Real Life Options

Real Life Options - Swan House

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

Swan House is registered to provide accommodation and support for up to six people with a learning disability. There were five people living at the home when we inspected. We had last inspected this service in January 2014.

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.

People living in this home were not able to discuss their feelings about the home with us. People seemed to be calm and relaxed when we visited. We found enough staff to cover people's basic needs but the day-time staffing levels did not provide many opportunities for people to go out of the home. Some relatives and staff told us of concerns about the night time staffing arrangements.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. Some potential areas of risk to people had not been assessed.

People received the correct medication at the correct times. All medication was administered by staff who were trained to do so and there were systems to make sure that the medication was stored, administered and recorded in a safe way.

People could not be certain their rights in line with the Mental Capacity Act 2005 would be identified and upheld. Some people had rails attached to their beds and sensors were in use to alert staff to night time incontinence. There was no evidence to show that people had consented to their use or that best interest decisions had been made if the person lacked capacity.

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.

New staff that had commenced had been provided with an in-house induction and had also attended the provider's own induction on how to care for people and work safely.

People indicated by gestures and their body language that they were happy at this home and this was confirmed by people's relatives. We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. Relatives we spoke with said that there had been a decline in their involvement in people's review meetings and we could not see that people had had recent reviews.

It was not evident that arrangements for checking the safety and quality of the service by the registered provider were not wholly effective. There were systems for quality monitoring and assurance but these had failed to reveal shortfalls in record keeping.

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.

Some relatives and staff had concerns about the night time staffing levels being adequate to meet people's needs in an emergency and some potential areas of risk to people had not been assessed.

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

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

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

Staff were satisfied with the training and support they received. Arrangements were underway to provide staff with training specific to the needs of people.

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.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

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.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The systems in place to check on and improve the quality and safety of the service were not always effective. The provider had not ensured that people
were benefitting from a service that continually met their known needs.

Relatives and staff said 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 16 December 2015 and was unannounced. The inspection was undertaken by one inspector.

Before 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. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received information from a local authority that purchase the care on behalf of people, and we used this information to inform our inspection.

During our inspection we met with everyone who lived at Swan House. People's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, four care staff, and an agency staff and briefly with a new care staff who was on their induction at the service. 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. Following our inspection we spoke with the relatives of four people who lived at Swan House and received information from two health care professionals. The registered manager also sent us further information

which was used to support our judgment.

Requires Improvement

Is the service safe?

Our findings

People were not able to tell us if they felt safe in the home. 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. One relative told us, "He is always safe there."

At the time of our inspection we were aware of some safeguarding incidents that had been appropriately reported to the local authority. The registered manager was able to demonstrate that some actions had been taken to reduce the risk of similar concerns occurring.

We saw that the registered manager had made sure there some simple guidelines for staff to follow about reporting abuse and these were on display. 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.

We looked at some of the fire safety arrangements that were in place. We spoke with two care staff and an agency staff about the procedures they needed to follow in the event of the fire alarms sounding. They were all confident in the procedures they needed to follow. An agency staff confirmed they had been given an introduction to the fire procedures when they started work at the home. We looked at the records for testing the fire alarms and saw these were done weekly. This helped to make sure people were protected from the risk of a fire occurring in the home.

Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included assessments for manual handling, fire and falls. We observed staff assist a person to transfer from their wheelchair to a reclining chair and saw this was done safely. Staff explained what they were doing throughout the process. One person who needed the use of a hoist to move had recently transferred temporarily to a different bedroom. We brought to the attention of the registered manager that their risk assessments needed to be reviewed to check that the assessment was still current. We saw that some people in the home used bed rails to reduce the risk of falls from bed. Our discussions with the registered manager showed that risk assessments had not been completed for their use, although the registered manager told us a visual check was done daily to ensure they were safe. Following our visit we were sent evidence to show that bed rail assessments had now been completed.

We looked at the staffing arrangements. 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. We were made aware by the registered manager that since our last inspection the number of staff on duty at night had been reduced from two to one staff. A risk assessment had been completed and we were informed that in the event of an emergency staff from the provider's neighbouring homes would be available to offer assistance.

Relatives of people living at the home had mixed opinions about the current staffing levels. One relative told

us, "There has always been enough staff about when I have visited." Another relative said, "It's safe, but I'm not 100% confident about nights and only one staff on duty" They told us they were concerned that with only one night staff on duty they may have to leave a person unattended in an emergency to seek assistance from staff in the provider's adjacent care home. Another relative told us that when Real Life Options took over the service they had cut the staffing hours and that there had been a high turnover of staff but that they felt it had not made a significant difference to the care provided.

Staff told us staffing levels were usually safe but that there was continued use of agency staff. One care staff told us, "There are enough staff but I often work with agency staff, but we do try and get the same agency staff for consistency." The manager acknowledged that the current use of agency staff was not ideal and that they tried to have some consistency with the agency staff they used. They told us that recruitment of staff was on-going. Most of the staff we spoke with raised some concerns about the night time staffing arrangements but not all staff had experience of working night shifts. Staff did not share any examples of the current night staffing arrangements having had a negative impact on people but staff had some concerns about one staff being able to deal with an emergency.

The registered manager and staff we spoke with confirmed 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. We were unable to verify this as recruitment records for staff were not available in the service. We were told these were retained by the provider's human resources department. Evidence of recruitment checks for one recently employed staff were sent to us following our visit.

We looked at the way medicines were stored, administered and recorded. The registered manager and care staff told us that medicines were only administered by staff who 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.

There were suitable facilities for storing medicines. We observed medication being given and saw that staff checked the medication records before administering any medication. 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.

Requires Improvement

Is the service effective?

Our findings

People's relatives told us they were satisfied with the care provided. One relative told us, "Generally the care is good." Another relative said that although the care was satisfactory some experienced staff had left the home and there were several newer staff in post. They told us, "The staff are not all experienced but they are getting there and are getting to know [person's name] well."

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. We asked the registered manager if staff new to the care sector had the opportunity to complete the 'Care Certificate'. They told us they did not know but would find out.

We asked staff about the training they had received. The staff we spoke with did not raise any concerns about the training on offer. One care staff told us, "The training has really benefitted me on how to support people here."

Staff had received some training that was specific to the needs of people at the home. Most staff had completed training regarding epilepsy and staff who had not completed this were scheduled to attend in January 2015. Training records did not show that staff had received training in relation to catheter care but the registered manager told us staff had received this from the district nurse. Staff we spoke with confirmed this. We asked if staff had received training in pressure care and the registered manger told us they were hoping to arrange this with the district nurse.

There were regular staff meetings at which staff discussed people's care, staff responsibilities and plans for the future. The registered manager undertook formal observations of staff practice, for example when staff were supporting people with an activity, during a meal or assisting the person to change position. The observation resulted in a formal score for the engagement observed and this was discussed with the staff. This enabled staff to reflect on their practice and identify possible improvements.

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 he 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.

We saw staff checking with people that they consented or were happy for staff to assist them with everyday tasks, for example staff checked with people if they wanted to wear an apron at meal times and sought permission before assisting people to wipe their hands and face after they had eaten.

We observed that some people that lived at the home may not have had the mental capacity to make an informed choice about decisions in their lives. Some people had rails attached to their beds and sensors were in use to alert staff to night time incontinence. We asked if there were any assessments completed to determine people's capacity to consent to these, and if the person was assessed as lacking capacity if any best interests decisions were in place for these practices. The registered manager told us they were not aware of these being completed as they had been in use for some time.

One person was using a bedroom that had been vacant and their possessions were still in their allocated bedroom. We were informed this was because the mobile hoist needed a new battery and the vacant bedroom had a ceiling hoist. The registered manager told us the person appeared to like their new surroundings and that the bedroom they were now using appeared more suited to their needs. They told us they would be undertaking best interest discussions to determine if this should become permanent.

We observed sufficient drinks being offered to people throughout the day. We spent time in the dining rooms whilst people had their lunch and evening meal. 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.

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. One person's relative told us, "Any medical problems they deal with." Following our visit we contacted the GP surgery used by people at the home. The GP confirmed they had no concerns about the care provided at Swan House. One health professional told us that sometimes staff had not always followed good practice in regard to catheter care and they had to remind staff to do this.

One person at the home had a specific long term health condition that may require emergency treatment from health professionals. The manager told us and care records showed a recent event when the person had been unwell and the emergency ambulance was called in line with their care plan. We noted that the protocol that gave staff instruction on what to do following such an event had not been recently reviewed. The registered manager told us this would be addressed.

One person had sore skin and their care plans recorded that they needed to wear protective pressure reducing pads and have daily bed rest to help alleviate the pressure. We saw this happened during our visit.

Good

Is the service caring?

Our findings

The relatives of people who lived at the home confirmed that staff were kind and caring in their approach to people. One relative told us, "The staff are all kind and caring from what I have seen." Another relative said, "His key-worker seems kind and caring and thinks the world of him." 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, "I have a good relationship with the staff."

During our visit we saw an example of the caring approach of staff. One person was in hospital when we arrived for our visit. Several staff commented to us that they were missing the person and hoped they would be home soon. The person was discharged from hospital during our visit and staff were very welcoming on the person's return home, checking they were alright and if they needed a drink.

People living in this home had limited abilities to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language. Staff were respectful in the way they spoke to and about people at the home. We saw that staff gave people praise when they had achieved a task and used words such as 'good man' which was respectful of people.

Staff were respectful of people's rights to make choices and during our visit we saw examples of this which included consulting people about if they wanted to watch the television or listen to the radio. Staff at the home also attempted to get the views of people on a monthly basis using a pictorial record called 'Service Users Talk Time.' We saw that often people did not understand what was being asked of them. The registered manager told us that staff observations of people's reactions and body language also contributed to how they sought people's views.

People's relatives confirmed people usually looked well cared for when they visited. One relative told us that their family member always looked well cared for in respect of their clothing and personal grooming. We saw that people were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. People were well presented and looked well cared for. This showed us that staff recognised the importance of people's personal appearance and this respected people's dignity.

We saw during meal times that people were encouraged by staff to be as independent as possible and were provided with equipment such as scoop dishes and lipped plates to help promote this. A member of staff told us, "Our role is to help people be as independent as possible."

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 registered manager told us they were now not using this and directed us to an old care plan format that they told us was being used until it was decided what new system was to be introduced. We therefore found that some of the care planning information we looked at was not up to date. One person's information about the actions staff needed to take if they had a seizure had not been reviewed. We saw in one care plan that the frequency of checks on their well-being did not match the information given to us by staff.

Relatives we spoke with said that there had been a decline in their involvement in people's review meetings and we could not see that people had had recent reviews. One relative told us, "We used to have regular review meetings to give feedback and discuss care but I have not been invited to these for some time." Another relative said, "Under the previous provider I was always invited to review meetings but these have now reduced."

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. During our visit we saw staff engaging people in board games and drawing. Staff told us that people also enjoyed activity sessions conducted by visiting therapists to include music, exercise, massages and manicures.

Staff told us that staffing arrangements sometimes had an impact on people being able to go out into the community as they needed staff support to do this. People's records showed that they liked to participate in a range of activities including outings to places of interest but our observations and records showed that they spent most of their time at home. We asked the registered manager if people had the opportunity to have an annual holiday if it was something they enjoyed. They told us people had not had a holiday and it was something that needed to be ''looked into''.

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 that they would know how to make a complaint. One relative told us, "I would feel confident in raising any concerns directly with the service." Another relative gave us an example of where action had been taken to put things right when they had raised a concern, but they also told us they felt some of their concerns about staffing issues had not been resolved. We saw that a record of complaints received had been maintained and this showed people's complaints had been responded to.

Requires Improvement

Is the service well-led?

Our findings

Swan House had a registered manager in post. People's relatives confirmed he was approachable. One relative commented, "The manager is approachable and developing the longer he is there." The registered manager told us he recognised it was important to be approachable and told us of a coffee morning he had arranged where relatives could chat with him and about newsletters he had sent to relatives.

In addition to managing Swan House the registered manager was also responsible for three other services, all within walking distance of each other. The registered manager told us whilst it was sometimes difficult when there were issues in two homes at the same time it was usually manageable. Staff we spoke with told us the registered manager was available when needed and spent time in Swan House most days. One staff said, "He is easy to get hold of, he always rings back straight away and I see him here most days." All of the staff we spoke with told us they felt well supported by the manager.

Where an incident or an accident occurred staff completed a report. 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. We saw that an incident report had not been completed for recent delays in obtaining a new battery for the mobile hoist. This delay had had an impact on a person who had to move bedrooms. The lack of an incident report meant there was a risk the provider was not made aware of the impact of this delay.

Our discussions with the registered manager indicated they were knowledgeable about people's needs and had an awareness of some of the areas where improvement was needed so that a good service could be provided to people. We found some gaps in their knowledge as they were unaware of the expectation that staff new to the care sector should complete the new Care Certificate and the requirement for services to have a designated infection control lead. We were not provided with evidence to show that infection control audits were completed to make sure good infection control practice was in place.

The provider had not undertaken recent checks to assure themselves that the service was providing effective, caring, responsive and well- led care but had completed an audit in July 2015 to check if the service was safe. We saw there were some issues identified from this audit that still needed improvement.

Some records were not all readily accessible during our visit. The registered manager was unable to locate some records that included evidence of staff recruitment checks, outcome of one person's recent health appointment and certificates of servicing for the hoists. The provider's own audit in July 2015 had also identified that certificates for the servicing of the hoists needed to be available. We did see evidence that the hoists had been serviced but the certificates would show the actual outcome of the servicing. We found some records were not well completed. For example, we looked at the fluid monitoring records for two people. One person's records were not being well completed and had some significant gaps.