

## Real Life Options

# Real Life Options - 120 Lichfield Road

### Inspection report

120 Lichfield Road  
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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 21 January 2016 and was unannounced.

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

Lichfield Road is a residential home, where care and support is provided to five people who have learning disabilities or have mental health support needs. There were four people living in the home at the time of the inspection.

The accommodation was provided in single bedrooms; the home had bedrooms and bathrooms on the ground and first floor. There were shared lounges and dining facilities available on the ground floor.

At the time of this inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed to run the home and was in the process of applying to become the registered manager. However they were not able to work at the home on a full time basis as they also had responsibility to manage another location which was located several miles away. They were not available during the inspection visit as they were on a training day.

One person told us they were happy at the home but other people were unable to verbally share their views about their experience living in the home.

Our inspection identified that changes and improvements had occurred across the service. Hazardous substances that may pose a risk to people were now kept securely. A person who required the use of a hoist to move was supported by staff to do this in a safe way. Arrangements had improved to make sure staff responded appropriately in the event of a fire occurring at the home and infection control procedures had been improved. The actions taken had reduced some of the risks to people's safety but additional safety measures were needed in regards to the risk of a person falling out of bed. We were sent evidence of action being taken immediately following our visit.

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

Previously there was not enough staff to meet personal care needs of people in a timely manner or to accompany people to go out of the home should they have chosen to go out at the same time, this restricted people's choices. Changes to how staff were deployed and a recent reduction in the numbers of people living at the home had meant that staff were better able to support people.

People received the correct medication at the correct times. All medication was administered by staff that were trained to do so but some minor improvement was needed to ensure medication was administered and recorded in a safe way.

People were supported to maintain good health and to access appropriate support from health professionals where needed. Development was needed of the systems in place to promote good continence care and to make sure people were a healthy weight. People were supported to eat meals which they enjoyed and which met their needs in terms of nutrition and consistency.

We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. We saw staff treating people with respect and communicated well with people who did not use verbal communication.

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

There was a complaints procedure which was on display and was available in an easy to read version with pictures. Records to evidence the action taken in response to complaints being received had been completed but needed improvement.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Action had been taken to reduce the areas of risk identified at the last inspection. Further action was needed to ensure a person was adequately protected from the risk of falling out of bed and some aspects of medicines management needed improvement.

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

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

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

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

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

People were supported to maintain good health but improvement was needed regarding continence care. People had meals they enjoyed and which met their needs in terms of nutrition and consistency.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

Staff knew people well and understood their individual care needs.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

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

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

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

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

### Is the service well-led?

The service was not consistently well led.

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

Whilst we received positive feedback from staff about the manager they were only able to spend limited time at Lichfield Road as they were also responsible for managing another care home.

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

**Requires Improvement** 

# Real Life Options - 120 Lichfield 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 21 January 2016 and was unannounced. The inspection team comprised of two inspectors.

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

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

We spoke with the newly appointed team co-ordinator, three care staff, one care staff who worked night shifts and two agency 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 spent time observing day to day life and the support people were offered. Following our visit we spoke with four relatives of three people and the manager of the service. The 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 September 2015. At that time people were not benefitting from a well led service. We told Real Life Options that the service they were providing was inadequate and we issued a warning notice to ensure that legal regulations would be met and changes made to benefit the people living at Lichfield Road. We returned to inspect Lichfield Road in January 2016 and found that improvements had been made and the regulations were being met but further improvement was needed to ensure people received a consistently safe service.

Most people who lived at the home were unable to tell us if they felt safe living there. One person told us, "I feel safe living here, I'm happy, it's my home." The relatives we spoke with did not raise any concerns about the safety of people living at the home. One relative told us, "I have no current concerns about any safety issues."

Information was available in the home about how to report abuse and staff we spoke with knew how to report any allegation or suspicion of abuse. We explored staff knowledge in relation to potential signs and symptoms of abuse and staff were able to describe this in detail. One member of staff told us, "I would report anything I witnessed to the manager. We have to speak out for people." The provider had a whistle-blowing hotline that staff could use to report any concerns. We noted there was information on display in the home regarding this. Since our last inspection there had been a safeguarding concern raised and this was still under investigation by the local authority.

At our last inspection we found that a person was at risk as a member of staff gave them food that was identified as a risk to them and staff we spoke with were inconsistent in their knowledge of people's special diets. At this inspection we saw that people were supported in line with their risk assessments and the staff we spoke with were aware of the textures of foods that people needed to have to reduce the risks of choking. Since our last inspection action had also been taken to remove broken garden furniture that had posed a risk to people and to ensure hazardous substances were now being kept securely when not in use.

At our last inspection we found that moving and handling of people was not always done in a safe way. At this inspection we observed transfers and moving and handling techniques being completed in a safe manner. Staff offered the person reassurance and explaining to them what was going to happen. Wheelchairs were used with the use of footrests and this helped to prevent injury to people. Additional safety measures were needed in regards to the risk of a person falling out of bed whilst the home was waiting for repairs or replacement of their bed rails. We were sent evidence of action being taken immediately following our visit.

There were regular checks of health and safety arrangements within the home, such as on the fire detection system and emergency lighting to make sure it was in good working order. A new fire risk assessment had been carried out and actions taken. Each person had a personal emergency evacuation plan which guided staff in how to support them during an emergency. We spoke with staff about the procedures they needed to follow in the event of the fire alarms sounding. The staff we spoke with were confident in the procedures

they needed to follow. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents.

Previously there were not enough staff to meet personal care needs of people in a timely manner or to accompany people to go out of the home should they have chosen to go out at the same time, this restricted people's choices. Changes to how staff were deployed and a recent reduction in the numbers of people living at the home had meant that staff were better able to support people. During our visit we saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance.

The relatives we spoke with had some mixed opinions about the current staffing arrangements. Whilst most commented staffing had improved some had concerns that agency staff were still being used. One relative told us, [Person's name] has a key worker we are pleased with and there seems to be more consistent staff." The staff we spoke with did not raise concerns about the staffing levels in the home. One member of staff told us that the reliance on using agency staff was reducing and that the home now used the same three agency staff who had worked at the home for some time.

The team co-ordinator told us that the necessary pre-employment checks had been undertaken including references and a Disclosure and Barring Service (DBS) check before new staff started working at the service. A new member of staff confirmed this and this was supported by the staff recruitment records we sampled.

The relatives we spoke with confirmed they felt the environment was now better maintained. One relative told us, "The place is 100% cleaner." The process of updating systems to monitor and manage infection control had been implemented after our previous inspection and this was on-going. Infection control audits were now completed regularly and we saw that the premises were being kept clean. We saw that sufficient supplies of personal protective equipment such as gloves and aprons were available for staff to use and these were used during our visit. An infection control lead member of staff had been appointed but we noted one staff member we spoke with was unsure who the infection control lead for the home was.

We looked at the way medicines were stored, administered and recorded. Staff told us that medicines were only administered by staff who were trained. Since our last inspection a system to assess staff competency to administer medication had been introduced. One staff told us, "I've done medication training but cannot administer until I have been assessed."

There were suitable facilities for storing medicines. We were informed there had recently been some issues in the room used to store medication being too warm and action had been taken to resolve this.

The records of the administration of medicines were completed by staff to show that all prescribed doses had been given to people. One person was prescribed medication to be given at specific times as a half or one whole tablet, but clear guidance was not available. Staff needed to have access to clear guidance as to what dose was required and should record on the medication chart the dose administered. The team co-ordinator told us the person would normally have half a tablet and this was supported by medication held in the home.

At our last inspection we saw that some medicine protocols were not in place for medicines that are prescribed for "use as needed" (PRN) this meant some medicines could be at risk of being administered incorrectly. We saw these had now been completed by the team co-ordinator but we were told they were not final versions until approved by the manager and the person's GP. We made the team co-ordinator aware that one protocol regarding medication to help manage a person's health needs needed further



detail to ensure the medication was not administered inappropriately.

## Is the service effective?

### Our findings

People's relatives told us they were satisfied with the care provided and that people were happy living at the home. Comments from relatives included, "[Person's name] seems to be happy and staff are aware of their needs" and "[Person's name] tells me how happy she is there."

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 manager if staff new to the care sector had the opportunity to complete the recommended 'Care Certificate'. The manager confirmed this was part of the induction process.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. The staff we spoke with told us they had received the training they needed and now felt more supported. Training records supported that staff had received or were scheduled to attend most of the training they needed to provide effective care. An area of training that needed to be scheduled was in dysphagia to help develop staff knowledge and skills when supporting people who had swallowing difficulties with their meals.

We asked staff if they received regular supervision. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. The staff we spoke with told us they had received recent supervision. The home had some agency staff that had worked there for over a year on a weekly basis. Agency staff we spoke with confirmed they had also received supervision. This showed they were considered an important part of the staff team.

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. Since our last inspection the necessary applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS) had been made. The staff we spoke with had a good understanding of the MCA and DoLS but some staff thought there were DoLS in place for people when the local authority had not yet determined the outcome of these applications. We saw that where people had bed rails fitted to their bed their consent had not been obtained or a best interest decision agreed if the person was assessed as lacking capacity.

The staff we spoke with were able to tell us about the importance of getting people's consent and gave us

examples of how they did this. One person told us, "They [staff] ask me to make my own decisions." One member of staff told us, "People have the right to make their own choices, the right to refuse and say no." We saw examples of staff seeking consent from people, this included gaining consent to apply topical cream that one person was prescribed for a skin condition."

We observed sufficient meals, snacks and drinks being offered to people throughout the day. A person who lived at the home told us, "I make my own breakfast and supper and I get enough to eat and drink." The observation we undertook at lunch time indicated that people's mealtime experiences had improved. People received appropriate support and their facial expressions indicated they were enjoying their meals. People's care records contained information for staff on people's nutritional needs and the textures they required for meals and drinks. We saw that people were given meals and drinks in line with their recorded guidance. The staff we spoke with were aware of the risks to people with complex dietary needs.

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. We saw that a record was being kept of professional visits, such as GP and dieticians. Some people's care plans recorded that they needed to be weighed monthly to help ensure they were at a healthy weight. We saw that one person had been weighed regularly but there was no assessment to show if they remained at a healthy weight. One person had not been weighed due to their mobility needs. The team co-ordinator told us they had been trying to find somewhere that had the facilities to meet the person's needs. We noted that consideration had not been given to using alternative methods to establish if the person was at a healthy weight or not.

We found that there had been an issue with some people using more incontinence pads than they had been provided with by the NHS. The team co-ordinator told us that people had their continence needs assessed regularly by the continence advisor but they had been informed that people were prescribed the maximum pads allowed. The use of additional pads had an impact on people's finances as these were not being provided by the provider. We checked one person's guidelines for continence care and found these lacked detail about the person's continence needs, this may have resulted in people not being given the continence care they needed.□

## Is the service caring?

### Our findings

People who were able to communicate with us confirmed that staff were caring. A person who lived at the home told us, "The staff are very nice." The relatives we spoke with confirmed that staff were caring.

The atmosphere in the home was informal, calm and relaxed. Staff were respectful in the way they spoke about people at the home. One member of staff told us, "We care for them all different because they are all different." Staff interacted positively with people and we observed that staff clearly cared about them and how they were feeling.

Staff were observant and noticed when people needed help. One member of staff was struggling to understand what a person was trying to communicate. Rather than ignoring the person they fetched another member of staff who knew what the person was asking for and responded appropriately.

Staff respected people's privacy and dignity. One person told us, "Staff knock on my door and ask if they can come in." When people required personal care the staff spoke with them quietly and then supported them to their rooms. Staff were able to give us examples of how they respected people's privacy. One staff told us, "I always make sure I knock gently on their door during the night before I go in." We brought to the manager attention one isolated incident we had witnessed during a meal time when a person's dignity had not been upheld as staff had positioned the apron they were wearing under their plate to catch any food spillages. This did not treat the person as an adult. The manager told us they would address this issue with the staff.

At our last inspection in September 2015 there were numerous occasions witnessed when personal information about people was spoken about in front of others. At this inspection we saw staff respected people's personal information to help promote their privacy and dignity.

We had previously observed limited communication and interaction from staff with people. At this visit we saw that staff spent time talking and engaging with people. For example, when assisting a person to move with the use of a hoist staff took time to explain to the person what they were going to be doing. Group meetings took place with people on a weekly basis to seek their views on the meals and activities they wanted to do in the coming week. Communication cards were available to help staff seek people's choices.

Some opportunities were available for some people to take part in everyday living skills. One person told us they were supported by staff to be independent. They told us, "I'm very independent" and gave examples of how they were involved in cooking, shopping, doing their laundry and managing their personal care. We saw another person helping out in the kitchen, they were laughing as they did this indicating they were enjoying this. A member of staff told us, "We let people do things for themselves. We should not be doing everything for them and taking their independence away."

## 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 team co-ordinator told us they were now not using this. Another new format was in the process of being introduced and was in varying stages of being completed. We therefore found that some of the care planning information we looked at was not up to date.

We looked at the opportunities people had to undertake interesting activities each day. One person told us, "I go swimming with a member of staff, I enjoy that." They also told us, "It's cool here, they take me shopping and to play pool in the bar."

We saw that people had an activity schedule that included hair and makeup sessions, walks and hand massages. These were seen to take place during our visit. We saw one member of staff assisting a person to wear make-up. There was good interaction from the staff and the person was encouraged to choose the make-up they wanted to wear. However we noted that for one person their care records often did not show if they had participated in an activity. When an activity was recorded this was often a massage. Whilst this was an activity the person enjoyed this did not always match what had been planned in their schedule and meant the activities offered to them were very repetitive. Records did not usually explain why the original planned activity had not taken place but staff told us this person often refused activities away from the home. The knowledge that staff had about interests and likely involvement of the person should have been better utilised to provide a range of things they could engage in within the home.

Group meetings took place with people on a weekly basis and at the meetings it was reinforced with people who they needed to tell if they were unhappy about something. One person told us, "If I was worried about anything I would tell any of the staff." 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. A member of staff told us, "If a resident was unhappy or I wanted to complain I would go to the manager." Another staff told us, "I would encourage people to make a complaint, it's their choice."

We saw that a record of complaints received had been maintained and this showed people's complaints had been responded to but the current format for recording complaints made it difficult to track the actions taken in response.

## Is the service well-led?

### Our findings

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

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

At our last inspection the home did not have a registered manager and a new manager had commenced at the home. An application had now been submitted to register the manager and was being assessed by the Commission. One person told us, [Person's name] is in charge, she is very nice and comes into my room to say hello."

All of the relatives we spoke with said that the home had improved in recent months. One relative told us that the new manager and team co-ordinator were very welcoming, had improved communication and had demonstrated to them that they wanted to be in contact with them. Two relatives told us that whilst the home had improved, communication with relatives was still an area that needed development.

Whilst we received positive feedback from staff about the manager they were only able to spend limited time at Lichfield Road as they were also responsible for managing another care home that was located some distance away. We were informed that this meant the manager was only able to spend one to two days a week at Lichfield Road. One relative told us, "I do wish the manager could be there more often but the team co-ordinator is more than approachable."

Staff told us that the management arrangements had improved. Comments from staff included: "There is 95% improvement. Communication is better, you actually know what is going on." "I'm happy here now there is good leadership and direction. There is a general feeling amongst staff that much has improved." One member of staff told us, "Team work has much improved. We are now doing our best and the managers are approachable." Another staff told us, "We have team meetings monthly and look at what's working and what's not working."

Arrangements for checking the safety and quality of the service had improved since our last inspection but further improvement was needed to ensure people were provided with a good service. Some auditing of infection control measures had taken place but these were limited in content. The manager told us after our visit that a more detailed audit was due to be implemented. We saw that there was a lack of evidence to show that one person was offered their scheduled activities, the provider had not ensured there was a system in place to monitor that people were being offered the opportunity to take part in things they

enjoyed. The systems in place had also not ensured that risks regarding one person's bed had been sufficiently assessed and managed, although some action was taken in regard to this following our visit.

We saw that system to share information and seek the views of staff had improved. Regular team meetings were taking place and the views from staff had been sought through the use of surveys. Some of these had been returned but had not been evaluated. Surveys had also been sent out to seek the views of relatives shortly after our inspection in September 2015. We saw that people's relatives had been given an extremely short timescale to complete and return the surveys. The team co-ordinator acknowledged this had not been ideal.

At our last inspection we found that there was no system in place for monitoring and analysing accidents and incidents at Lichfield Road. At this inspection we were informed that there had been no accidents or incidents since our last inspection but we saw that the process for recording and reporting these had been discussed with staff to ensure they knew how to take action as necessary. As a consequence we were unable to look at systems in place to undertake relevant analysis and learn from incidents and occurrences.