

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

21a Elvetham Road is a residential care home providing personal care to five people living with a learning disability at the time of the inspection. The service can support up to five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a small service within a bungalow. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Quality assurance tools had failed to identify, implement and sustain improvements at the service in relation to people's care files and risk assessments, fire safety equipment and staff training. This meant we could not be assured people consistently received safe and effective care by staff who had up to date training.

People did not always have opportunities to offer feedback about their experience of care. The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not always reflect the principles and values of Registering the Right Support as people's outcomes were not consistently updated to ensure their goals were recorded and staff could support them to achieve these.

People's care files did not always contain complete information about their health needs and risks. Checks on the home had not consistently been completed to ensure people were supported in a safe environment.

People were supported by sufficient staff to offer flexible care. People were supported to maintain a balanced diet based on their preferences. People were supported to engage in activities they enjoyed inside and outside of the home. People were supported by staff to maintain their privacy when being supported with personal care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. People were encouraged to maintain their independence and learn new skills.

People were supported to receive their medicines as prescribed. People were supported to access healthcare professionals as required. People felt able to raise concerns with the staff and management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 26 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider and request an action plan following this report being published to understand how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

21a Elvetham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, team coordinator and support workers. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection we found risk assessments had not always been reviewed following accidents and incidents and measures to reduce future risk had not always been made in a timely way. At this inspection we found risk assessments did not consistently contain comprehensive guidance for staff on how to mitigate risk. For example, one person's risk assessment did not highlight their high risk of choking due to an associated health problem. Whilst most staff knew the person well, the service used agency staff when regular staff were not available. This meant we could not be assured all staff would consistently have understood the person's needs and risks as they did not have clear guidance to follow. This placed the person at increased risk of harm.
- At our last inspection we found people's care plans contained limited information about their medical history or the signs, symptoms and triggers that staff needed to be aware of in relation to the health condition and any associated risk. At this inspection we found insufficient improvements had been made. For example, one person's medical history noted they had a mental health diagnosis however contained no clear guidance for staff on how to support them with this. This placed the person at risk of not receiving care in line with their needs.
- At our last inspection we found the cleanliness and safety of the home required improvement. At this inspection we found whilst some improvements had been made, further were required. For example, we saw fire safety checks had not been completed at the service from June 2019 to October 2019. Records confirmed the October 2019 fire safety check had identified faults with fire safety lights and fire doors which the management team were in the process of rectifying during our inspection. However, as checks had not been completed in a timely way we could not be assured people had been protected from harm by effective fire safety equipment.
- We saw people had risk assessments in place which contained guidance for staff to follow in relation to epilepsy and falls.

Staffing and recruitment

- We received mixed feedback on staffing. One person told us, "There is enough staff." However, one relative told us, "There does not seem to be enough staff. We have to go and search for them when we visit." Despite this, we saw there was sufficient staff to support people and offer people stimulation. For example, we saw staff engaging with people in activities and conversation and people were offered activities outside of the home.
- Staff told us they were recruited safely and had undergone checks on their identity and from the Disclosure and Barring Service (DBS) to ensure they were suitable for employment in the care sector.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and able to raise concerns with staff.
- Staff received training in safeguarding and understood the different types of abuse and how to report them. One staff member told us, "Depending on how immediate the risk is I would ensure people were safe and I would raise concerns with my manager."

Using medicines safely

- People received their medicines as prescribed by staff who had undergone training. We saw some staff were out of date with their medicines training, however they were being supported by staff whose training was in date when administering people's medicines.
- People's medicines were reviewed by health professionals when required to ensure they remained effective.

Preventing and controlling infection

- Staff received training in infection control and we saw they wore gloves and aprons to support people with personal care tasks.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team and actions were taken to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people received effective care, treatment and support.

Staff support: induction, training, skills and experience

- Staff received training and competency checks. However, during our inspection we found multiple staff training records were marked as out of date. We have reported on this further in 'Well Led'.
- Staff received and induction, supervision and appraisals. One staff member told us, "The supervisions are fantastic. [The registered manager] supports us so much. They address concerns straight away."

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

- People's needs were assessed prior to and during them receiving support.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.
- People were supported to access equipment and technology to promote their independence. For example, one people had an epilepsy sensor mat in place to alert staff when they were having a seizure.

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

- People were supported to make decisions regarding what they wanted to eat and drink. For example, we saw weekly 'residents' meetings' were held to discuss the menu for the week ahead and people were encouraged to complete food shopping and meal preparation where they were able to.
- Staff engaged with people during meal times, this allowed people to build relationships with staff and receive additional support should they have required this.
- People's weights were monitored and people had access to professionals to support them with their dietary needs.

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

- Staff worked with other services to seek guidance on people's changing needs. For example, staff worked alongside occupational therapists where people were at risk of falls.
- People were supported to access health care professionals where they required. For example, people's continence needs were reviewed by the district nurses.

Adapting service, design, decoration to meet people's

- The provider had made improvements to communal areas within the service since our last inspection.
- People were able to decorate their rooms in line with their preferences. For example, we saw people had hung pictures and posters on the walls to make them feel at home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff sought consent prior to delivering care to people. Staff had training on the MCA and had an understanding of capacity. One staff member told us, "If we have to put restrictions in place for the people's safety we need to make sure they are the least restrictive."
- We saw people's capacity had been assessed and the registered manager told us if people lacked capacity best interests decisions would take place involving the person, those important to them and professionals.
- Where people were deprived of their liberty, appropriate DoLS applications had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible. For example, we saw people being supported to learn new skills and build their confidence. One person told us how staff supported them to learn to bake, "We go to the shops and get the ingredients to bake a cake. It's great." They went on to tell us how this has improved their wellbeing.
- Despite this, we saw examples of people being supported to learn new skills and build their confidence. For example, one person told us how staff supported them to learn to bake, "We go to the shops and get the ingredients to bake a cake. It's great." They went on to tell us how this has improved their wellbeing.
- People's privacy was respected. For example, staff were able to give us examples of how they covered people's bodies during personal care and knocked on people's doors before entering.
- People were supported to maintain relationships which were important to them. One relative told us, "We can visit whenever we like."

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

- People told us staff were caring. One person told us, "I like all the staff. I love it here." Another person told us, "Staff are friendly I like them very much."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed. For example, we saw staff offered people time and reassurance when they became worried.
- Staff received equality and diversity training and people's religious, cultural and social needs were considered during care planning.

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

- People were encouraged to make choices about their day including what they would like to eat and drink and whether they would like to spend time in their local community.
- People had access to advocates to support them to make decisions around their care and treatment.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans, however these did not consistently contain information about their physical, mental, emotional and social needs. For example, one person's care plan did not include guidance for staff on how to support them with their diagnosis of diabetes and their needs associated with this. Despite this, staff knew people well and were providing care which met the person's needs. This meant our concerns were in relation to records and not people's care. We have reported on this further in 'Safe' and 'Well led'.
- The management team reviewed people's care regularly and involved people, their relatives and professionals as appropriate.
- People's care plans considered their choices and preferences throughout and staff provided support accordingly. For example, one person's care plan stated they liked to be dressed smartly and spend time talking with staff. During our inspection we saw the person was supported in line with their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs relating to sensory loss and physical disabilities. For example, staff understood people's nonverbal methods of communication.
- The provider met the Accessible Information Standard and information was available in formats people could understand. For example, there were easy read copies of the complaints and safeguarding procedure attached to the communal notice board.

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

- People were encouraged to engage in a variety of activities in line with their preferences such as horse riding and going out for meals. One person told us, "Staff take me for walks, horse riding and shopping."
- People were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One relative told us, "If I was worried about [relative's name] I would definitely speak to the manager."

- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people.

End of life care and support

- Whilst no one was receiving end of life care at the time of our inspection, people had end of life care plans in place which explored how people wished to be supported and what was important to them at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, systems were either not in place or robust enough to demonstrate quality and safety was effectively reviewed and improvements in quality were identified, implemented and sustained. This placed people at risk of harm. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found the provider's quality monitoring systems had either not identified some areas for improvement we found during our inspection, or when identified by their own system had then not been followed up on in a timely way. At this inspection we found whilst improvements had been made these were not sufficient to ensure the registered manager had continuously monitored the quality of the service.
- We saw the management team had completed an audit on the quality of the service in October 2019 which had identified some of our concerns, and actions had been taken to mitigate some risks. However, we were unable to review any previous audits as the registered manager told us these had been destroyed. As quality assurance tools had only been in place for a short time we could not be assured of the sustainability of these.
- At our last inspection the home required improvement in the key questions of safe and well led. At this inspection the remained the same and the service continued to be in breach of regulation 17. This shows that the registered manager has been unable to make or sustain the improvements required at the service to ensure people receive safe and effective care.
- At our last inspection we found audits had failed to identify where risk assessments did not provide staff with enough information about how to provide safe and appropriate support to people. At this inspection we found improvements had not been consistently made in this area . For example, one person's risk assessment did not include their risk of choking due to an associated medical condition.
- Quality assurance tools had not identified where people's care plans did not contain sufficient guidance to support staff to meet people's needs. We also found audits on care files had failed to identify where people's outcomes required reviewing.
- Systems to monitor staff training continued to be ineffective as we saw multiple staff training was out of date and this had not been addressed in a timely manner. Whilst we saw the management team were aware

staff training was out of date, they had not set a date for staff to ensure they had completed refresher training by.

- The registered manager had not ensured checks were consistently completed on the environment to ensure fire safety equipment remained in working order and infection control processes were effective.
- The provider had not sought regular feedback from people and their families. We raised this with the registered manager who advised they would be sending feedback surveys to relatives by the end of the year. We will check this at our next inspection.

Leadership at the service had failed to ensure quality assurance tools were consistently being completed and were effective at ensuring improvements in quality were identified, implemented and sustained. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

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

- The registered manager was open with us about areas of the service which required improvement and had begun to make some changes at the service. For example, the management team had begun checks to ensure audits on the environment were being completed consistently.
- People offered positive feedback about the registered manager. One person told us, "I like [registered manager's name]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager if anything went wrong. We saw following accidents and incidents the management team had spoken with people and their families.

Working in partnership with others

- Professionals we spoke with gave positive feedback about the service. One professional told us, "It's one of the nicest homes I visit. Staff spend time speaking with me and giving feedback when I visit. I've had no concerns."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure improvements identified at the last inspection had been consistently sustained. The provider had failed to ensure quality assurance tools were consistently being completed. Quality assurance tools had failed to identify there continued improvements were required to people's risk assessments and care files. Systems in place to monitor staff training had not ensured staff training was consistently kept up to date.</p>

The enforcement action we took:

We asked the provider to complete an action plan of how they would ensure they identified, implemented and sustained improvements at the service.