." Whilst we received positive feedback from relatives, staff and health professionals about the manager they were only able to spend some of their time at Stacey Drive as they were also responsible for managing another care home. The manager told us that this sometimes made it quite challenging to complete all the audits of the quality of care they wanted to do.

Arrangements for checking the safety and quality of the service had improved since our last inspection but further improvement was needed to ensure people were provided with a good service. We saw that there was a lack of evidence to show that one person was offered their scheduled activities, the provider had not ensured there was a system in place to monitor that people were being offered the opportunity to take part in things they enjoyed. Records to monitor people's food and fluid intake were also inconsistent and on some days it was difficult to establish what people had eaten or drank.

The medication procedure for the home recorded that two members of staff should administer medication. We were informed that this had changed and only one member of staff gave medication to increase the time staff could spend supporting people with their everyday needs. The written procedure needed to be updated so that it matched practice in the home.

We saw that systems to share information and seek the views of staff had improved. Regular team meetings were taking place. Staff could not recall having received any surveys to seek their views but told us they felt able to raise any issues in their supervision sessions.

Our inspection in August 2015 found that the views of people's relatives on the quality of the service had not been sought. At this inspection we found that surveys had recently been sent out but had not yet been returned. One relative told us, "I have just received a survey to seek my views, I have not had one before."

At our last inspection we found that there was no system in place for monitoring and analysing accidents and incidents. At this inspection we saw that a system was in place to record and log incidents. Records showed the actions taken to reduce to risk of similar incidents occurring. We saw that the process for recording and reporting these had been discussed with staff. Further development of the system was needed and had been planned to help identify any patterns or trends to further reduce the risk to people.