Real Life Options

Real Life Options - 21A Elvetham Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 June 2016 and was unannounced. We last inspected the service in June 2013 and found it was compliant with all the regulations we looked at.

The home did not have a registered manager in post. A new manager had been appointed who had recently applied for registration. 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 home is registered to provide care for up to five people who have a learning disability. Five people were living there when we inspected. Three of these people had moved to the home the week of our visit.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Some of the staff we spoke with told us that they had not yet had the time to read people's care plans or risk assessments and they were relying on verbal information from other staff who knew people's needs. People who lived at the home were not consistently offered opportunities to participate in activities they enjoyed.

Whilst the staff provided positive feedback about the manager of the home they had concerns about the process that had been followed in moving three new people into the home in the same week. The manager had a good level of understanding in relation to the requirements of the law and the responsibilities of his role. They had only been in post for a short time before our visit but were already in the process of identifying what needed to improve and taking actions to achieve this. There were some areas of practice where audits had not been completed or had identified that improvement was needed.

People who used the service and their relatives told us that the home was safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. There were sufficient staff to meet people's needs who received opportunities to further develop their skills.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way.

The registered manager had approached the appropriate authority when it was felt there was a risk people were being supported in a way which could restrict their freedom. Staff had been provided with training about the Mental Capacity Act 2005 (MCA) but not all staff were aware that applications had been submitted to restrict peoples liberty.

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.

People told us or indicated by gestures and their body language that they were happy at this home. We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

There were sufficient numbers of staff available to meet people's individual needs.

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

Is the service effective?

Good

The service was effective.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

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

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

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service.

People had been involved in decisions about their care and support. Their dignity and privacy had been promoted and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People who lived at the home were not consistently offered opportunities to participate in activities they enjoyed.

There was a complaints procedure and people felt confident to raise any concerns they had.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The systems in place to review and improve the quality and safety of the service were not always effective.

Staff were positive about the manager but the recent processes around moving new people into the home were not well managed.

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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 23 June 2016 and was unannounced. The inspection team comprised of one inspector.

As part of the inspection process 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. This was received when we requested it. We took this into account when we made the judgements in this report.

During our inspection we spoke with two people who had moved into the home the week of our visit. Their comments were therefore based on their short experiences of the home. Some people's needs meant that they were unable to verbally tell us how their views. We observed how staff supported people throughout the day. We spoke with the manager, area manager, care co-ordinator, four care staff, an agency staff and with a quality consultant employed by the provider. We looked at the care records of three people, the medicine management processes and at records about staffing, training and the quality of the service. We spoke on the telephone with the relatives of two people and received information from one care professional.

Good

Is the service safe?

Our findings

People who were able to speak with us confirmed that they felt safe living in the home. One person told us, "There is nothing here that worries me." We saw that other people who were unable to express their views verbally looked relaxed in the company of staff. A relative we spoke with confirmed that they thought their family member was safe living at the home.

Safeguarding procedures were available in the home and staff we spoke with were aware of possible signs of abuse and knew to report any allegation or suspicion of abuse. The manager demonstrated good knowledge of their responsibilities should abuse be suspected and had information available on local safeguarding procedures. One member of staff told us, "I am confident the manager would act on concerns, [they are] very hot on things like that."

The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. Where refresher training was needed this was being organised by the manager. The provider had a whistleblowing hotline that staff could use to report any concerns. There was information on display in the home regarding this so that staff knew who to contact if they had concerns.

We looked at the staffing arrangements. The manager told us these were currently under review as there were several people who had moved into the home during the week of our visit. Staff numbers had been increased and this included new staff who had transferred with people from their previous homes. There was some use of agency staff but the agency staff used had often worked at the home before so that there was some consistency of staff who knew people's needs. We saw that people in the home received appropriate support from the staff on duty and were not left waiting for assistance. However we did see that staff were also extremely busy carrying out a variety of tasks associated with having three people move into the home in a matter of days.

We discussed the night time staffing arrangements with the manager. We were informed these had remained the same with one member of staff at night. The staff member who was due to work the night of our visit had not worked at the home before and was only aware of one person's needs as they had worked with them previously. However this meant they were working in a new environment with some people they did not know. One person had moved into the home that day. It was not evident that sufficient thought had been given to having an additional member of staff on duty at night until people had become more settled in their new home. Following our inspection we were contacted by the manager who told us that a decision had been made to increase the numbers of staff at night until people had settled in.

During our visit we saw that the cupboard in the laundry containing hazardous cleaning substances was not locked. The manager told us that the lock was broken and that this had been reported for repair. Records showed this was the case but there had been no measures taken such as moving the hazardous substances to a more secure location whilst waiting for the repair to take place. We did not see people who lived at the home accessing the laundry during our visit, so the risk was low. The day after our visit the manager sent photographic evidence that the cupboard lock had been repaired. This meant that action to manage the

risk had been taken.

We looked at some of the fire safety arrangements that were in place. People had individual evacuation plans so that staff had information about the support they needed in the event of an emergency. We looked at the records for testing the fire alarms and saw these were done weekly and that regular fire drills were completed. This helped staff to know how to support people to keep safe should a fire occur in the home.

The manager told us that there had been no new staff recruited but that some staff had recently transferred to the home. They were able to describe the recruitment procedures that would be followed if new staff were employed. The procedures described indicated that the appropriate checks would be completed before staff commenced working with people. Agency staff were sometimes used. We were shown evidence that the manager had checked with their employer that suitable checks had been carried out through the Disclosure and Barring Service.

The manager told us that original copies of staff recruitment information was held by the provider but that a recent audit of staff files held in the home had been completed. Missing information had been identified and this would be requested from the provider human resources (HR) department. The manager told us and provided evidence that they received regular emails from the HR department when refresher DBS checks were due for staff.

People received their medicines safely and when they needed them. The manager and staff told us that medicines were only administered by staff who were trained to do so and had been assessed as competent. Since being in post the manager had identified that some staff had needed refresher training regarding medication and this had been arranged. We saw staff giving people their medication. They followed safe procedures when doing this.

There were suitable facilities for storing medicines. 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. Most medication was in blister packs. The records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. Audits of the medication were completed on a weekly basis to make sure people were receiving their medication.

Good

Is the service effective?

Our findings

Staff told us they received the training they needed for their role. One member of staff told us, "We all have a list of any refresher training we need to do, I have just done my medication training." Another staff told us, "The training has all been interesting and helpful to my role." Since commencing working at the home the manager had completed a full audit of the training completed by staff. They had identified where there were gaps in training and where staff needed refresher training. Plans had been made to ensure all staff received the training they needed and some required training had already been completed. Some staff had completed first aid training using e-learning methods. Further training had been scheduled using practical classroom based methods to enhance staff knowledge and skills in this area.

We were informed by the manager that all new staff undertook a full induction at the start of their employment. The provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff new to the care sector with the knowledge they need to provide safe and compassionate care.

Several staff had recently moved to work at the home from the provider's other homes. The manager told us that these staff would be completing an induction to the home. Agency staff sometimes worked at the home and the manager told us he intended to introduce a formal induction for agency staff as this was currently done on an informal basis. An agency staff confirmed that when they first started working at the home they had been told about people' needs and health and safety arrangements.

We looked at the supervision arrangements for staff. The staff we spoke with had mixed views on if they felt supported and some had not received recent supervision. However, it must be noted that several of the staff had only moved to this home in the last few days and the manager told us he would be make sure they received an induction and supervision. One member of staff told us that they had not had recent supervision but that the new manager was arranging this. Prior to the new manager commencing work at the home, there had been a gap in staff meetings being arranged. The new manager had addressed this and a recent meeting had taken place. This gave staff the opportunity to discuss people's care, staff responsibilities and plans for the future direction of the home.

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 provider had made DoLS applications for people living in the home as they did not have the capacity to make some decisions for themselves. These applications had been sent to the appropriate local

supervisory body and the manager had been proactive in contacting the local authority to enquire about the progress of the applications. On the day of our visit the manager received contact from the local authority informing them that one of the applications had been approved.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. We saw staff seeking people's consent during our visit, for example before assisting people with tasks such as putting their coat on. We brought to the attention of the manager that some staff we spoke with were not aware if DoLS applications had been made for people.

Where people did not have capacity to make some decisions we saw that decisions had been made in their best interest. For example one person who had recently moved into the home did not have the capacity to consent to this. A best interest decision had been made that had involved their social worker and an independent advocate. The manager and area manager also made us aware that following a safeguarding incident it had been identified that one person may benefit from having some additional health screening. This had been arranged but the person had twice refused to have this done. We were informed that arrangements would now be made to assess the person's understanding of why the check was needed and that a decision would need to be made to establish if the screening was in their best interest.

The facial expressions of people who were unable to tell us their views indicated they were enjoying their meals. People who were able to communicate with us confirmed they were happy with the meals provided. One person told us, "The food is ever so nice."

People were provided with enough to eat and drink. Throughout our visit people were offered regular drinks and snacks that included fresh fruit. People received appropriate support with their meals and were given foods of a consistency that was in line with their care plan. Records demonstrated staff worked flexibly to make sure people were able to enjoy things to eat and drink when they wanted them. Staff told us that the menus were completed on a weekly basis based on their knowledge of people's likes and dislikes. Some of the meals on offer at lunch times were very repetitive but staff told us this was what people liked to eat. We were told that now three new people had moved into the home that menus would be reviewed following consultation with people.

People were supported to attend medical appointments and staff sought advice from health professionals in relation to people's care. We saw that people attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks. The home had several new people and several new staff. The majority of staff we spoke with told us they had not yet had the time to read people's care plans however they were all aware of any significant risks to people's health as they had received verbal information from staff who knew people.

Good

Is the service caring?

Our findings

People who were able to communicate with us confirmed that staff were caring and we observed staff were kind and patient with people and offered reassurance when necessary. A relative told us, "The staff all seem caring in their approach to people." A second relative also confirmed that staff were kind and caring and they told us they were always made to feel welcome when they visited the home.

Staff spoke affectionately about people and enjoyed supporting people to engage in tasks they liked. We observed a member of staff supporting a person to engage in a conversation about things that they enjoyed doing.

Most people had only recently moved into the home and not all people who had lived at the home for some time had close relatives who were involved in their daily lives. Staff told us that people's relatives were welcome to visit at any time and would be kept updated in regards to the wellbeing of their family member.

During our visit we saw an incident where staff practice caused a person to be upset. They had been told they were going out with staff on an errand and staff had assisted them to put their coat on to go out. There was then a change of plan and staff told the person they were not going out and suggested they have a walk around the garden instead. This caused the person some distress as they had expected to go out. When we brought this to the attention of the manager they took immediate action and requested that staff take the person for a walk out in the local area so that they were not left disappointed.

Staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and bathrooms and sought permission before entering. People were assisted discreetly with their personal care needs. One person had spilt some of their drink down their top. We saw that staff assisted them to go and change into a clean top so that their dignity and comfort was protected.

Where staff practice had not respected people's privacy we saw that the manager had taken action to address this. The minutes of a recent staff meeting showed that the manager had observed an occasion where a staff had not ensured a person's privacy was maintained. All staff had been reminded of the expectations to respect people's privacy and dignity when assisting people with their personal care. We saw this aspect of support was respected by staff during our visit.

Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items. We saw that staff prompted people to carry out tasks independently where possible. One person told us, "Where I used to live I used to get my own breakfast and I am doing the same here." We saw that they had access to the kitchen and they made themselves a hot drink during our visit. They told us they were able to do this whenever they wanted to. Some people who lived at the home had visual impairments. We saw that tactile aids were placed in the home to help people find their way around their home. This helped to maintain people's independence.

Requires Improvement

Is the service responsive?

Our findings

People were encouraged by staff to make decisions about the type of care they wanted. One person who had recently moved to the home told us they had been involved in choosing where they wanted to live. They told us, "It's fantastic. Just what I wanted. I looked round before I moved in and I thought I could do with a change." Another person new to the home told us, "I looked round and thought it was alright so I'm happy."

Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes, what was important to them and how staff should support them. The majority of the staff we spoke with told us that they had not yet had the time to read people's care plans or risk assessments and they were relying on verbal information from other staff who knew people's needs. One member of staff told us, "We need the time to be able to go through the plans as it should not be guess work."

One person's health information recorded they had received previous advice from a dietician in regards to their weight. They had been discharged from the dietician service but had been advised that if they gained weight then further advice was needed. Records showed that since that time the person had gained weight but there was no evidence to show that staff had responded to this change in their needs and sought the advice as previously advised.

It had previously identified that one person may have a health condition that could put them at higher risk of sustaining a fracture. There was limited information about this in their care plan and this needed to be included to make sure that staff had all the information they need to respond appropriately to any accident occurring. People had 'grab and go' files that had a summary of important information about the person that could be removed from the home in the event of an emergency. We saw for one person that this file lacked some important details about their health care needs. Action plans for the home had already identified that care records for people needed some improvement and the manager was working towards achieving this.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. Two people who had just moved into the home told us they felt there were enough activities available and they had participated in things they liked. One person told us, "I went out shopping yesterday and I am going out for lunch today." They also told us that staff had talked with them about continuing activities that they had participated in at their previous homes. During our visit some people went out to buy personal items and to have lunch.

We looked at the care records for another person and this indicated they liked to participate in a range of community activities. We saw the information about what they liked to do did not match their current experiences. Records often recorded 'Walking around the home' or 'Relaxed in the lounge' as an activity. It was not evident that this person had been encouraged to participate in activities of interest to them or if they had declined other activities which may have been on offer. Our discussions with the manager showed that there was not a schedule of activities that reflected people's individual interests and it was often left up

to staff to decide on the day what activities to offer people. The current arrangements did not ensure that people were always offered the chance to participate in things that they enjoyed doing, nor did arrangements promote people's inclusion in their local community.

People who we spoke with knew who the manager was and told us they would speak to him if they had a concern. One person told us, "If I was unhappy I would tell the manager." Relatives confirmed to us that they felt able to raise any concerns with the managers of the service. One relative told us, "Absolutely would I feel confident to raise any concerns."

The manager told us that there had been no complaints received in the last twelve months. There was information on display in the home in an easy-to-read format with pictures about how to make a complaint. This needed to be updated with the name and contact details of the new manager when they become registered.

Requires Improvement

Is the service well-led?

Our findings

People who used the service were unable to tell us what they thought about the management of the home. One person who had lived at the home for only a few days told us, "I know who the manager is." A relative told us, "I have recently spoken to the care co-ordinator and they seemed very competent."

Staff told us that the manager was approachable and had made some improvements at the home in the short time they had been there. One member of staff told us, "[They have] made some positive changes." Another staff told us, "It's nice that [they are] really trying to improve things for the clients." Staff told us that they worked well together as a team. One member of staff told us, "There is seldom any bad feeling amongst staff. Everyone helps each other out, everyone is here for the clients."

Whilst the staff provided positive feedback about the manager of the home, they had concerns about the process that had been followed in moving three new people into the home in the same week. Given that this is a small home registered for only five people this had meant there had been some considerable upheaval for people and staff. One member of staff told us, "It has been so drastically busy, they moved people in all the same week rather than stagger the moves. I have not had time to read their care plans, it has all been very hectic. The home has gone from two people to five people, it is overpowering." A staff member who had transferred to the home told us, "I just feel overwhelmed by everything, it is all too much. Everyone has been really busy and the manager has not really had the chance to talk to me." One staff told us, "For me, the whole thing has been chaotic."

There had not been a registered manager in post for over 18 months. However a new manager had been recruited and at the time of our visit they had submitted an application for registration. The manager also had responsibility for a second location nearby and they told us they split their time equally between the two homes. They were supported in managing the home by a care co-ordinator who also worked at another location. The manager confirmed to us that they had enough time to carry out their management responsibilities effectively at both homes. A member of staff told us, "It is much better now as we ran for so long without a manager."

The manager had a good level of understanding in relation to the requirements of the law and the responsibilities of their role. They had only been in post for a short time before our visit but were already in the process of identifying what needed to improve and taking actions to achieve this. Some support to achieve this was being offered by a quality consultant employed by the provider. They were at the home for part of our visit as they had been working with the manager on completing an action plan for the home. We saw that many of the actions had either been completed or were in progress.

There were some areas of practice where audits had not been completed or identified that improvement was needed. Records were completed for all people to monitor their fluid intake. It was not clear however why these were needed as their care plans did not indicate they were at risk of dehydration. The fluid records sampled were all only completed until approximately 17:00 hrs each day and did not show that any drinks were given to people after this time. This meant that the records were either not being completed

accurately or people were not offered drinks during the evening and night. The manager assured us this was a recording issue and that this would be addressed with staff. Whilst there was a wide range of health and safety audits completed there was currently no audits of infection control practice undertaken. The manager told us that the system of health and safety audits was under review and that these audits would be implemented.

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. Discussion with the manager indicated they did not yet have a system in place to use information from completed forms to analyse trends which could prevent the likelihood of negative experiences for people recurring. The systems in place to checking and monitoring the home were not wholly effective.