

Real Life Options

Real Life Options - 21 Elvetham Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection on the 20 August 2018.

At our last inspection carried out on 24 August 2016 we judged this service as 'requires improvement' in the key questions of safe and well led and rated the service as 'requires improvement' overall. At this inspection we found that the provider had not made the required improvements we identified at our previous inspection. We found that the provider had failed to make sufficient improvements to the efficiency of their quality assurance systems. This meant that this was the second consecutive inspection whereby the provider had failed to achieve a 'good' rating in the well led area of our inspection. As a result of our finding we found that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what further action we have taken at the end of this report.

21 Elvetham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 21 Elvetham Road provides care and support for a maximum of five people who are living with a learning disability. There were three people living at the home at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. 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.

The provider's quality monitoring systems had either not identified some of the areas for improvement that we found during our inspection or when identified by their own system had then not been followed up on in a timely way.

People's needs had been assessed and care plans developed to inform staff how to support people. However, care records did not fully reflect the detail of specific health care conditions. Some risks to people were not well managed.

Staff had not received all the training they needed. However, the registered manager took action to address this and a training plan was put in place following our inspection.

People were supported for by staff who were trained in recognising and understanding how to report potential abuse. People's dignity was maintained and people were communicated with in their preferred way.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The provider was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

People were supported to take part in activities and were involved in their day to day care and chose how to spend their day. People were encouraged to maintain their independence and were supported to meet religious and cultural needs.

People spoke positively about the care staff .Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them. There was a friendly and calm atmosphere within the home.

People were supported to maintain a healthy diet that met their cultural and dietary needs. Systems were in place to ask people their views about the home and to listen to concerns and complaints.

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 always safe

Risks to people were assessed but not always well managed.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Good 

The service was effective

People received care and support with their consent.

People received care from staff who knew people well. Steps were put in place to ensure that staff training and knowledge was brought up to date so that staff could do their job safely and effectively.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was tailored to their individual needs and preferences.

People had the opportunity to engage in activities that were based on their interests and meaningful to them. People's diverse needs were recognised.

Systems were in place to listen and respond to concerns.

Is the service well-led?

Requires Improvement ●

The service was not well led

Systems and processes in place to assess and monitor the safety and quality of the service had not been effective at ensuring the required improvements were made in a timely way.

A registered manager was in post and staff told us that they felt supported in their role.

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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 the 20 August 2018 and was unannounced. The inspection team consisted of one inspector and a second Inspector for part of the day.

As part of the inspection process we looked at information we already held about the 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 incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During our inspection we met and spoke with three people who lived at the home. We also made general observations around the home. We spoke to three support staff, the operations manager and the registered manager. We looked at records relating to the management of the service including care plans for two people, the incident and accident records, three staff recruitment records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

Is the service safe?

Our findings

At our previous inspection on 24 August 2016 we rated this key question as 'requires improvement'. We found that accident records did not always detail any follow up action taken to reduce risks. We saw that the risk assessments for one person had not been reviewed following some falls. At this inspection in August 2018 we found that although some improvements had been made further improvements were still needed. We saw that following an accident the registered manager had reviewed the accident record and recorded any actions to be taken. Information about accidents was also shared with senior managers in the organisation for their review and oversight. We also saw that since our last inspection new risk assessments had been put in place. However, we saw that for one person following a number of falls the risk assessment had not been reviewed. The records showed that the control factors in place had not been looked at to see what action may need to be taken to reduce the risk of falls. No referral had been made to a falls specialist for advice and support. Following our discussions the registered manager acted on the day of our inspection and a referral was made.

At our previous inspection we found that people's care records did not always reflect the detailed knowledge about people's conditions that staff had expressed to us. At this inspection we found that although improvements had been made to people's care records further improvements were still needed. We saw that some people had a health condition which was referred to in their care records. Their care plan detailed limited information about their medical history or the signs, symptoms and triggers that staff needed to be aware of in relation to the health condition. Staff that we spoke with were able to tell us about some of the signs they would look for in relation to these health conditions. For example in relation to epilepsy. Staff that we spoke with told us that if needed at any time they would seek medical advice and would also speak with other staff members for advice and support. Staff told us and training records confirmed that they had completed first aid training.

At our previous inspection we found that some staff were not confident in their medicine practice and that the storage of medicines to be returned did not ensure best practice guidelines were being followed. At this inspection we found that people's medicines were safely stored. All staff but one had completed medicine management training. The registered manager told us that staff competency to administer medicines were assessed. Two staff were now due this assessment and a date for this had been scheduled. We saw that prescribed creams had not always been signed for. Staff told us that the creams had been administered but staff had not signed the medication administration record (MAR). Some people required medication to be given "as and when" (also referred to as PRN medicines). Staff we spoke with were able to describe to us the circumstances that they may need to administer a person's PRN.

We saw that the safety and cleanliness of the furnishings was not always considered and placed people at risk of harm. For example, we saw that a dining room chair had a loose seat that moved to one side and we saw a protruding nail underneath the chair seat. This seat was available for people to use. This presented as a safety hazard and required immediate attention by the registered manager who moved it into the garden. We saw that a specialist bed was in need of repair and staff told us that the bed had not been operating fully for several weeks and this had been reported to the registered manager. We saw that health and safety

checks were in place the records we saw had picked up on these issues but action hadn't been taken in a timely manner. We saw that the dining room in places was not clean. There were spillages and staining on the radiator and wall and high level cleaning was needed in some areas of the home. We saw that infection control and cleaning schedules were in place but had not identified these issues. We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection.

We saw that people were relaxed and comfortable while in the company of staff and were happy to approach staff when they required assistance. One person told us, "I am safe living here". Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. The registered manager demonstrated an understanding of their responsibilities around safeguarding.

Staff told us about what actions were completed on a regular basis to help keep people safe. For example, records showed that fire checks took place and staff told us that they knew how to support people safely in the case of a fire or a medical emergency. One person told us, "When the alarm goes off the staff will help me to leave the house". However, although fire drills took place within the home records showed that not all staff had taken part in a fire drill.

The registered manager confirmed to us that staffing levels were based on the number of care hours funding that the home received. They told us that this meant that there were either two or three staff on each shift. Staffing had been reduced because there was only three people living there when we inspected. The registered manager told us that there were some flexible levels of staffing to make sure people could attend activities and appointments. Some staff that we spoke with told us that when there was only two staff on shift it could be a bit difficult. We observed during our visit that staff had time to spend with people and were not rushed and activities went ahead as scheduled. The records we saw confirmed what the registered manager told us.

We checked three staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. We saw that recruitment checks were completed at the providers head office and the registered manager was then notified that the relevant checks had been completed. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

Is the service effective?

Our findings

At our previous inspection on 24 August 2016 we rated this key question as 'good'. At this inspection this key question remains rated as 'good'.

People told us that they were happy living at the home. One person told us, "I like living here. This is my home now forever". Another person told us, "The staff are lovely they are my friends".

Some staff told us that they were due some annual training updates including mental capacity and fire safety training. Staff that we spoke with told us that they also needed training for people's specific health needs. For example, diabetes awareness and epilepsy awareness training. This training would ensure that staff had the knowledge to provide consistently effective care. We discussed staff training with the registered manager and looked at the training records. The registered manager told us on the day of our inspection that plans were in place to ensure that all the staff training needs would be actioned. They also agreed to provide us with a training plan with details of when the training would take place and we received this information following our inspection.

Staff told us that they felt supported and had formal supervisions for reflection and support. Staff told us that communication systems in the home were good. They told us that a handover took place at the changeover of a shift and we observed this taking place during our inspection. All of the staff spoken with felt they were provided with the information they needed to support people effectively. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We saw positive interactions and staff knew people's preferences and choices. We saw during our inspection that staff made attempts to involve people in all day to day decisions, such as what they wanted to do and how people wanted to spend their time and what they wanted to wear. The registered manager told us that where needed best interests meetings had taken place and talked through examples of when they had needed to do this. These meetings ensure that the person, and others important to them, are consulted about decisions relating to their care and support.

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 had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being

met. The registered manager had a system in place for monitoring the progress of DoLS applications and was able to provide us with an update including where authorisations had been approved and those that they were waiting a response from the Local Authority. Staff that we spoke with demonstrated only a very limited understanding of DoLS. However, we saw that staff worked within the principles of MCA and asked people for their consent and were aware that they should always consider what the least restrictive practice was. The registered manager told us that all staff had received the training and that this was something that he would discuss further with the staff team.

People were provided with enough to eat and drink. We saw that people were involved in decisions around food and drink choices. People were going shopping to the supermarket and we saw staff ask a person to write a shopping list, which they did and this showed that people were involved in choosing food items that they liked. One person told us, "They (staff) ask me what I want to eat. I have meals that I like". Staff we spoke with had a good understanding of people's specific dietary requirements and what support they required with meals. Staff we spoke with knew about people's dietary requirements and how these were managed.

People received support to attend medical appointments and staff sought advice from health professionals in relation to people's care. During our inspection one person requested to see a doctor. We saw that the staff followed this through and the person was supported to attend an appointment on the same day. Staff feedback to the team the outcome of the visit and the recommendations that had been made were shared and recorded. Staff told us how they supported people with medical and health needs. For example, they had identified that a person was experiencing a health need and they had followed this up with the specialist.

The premises were suitable to meet the needs of the people living there as it was a purpose built bungalow and reflected the values that underpin the Registering the Right Support. There was a range of shared areas for people to access including a dining room, lounge and quiet lounge. We saw that people were able to make a choice about spending time with other people or choosing to spend time on their own. We saw that one of the people preferred to spend their time in the quiet lounge and they were supported to do this. The bungalow was accessible throughout and there was a garden area with seating provided.

Is the service caring?

Our findings

At our previous inspection on 24 August 2016 we rated this key question as 'good'. At this inspection this key question remains as rated as 'good'.

People we spoke with told us that staff were kind and caring to them. One person told us, "They [staff's name] are my friend. I like to play her up. We have a laugh". We observed staff spending time with people and they were not rushed. We saw that staff had developed friendly, relaxed relationships with the people they supported. People were visibly happy in staff company and could be seen laughing and joking with each other. This showed that staff had developed kind and caring relationships with people.

Some people who received support had specific communication needs. We saw that these had been discussed as part of the person's assessment and that guidance was provided to staff on how they should support the person to communicate their needs. For example, for a person with a visual impairment we saw guidance was available to staff about using language that was descriptive when supporting the person. The care records recorded how staff should communicate with people in a way that the person would be comfortable with and met their needs. We saw that staff communicated in this way during our inspection.

People told us they were involved in their care and that they were given choices daily. One person told us, "The staff ask me what I want to do". We saw that people were given choices about what they would like to do. We saw that staff respected people's privacy and dignity. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care and people were assisted discreetly with their personal care needs. The providers staff training included observations of staff competency in relation to providing personal care to ensure that people were supported in a way that upheld their privacy and dignity.

People were well presented and looked well cared for. One person told us, "I like wearing my earrings and necklace, I like to look nice". We saw that they had been supported to put these on. This showed that staff recognised the importance of people's personal appearance and this respected people's dignity.

People religious beliefs were known and respected and people told us that staff supported them to attend their chosen place of worship. One person told us that they regularly attended church service and that this was important to them. People were supported to take part in everyday living skills. We saw that people were involved in planning the shopping list and going shopping to the supermarket and assisting in some household domestic tasks. One person told us, "I go shopping with the staff". Another person told us, "I take my own washing to the laundry room".

Staff told us that people's friends and relatives were welcome to visit at any time. Some people who received support from the service had required the support of an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The

registered manager told of circumstances when an advocate had been required and knew how they could refer people to this service when needed.

Is the service responsive?

Our findings

At our previous inspection on 24 August 2016 we rated this key question as 'good'. At this inspection this key question remains as rated as 'good'.

We saw that people were supported by staff to make decisions about their care. One person told us, "[staff member's name] They will talk to me and ask me how I am and if I need anything". They went on to tell us, "I love to have a soak in the bath and the staff help me to do this". At our last inspection the registered manager told us that they would be streamlining the care planning format. We saw that progress had been made on this. Each person had a care plan to tell the staff about their likes and dislikes and how they liked to be supported. There was good detail about the things that were really important to people. For example, one person liked to always wear their jewellery and another person always liked to have their handbag with them at all times and they had personal items that were very important to the person. Our observations confirmed that people were supported with this. This showed that people had been consulted about what was important to them and involved in their care plan.

We saw that meetings took place with people and they were referred to as 'my meetings'. We saw the minutes of these and they showed that discussion and conversations took place with people regarding what people wanted to eat, what they would like to do, what to do if they were unhappy about something and also what to do in the event of a fire at the home.

Through our discussions with staff it was clear they were non-discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age.

People we spoke with told us they took part in activities that they enjoyed. One person told us, "I love reading books and I like going to the shops and eating lunch out". We saw that they enjoyed reading a story to a staff member. Another person told us about the day centre that they visited and that they liked going there and they met up with friends. A third person told us, "I love doing my knitting". During our inspection we saw people had their nails painted, took part in table top activities, went out to the local shops and out for lunch. Another person told us they enjoyed listening to quiz shows on the television and we saw that they were supported to do this. Records we looked at held information about people's hobbies and interests and staff knowledge reflected the information held.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider was able to access information regarding the service in different formats to meet people's needs, for example easy read or large print and we saw that people's care plans contained information about their communication needs. We spoke with the registered manager about how they provided information to people with sight loss in a suitable format and we were advised that staff would

read information to people when needed. We explored if the registered manager had considered audio books and magazines services specifically for people with sight loss. This had not been considered but during our inspection the registered manager made contact with a charity organisation specialising in providing information to people with slight loss and had arranged for some resources to be sent to the home.

There was an easy read complaint leaflet displayed for people to see. People told us that they would speak to staff or the registered manager if they had a concern. One person told us, "I would speak to [staff members name] if I wasn't happy. They are nice". The registered manager told us that they had received no complaints since our last inspection. However, we had received some anonymous concerns about how people were supported with their medicines in February 2018. We had contacted the registered manager to discuss these concerns with them and we were told at the time that all three people were compliant with their medicines and were able to say if they were unhappy. We saw that the registered manager had also spoken with the staff team about this matter and a medicine audit was completed. We were satisfied that the registered manager had dealt with this matter.

Although no one was in receipt of end of life care on the day of our inspection, we spoke with the registered manager about this. They told us that they were starting to gather information about people's wishes. This was so that if and when required people would be supported in a way that they wanted and the registered manager told us this information it would be recorded in their care records.

Is the service well-led?

Our findings

At our previous inspection on 24 August 2016 we rated this key question as 'requires improvement.' We found that some records were not up to date. This included people's care plans and some sampled records contained conflicting information. We also found that records of healthcare appointments attended by people were disorganised and made it difficult for staff to locate information about when people had last attended routine health checks. Some records we requested to look at were not available. At this inspection we found that the provider's quality monitoring systems had either not identified some of the areas for improvement that we found during our inspection, or when identified by their own system had then not been followed up on in a timely way. In addition to this the home required improvement in the key questions of safe and well led at our previous inspection. This shows that the registered manager has been unable to make or sustain the improvements required.

We saw that there were systems in place to improve the quality of the service. The registered manager conducted checks and audits in a range of areas including people's medicines, care plans, health and safety, infection control and spot checks of staff practices. The registered manager and care co-ordinator also carried out unannounced checks on the service. Records of these showed that issues were identified. We asked to see the action plans for these and the registered manager told us that none were available that any issues highlighted would have been addressed at the time. We saw that the provider had an operations service improvement plan. We asked to see the action plan related to these and saw that a number of issues had already been identified by the provider. Whilst some issues had been addressed some still required action. This showed that although the provider had a system in place this was not always robust and effective. In addition our inspection identified further issues, that had not been identified by the providers system to monitor and audit. For example, we found that where people had known health condition records lacked sufficient information about the signs, symptoms and triggers that staff needed to be aware of to support the person to meet this health need. Systems to audit had failed to identify that some risk assessment did not provide staff with enough information about how to provide safe and appropriate support to people. Systems to audit medication had failed to identify that prescribed creams had not always been signed for, or that PRN protocols were general and not specific to the individual person. Health and safety audits and infection control audits although carried out where not always effective. When an issue was identified it was not always dealt with in a timely manner and risk of harm when not dealt with promptly, for example removal of a chair with protruding nail. The system to identify and plan for staff training needs had not always been effective and had not always identified training needs. The Systems had failed to identify that some health appointment records lacked evidence of follow up and monitoring. The system had failed to identify that a complaint about the service had not been recorded in the homes complaint records and there was no reference to any learning from it, that had taken place. The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Although the registered manager took some action on the day of our inspection to some of the concerns we raised this was reactive management and not proactive. Had the systems in place to monitor and audit the

quality and safety of the service been implemented effectively these issues would have been identified sooner.

Staff we spoke with understood their roles and responsibilities. Staff showed enthusiasm and commitment in their roles. They told us they would speak with the care co-ordinator and or the registered manager if they had any concerns about people or the running of the home. All staff that we spoke with told us that they felt confident in approaching the managers with any concerns and had been informed on how they could whistle blow if they had any cause too.

The registered manager also had responsibility for a second location nearby and they told us that they split their time between the two homes. The registered manager would usually be supported by a care co-ordinator who also worked between the two locations. However, they were not currently working at the service and this has been the case since the end of July 2018. The registered manager told us that the provider was going to provide some temporary management support to ensure continuity of leadership across both services.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider has displayed their rating at the service and their website as required. This showed the registered provider understood their responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager understood their obligation in relation to their duty of candour. The registered manager was able to tell us their understanding of this regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance. The provider's systems to monitor the quality and safety of the service were not consistently effective. |