

Real Life Options

Real Life Options - Lawrence House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

We last inspected this service in March 2016. We found that improvements were needed to ensure the service was safe, effective, responsive and well led. The provider was not meeting the regulations regarding consent and good governance. Following our inspection the provider sent us an action plan about what they would do to improve. This inspection in January 2017 found that the issues had been improved and rectified

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were responsive to people's needs and delivered care in line with people's wishes. 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 had access to a complaints system and the registered manager responded appropriately to concerns.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. The staffing arrangements ensured that safe levels of staffing were provided at all times of the day. People received the correct medication at the correct times. All medication was administered by staff who were trained and competent to do so.

People seemed to be calm and relaxed when we visited and indicated they were happy living there. This was confirmed by people's relatives. We observed caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting.

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

There was effective leadership from the registered manager. The provider and registered manager assessed and monitored the quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

There were sufficient staff to safely meet people's needs.

People received the medicine they needed.

Is the service effective?

Good ●

The service was effective.

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

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

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

Is the service caring?

Good ●

The service was caring.

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

People were supported to maintain their independence and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans needed to be reviewed to make sure they were up to

date.

Arrangements for people to be able to participate in activities they enjoyed in the community needed to be improved.

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

Is the service well-led?

Good ●

The service was well-led.

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

There were systems in place to monitor the quality of the service.

Staff told us that the registered manager was approachable and available to speak with if they had any concerns.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 January 2017 and was unannounced. The inspection was undertaken by one inspector.

As part of the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

During our inspection we met with everyone who lived at Lawrence House. 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, three care staff and an agency care staff. We also spoke with an external trainer who was assessing a member of staff. We looked at parts of three people's care records, the medicine management processes and at records maintained about staffing, training and the quality of the service. We spoke with the relatives of three people who lived at Lawrence House and received information from one care professional. The registered manager also sent us further information which was used to support our judgment.

Is the service safe?

Our findings

We last inspected this service in March 2016 and found improvements where needed to the staffing arrangements, infection control procedures and the administration of medicines. This inspection found these improvements had been made.

People indicated that they felt safe living at the home. They told us they were happy at the home and that staff were "nice." We saw that people looked relaxed and comfortable in the company of staff and each other. Relatives we spoke with confirmed that they thought their family member were safe living at the home.

We saw that the registered manager had made sure there were guidelines for staff to follow about reporting abuse. Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. All of the staff we spoke with told us they were confident the registered manager would act on any concerns reported. The provider had a whistle-blowing hotline that staff could use to report any concerns. We noted there was information on display in the home regarding this so that staff knew who to contact if they had concerns.

Staff we spoke with demonstrated awareness of people's risks and support needs for their time at the service. People had individual evacuation plans so that staff had information about the support they needed. We looked at the records for testing the fire alarms and saw these were done weekly. Improvements had been made so that regular fire drills were now completed. This helped staff to know how to support people to keep safe should a fire occur in the home. We looked at the infection control arrangements as our last inspection identified that improvements were needed. We saw that the home was clean and that most staff had now received training in this area and that audits were completed to make sure good infection control was in place.

We looked at the staffing arrangements. At this inspection visit we saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. People living in the home did not comment on the staffing levels but relatives of people living at the home were satisfied there were enough staff to meet people's needs.

At our last inspection some relatives raised concerns about staffing levels and we found that there was a high use of agency staff. One agency member of staff was working in the home on the day of our visit, this was to cover staff sickness. This showed that action had been taken to make sure there were enough staff on duty. Staff told us staffing levels were safe. Discussions with staff and the registered manager indicated that the frequent use of agency staff had now been addressed. One member of staff told us, "There are more than enough staff, we don't use agency staff very often."

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 and discussions with a new member of staff confirmed this. These checks had ensured

people were supported by staff who were suitable to work with people.

We looked at the way medicines were stored, administered and recorded. 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 do this and this was confirmed by staff we spoke with.

Some people were prescribed medication on an 'as required' basis and we saw that guidance was in place for staff about when this medication was needed. The records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. There were suitable facilities for storing medicines. The registered manager had a system in place to audit the medication system. Medicine was being stored in a fridge that did not need refrigerated storage. We discussed with the registered manager that if any medicines needed to be stored in a fridge then the audit needed to check that these medicines were being stored at the correct temperature.

Is the service effective?

Our findings

We last inspected this service in March 2016 and found improvements where needed in staff training arrangements and that restrictions had been placed on people that had not been agreed as in their best interests. This inspection found improvements had been made in these areas.

People indicated they were happy at the home. One person told us, "It's nice living here." People's relatives told us they were satisfied with the care provided. One relative told us, "They definitely look after him well." Another relative told us, "It's a wonderful place. It is the best place he has ever been."

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

We asked staff about the training they had received. Staff confirmed they had received the training they needed to meet people's needs. One member of staff told us, "I have done all my training. The quality is good." Some staff had received some specific training to help them carry out some procedures in relation to a person's health needs. The registered manager told us she intended to arrange refresher training in this subject for staff who needed it.

Staff confirmed and records showed that staff received regular supervision. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. One member of staff told us, "I have had more than enough support."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager demonstrated that she knew about the requirements to take into account people's mental capacity when there were decisions to make. The registered manager had recognised that the way the home was operating imposed restrictions on people's liberty and had made applications to the relevant authorities. The majority of staff were aware of this, but one member of staff we spoke with was not sure about who had applications in place. The registered manager said she would

remind all staff of these.

At our last inspection we saw there restrictions on people moving freely about the home. Some people's bedroom doors were kept locked and they had not been provided with a key. The registered manager told us that people now had unrestricted access to their bedroom and we saw this was the case during our visit. 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.

We observed sufficient drinks being offered to people throughout the day and people were offered choices of what they wanted to drink. People indicated they enjoyed their meals. One person told us, "The food is alright." One person's relative told us, "He is eating very well there."

We spent time in the dining room whilst people had their lunch. People received appropriate support from care staff and we saw that people were given meals and drinks in line with their recorded guidance. One person had been for a meal out with staff. On their return they wanted another lunch after they saw other people eating their lunch. Staff persuaded them in a respectful way to choose something to eat that was a healthy option. People's care records contained information for staff on people's nutritional needs and the textures they required for meals and drinks and the staff we spoke with were aware of people's needs.

We asked staff how people were given choices in regards to their meals. Staff told us they had recently implemented weekly meetings with people to plan the menu for the week ahead. They told us that for people who were unable to express verbally what they wanted to eat that picture cards of meals were used.

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. We saw that people attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks. People's relatives confirmed that their family members' health needs were met. One person's relative told us, "They look after his health there."

One person at the home had a specific long term health condition that may require emergency treatment from health professionals. Staff were able to describe the actions they would follow to keep the person safe and these actions were consistent with the information in the person's care plan. The manager told us and care records showed a recent event when the person had been unwell. The person had a protocol that gave staff instruction on what to do following such an event and we found that staff had followed these guidelines.

Is the service caring?

Our findings

People confirmed that staff were caring toward them. One person told us, "The staff are all nice to me." The relatives of people who lived at the home confirmed that staff were kind and caring in their approach to people. People's relatives confirmed the staff were always friendly and polite and welcomed them in to the home to visit their family member. One relative told us, "The staff are all lovely." A visiting external trainer told us that the atmosphere in the home seemed calm and that they had observed good communication from staff with people.

Staff respected people's privacy and dignity. Examples of this include staff being discreet when asking people if they needed support with their personal care and we saw that staff knocked on bathroom and bedroom doors before entering. Staff were respectful in the way they spoke to and about people at the home and people's personal information was respected and protected.

People were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. This showed us that staff recognised the importance of people's personal appearance and this respected people's dignity.

Staff were respectful of people's rights to make choices and during our visit we saw examples of this which included consulting people about what they wanted to eat and drink. Staff respected that this was the person's home, for example by checking with people what they wanted to watch on television rather than choosing the programme for people.

People were encouraged to be independent where they were able. 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 needed rather than to do things for them. This helped to maintain their independence.

Is the service responsive?

Our findings

We last inspected this service in March 2016 and found improvements were needed. Arrangements for people to be able to participate in activities they enjoyed in the community needed to be improved. Care plans and assessments did not always adequately guide staff so that they could meet people's needs effectively. Whilst action had been taken to improve, further improvement was needed. The registered manager was able to demonstrate that further action was being taken to make these improvements.

We saw that staff knew people well. Staff were able to tell us people's likes and preferences. The relatives we spoke with told us they were satisfied with the care provided. 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. Three people were new to the home but still had the care plans in place from their previous home, (with the same provider). The staff we spoke with told us that the majority of the information in the care plans was still relevant as people followed the same routines as before and attended the same activities. 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 they had received training on completing these a few weeks before our inspection visit. They told us that now they had completed the required training they would be commencing the new plans with the involvement of people and staff. Following our inspection visit the registered manager sent us an action plan to evidence the actions in progress to update care plans.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. One person's relative told us that the only improvements needed at the home was in regards to the community activities on offer. They told us, "He could go out a bit more." A health care professional also commented on community activities. They told us that due to staffing levels a person could not always go out when they wanted to and not for long enough. They told us that although the person had a walk to the local shops most days there was often no other meaningful communal activity. At our last inspection we found that people spent most of their time at home. Whilst improvements were needed this visit found that people did have increased levels of activity in the community. Staff told us that people enjoyed activity sessions conducted by visiting therapists to include music, exercise, massages and manicures. Records confirmed that people had the opportunity to participate in things they enjoyed or were important to them. This included regular attendance at the local place of worship. People had also had the opportunity to go out on various day trips in the summer months. A forthcoming activity booked for two people was attendance at a music event involving a tribute act.

One member of staff told us that the current staffing levels at weekends sometimes had an impact on people being able to go out into the community. The registered manager told us she would consult with people and staff to check if any changes were needed. After our inspection visit the registered manager sent us details of changes made to staffing arrangements at the weekend.

The registered manager told us that they had identified that the current finishing times of staff during the day currently impacted on the provision of evening activities. The registered manager provided evidence

that some changes to the times worked by staff were planned to help ensure people could participate in activities in the evenings as well as during the day.

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

People told us they would usually tell the staff if they were not happy about something at the home.

Relatives told us that they would feel confident to raise a complaint.

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

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

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

Is the service well-led?

Our findings

We last inspected this service in March 2016 and found improvements were needed in how the service was led. Quality monitoring systems were not always effective and there was not a registered manager in post. This inspection found that improvements had been made.

The previous manager had not been registered with us and they also managed three other services. This meant that they were often unable to spend more than an average of one day a week at the home. This inspection found that the provider had taken action to register a manager and to reduce the number of services the registered manager was responsible for to two. A health care professional told that this was a good home and that things were improving. They also commented that the current registered manager had to fix a lot of things as the home was without a manager for so long.

All of the staff we spoke with told us they felt well supported by the manager. One member of staff told us, "The manager is very easy to talk to, she comes in at weekends and is here to talk to for advice, her door is always open." There were regular staff meetings at which staff discussed people's care, staff responsibilities and plans for the future. Weekly meetings were also held with people to seek their views on topics such as the menu and activities.

Previously, satisfactory incident records were not being maintained. This had improved and where an incident or an accident occurred staff completed a report. The report was checked by the registered manager who recorded the actions put in place to reduce the risk of similar incidents occurring. The manager showed us evidence that a copy was then sent to a senior manager along with a monthly report of the number and type of incidents that had occurred. At our last inspection we identified that satisfactory action had not been taken to repair damage to the environment caused by a person living at the home. This visit showed that action had now been taken and a number of improvements to the environment had been completed.

Our discussions with the registered manager indicated they were knowledgeable about people's needs. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager was aware of the types of incidents where notifications were required to be sent to us.

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.

