

Life Options

Real Life Options – Springfield Road

Inspection report

180-182 Springfield Road
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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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 4 December 2014 and was unannounced.

Real Life Options – Springfield Road is a care home with nursing which provides accommodation and care in two adjacent bungalows for up to 12 women who have learning disabilities and/or a mental health diagnosis and who need support to live in the community.

At the time of our visit there was no registered manager at this service. The home was being managed by a manager who had applied for registration with CQC. 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.

Summary of findings

People in this home told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

The arrangements for the storage, administration and recording of medication were good and this meant that people were protected from possible errors.

People who lived in this home told us that they were happy with their care. People and, where appropriate, their relatives, were included in decisions about the running of the home and how the care was provided. People told us about how staff helped them to develop skills and to stay as independent as possible.

People told us that they were supported to attend social and educational activities of their choice. People had opportunities to be involved in the local community. People's relatives were encouraged to visit and be involved in social occasions.

Throughout our inspection we saw examples of good care and we saw that staff treated people with dignity and respect.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body'

for authority to deprive someone of their liberty. We found that the manager and staff had a good understanding in relation to recent interpretations of this legislation and they demonstrated an understanding of the impact on people at the home. This meant that people's human rights were being protected.

Staff working in this home understood the needs of the people who lived there. We saw that staff and people living in the home communicated well with each other and that people were enabled to make choices about how they lived their lives.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received an induction when they started work at the home and fully understood their roles and responsibilities. The staff had also completed relevant training to make sure that the care provided to people was safe and effective to meet their needs.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided to promote the health and well-being of people using the service.

The manager assessed and monitored the quality of care consistently. In addition to regular observations of staff, the manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided.

The provider encouraged feedback from people who lived in the home, their family members, advocates and professional visitors, which they used to make improvements to the service.

Summary of findings

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 safe.

People said that they felt safe and they looked relaxed and comfortable in staff company.

There were good arrangements for the identification and referral of safeguarding concerns and the manager reported incidents appropriately.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's basic needs.

People received their prescribed medication safely.

Good



Is the service effective?

The service was effective.

Staff had received induction and ongoing training which meant that people were supported by staff who had the skills and knowledge to meet their needs.

People were supported to attend medical appointments and staff sought advice from health professionals in relation to people's care.

People were being supported to eat and drink in ways which maintained their health.

The manager and staff had received training in relation to the requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant that people were protected from having their liberty restricted unlawfully.

Good



Is the service caring?

The service was caring.

People were happy with the support they received. We saw good and kind interactions between staff and people who lived in the home.

People were involved in planning the support they received, if they were able to do so, and were supported to be as independent as possible.

Staff demonstrated that they respected people's privacy.

Good



Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed and people were involved planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The manager at the time of the inspection was not yet registered with CQC. She had now been registered.

Staff received good support from the manager and each other.

There were good systems for audit and quality assurance to ensure safe and appropriate support to people.

There were good links with the local community and relatives were encouraged to visit.

Real Life Options – Springfield Road

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 4 December 2014 and was unannounced. The inspection was carried out by two inspectors.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people

receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we talked with nine people who lived in the home. Some people's needs meant that they were unable to verbally tell us how they found living at the home, but they communicated using gestures and facial expressions. Others were able to talk to us about how the staff cared for and supported them. We observed how staff supported individuals throughout the day.

We spoke with nine members of staff and the manager. We spoke with three relatives of people who used the service. We received comments from two professional visitors.

We looked in the care records of seven people, including the records of their medication and at records maintained in the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe in this home. They had information about who they should tell if they did not feel safe. They expressed confidence that staff would act if they were being mistreated. There were weekly meetings with people in the home and at these people were asked, 'Do you know who to tell if you are unhappy at home?' and 'Do you know what to do if there was a fire in the house?'

Staff demonstrated that they knew about the signs of possible abuse and they knew the action which they should take should they suspect abuse. The manager demonstrated that she knew what action to take to report suspected abuse to the relevant authority. The manager had taken appropriate action when there had been allegations of mistreatment of people and had cooperated with social workers when investigations had taken place. Staff had received relevant training in this area.

People were supported to take appropriate risks in order to be as independent as possible. Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included the actions needed to minimise the risks, so that people could be enabled to have new experiences and live as full a life as possible.

Staff confirmed that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service

(DBS), previously the Criminal Records Bureau, (CRB). The manager told us that she interviewed all prospective members of staff herself as she was concerned to make sure that the people in the home were protected from people who may abuse them.

People received the correct medication at the correct times. We checked the medication systems and sampled records for four people in each bungalow. We found that there were good arrangements for storing, administering and recording medication. These included instructions for staff about when to administer medication which was prescribed to be used 'as required'. The manager checked to make sure that these medicines were used only as needed and not overused.

People were protected from the risk of infection spreading because staff used appropriate equipment, including gloves and aprons, when carrying out personal care and cleaning tasks.

People were supported by sufficient numbers of staff. Some members of staff had left the team in recent months but the manager was covering the vacancies by the use of agency staff and some staff had chosen to work extra hours to provide cover. The manager minimised the effect of using agency staff on people who lived in the home by using staff who had worked shifts at the home before. Agency staff always worked with more established members of the staff team.

Is the service effective?

Our findings

People told us, or indicated to us that were supported to live the lives they chose. Relatives told us that people were supported well by staff.

There were meetings between residents, relatives, the manager and staff. There were individual meetings with people who lived in the home to find out their views and plan what they wanted to do. Staff communicated well with each other on a daily basis, updating each other about the needs and behaviour of the people in the home. Staff passed on information at the start of each shift.

Staff told us that they had received induction training when they first started working at this home. They had then been trained in additional areas so that they could better meet the needs of the people in the home with specific needs. Nursing staff were able to update aspects of their training so that they could retain their registration. The manager told us that she made sure that staff received update training in basic areas such as manual handling and infection control and the records confirmed this.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The manager and staff demonstrated that they know about the requirements to take into account people's mental capacity when there were decisions to make. All people in the home had a DoLS scoping tool record in their folder. This demonstrated that the staff had assessed people's ability to understand and make decisions in a range of areas. The manager had recently attended training in this area and had a good level of understanding of the requirements of the law. There were plans for all staff to

receive further training to take account of recent guidance. We discussed, with the manager, an application which she had made under this legislation and this showed that the manager had taken appropriate action. This meant that people's human rights were being protected.

The manager carried out a range of checks to make sure that people were receiving the correct care and support in a safe way. These included observation of and working alongside staff to assess their practice and providing them with regular supervision. This meant that the manager was regularly making sure that staff were able to meet the needs of the people in the home.

People told us that they liked the food. We saw that there were menus for the week on display and people told us that they chose the menu for the week ahead at the weekly meetings of people in the bungalow. Staff checked when the meal was prepared to see if anyone wanted an alternative and there were good stocks of a variety of food in the kitchens so that people had a good choice of food. We sampled the records for four people in each bungalow and saw that daily records showed the food which people had eaten. Staff monitored of how many fruit and vegetables people had eaten each day, so people were encouraged to eat a healthy diet.

In some cases, health professionals had assessed people as having a specific need in terms of nutrition, for example, when they were at risk of choking or where they were advised to change their weight to one which was considered to be more healthy. We saw that there were instructions for staff about how to provide an appropriate diet and the records showed that staff followed these instructions. We saw that staff had supported some people to change their weight when needed..

People were supported to access a range of health professionals, according to their needs. We saw that people attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks. The staff reported good relationships with visiting professionals. The service was registered to provide nursing care. Some of the people in this home had complex needs, including mental health needs and the nursing staff provided guidance to other staff on the action to take when people's behaviour and other symptoms changed.

Is the service caring?

Our findings

People told us that they liked the staff and people's body language indicated that they were relaxed and comfortable in staff company. Relative told us that the staff were caring. One relative told us, "Staff in the bungalow are really good, they are like her family."

Staff demonstrated that they were caring in their approach and made efforts to involve people in their care. Some people living in this home were not able to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language.

People told us that staff supported and encouraged them to be as independent as possible. For example, one person told us that they liked to do some cleaning and said, "I am very helpful." We saw that people were involved in everyday living tasks including doing their laundry. Some people made drinks and prepared snacks under staff supervision.

We observed interactions between staff and people living in the home and saw many examples of staff noticing when people needed them to do something. For example, staff noticed when people needed personal care, checked with the people then provided the necessary attention. We saw staff offering people food and drinks and moving items on the table within people's reach when they had indicated by small gestures that they needed something. Staff had interpreted people's small gestures or changes in mood.

We saw that staff had good relationships with people in the home. The atmosphere was relaxed in both bungalows. For example, when we visited one bungalow staff and people living in the home were all sitting round the dining table, sharing a drink and mid-morning snack and sharing conversation. There were plenty of laughs and people in the home were fully involved. Staff and people living in the home were looking forward to a Christmas meal in a pub later in the day and staff were helping people to choose what they wanted to wear and helping them to do their hair.

Staff showed that they were aware of the need to respect people's privacy. They knocked on doors before entering and advised us when people had indicated that preferred not to interact with us.

Staff took care to ask people for permission before acting. For example, one person with limited dexterity had some beads in a box and we asked if we could see them. The member of staff asked the person for permission to help them to open the box and waited for the person to give permission before touching the lid.

Staff had a good level of awareness of people's needs in relation to their cultural and religious backgrounds. People were supported to practice their chosen religion and to eat foods which they particularly enjoyed.

Is the service responsive?

Our findings

People in this home were encouraged to make their views known. People made it clear that they had the confidence to express their views. For example, when we asked permission to go into the living room, someone who lived in the home told us that she would prefer us not to be in that room. This showed that the person felt empowered to express her views. People's relatives told us that staff consulted them and the person in the home before planning any care or treatment.

People's care plans had been drawn up following meetings involving the person, various professionals and people who knew the person well. The plans were detailed, providing guidance for staff about how the person wanted to be treated and relevant advice from health and social care professionals. There were one page profiles showing people's likes, dislikes and aspirations. These would provide a useful introduction to the person for new or agency staff.

People told us that they were supported to go out to places and facilities of their choice. People's relatives were

encouraged to visit the home, where appropriate, and we saw that there were frequent visitors. Relatives told us that the staff always made them welcome and included them in decisions and social activities.

The weekly meetings held in the bungalows were well attended by people who used the service and staff. They provided the opportunity to talk about issues which affected people in the home and to explore areas of possible concern. Staff demonstrated that they had a good level of knowledge about the needs and preferences of the people in the home.

Relatives of people who lived in this home told us that they had confidence that, should they need to make a complaint, they would be listened to and taken seriously. There were good systems for handling complaints and information was made available to people in the home and visitors showing them how to make a complaint. This was available in easy read versions. The manager demonstrated how she had handled complaints and comments and responded in a constructive way.

Is the service well-led?

Our findings

People in the home and their relatives expressed confidence in the manager and said that they found her accessible and approachable. We saw that people in the home, relatives and visiting professionals were asked for their views on the service through questionnaires and meetings.

Staff told us that they enjoyed working in this home and were well supported by colleagues. Staff told us that there were regular and frequent staff meetings. These were used to discuss the needs of particular people in the home and to update staff about events and plans. Staff confirmed that their views were valued and felt that they had been well supported by the manager during what had been a time of change as the previous, longstanding, manager had retired and the provider had made changes to the pay structure and staffing arrangements. Although this had clearly been a difficult period of change for staff, they told

us that they felt part of a team. Observations of staff showed that they communicated and cooperated well with each other. Staff told us that the manager made herself available when they wanted to speak with her.

The manager had a good level of understanding in relation to the requirements of the law and the responsibilities of her role. At the time of our visit, she had submitted her application to CQC to become the registered manager.

The manager also checked the records and carried out audits to make sure that they were up to date and completed in an appropriate way.

People were encouraged to maintain links in the community by using community services and facilities. Relatives were encouraged to visit the home

The manager was supported in her role by the provider. She confirmed that she received supervision on a monthly basis with her manager. Representatives of the provider had attended meetings for relatives of people at the home when changes were introduced.