

Real Life Options

Real Life Options - 96 Bishopton Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 March 2017 and was unannounced.

Following our visit to the service, further evidence gathering in the form of telephone calls and emails to relatives and health professionals was undertaken on 6 April 2017.

At our last inspection of this service in October 2015 we found that the service was not meeting the regulation relating to good governance. This was because effective monitoring of the service was not taking place. We also issued a requirement notice in respect of this breach in regulation. The registered provider sent us an action plan detailing how and when they would take action in order to meet this requirement notice.

At this inspection we found this had improved. We saw a range of audits were being carried out by the registered manager and other senior staff within the organisation. Action plans were produced when any issues were identified and these were completed within appropriate timescales.

Real Life Options – 96 Bishopton Road provides care and support for up to six people who live with a learning disability. The service is in a large detached house with three people living on each floor. Each floor has a communal lounge and dining area. Meals are prepared in the downstairs kitchen however there is a kitchen area upstairs with facilities to make drinks and snacks.

The home had a registered manager in place. 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.

At our last inspection the registered manager had also been acting as divisional manager which meant they were not present at the service as often. This arrangement had now come to an end and the registered manager was now dividing their time between 96 Bishopton Road and one other service they were registered manager for. This meant that there was a stronger management presence in the service.

At the time of our inspection there were six people using the service. They had a range of communication skills so although we spoke with everyone during the inspection not everyone was able to respond to us verbally.

Appropriate systems were in place for the safe storage and management of medicines and people were receiving their medicines as prescribed.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of

types of abuse, signs to look for and how to report any concerns. The registered provider had a whistleblowing (telling someone) policy in place and a hotline for staff to use if necessary.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed and risk assessments were personalised to each individual. The risk assessments we looked at covered areas such as managing medicines, maintaining a healthy diet and mobility. Accidents and incidents were appropriately recorded and regularly analysed to minimise the risk of reoccurrence.

We found that safe recruitment and selection procedures were in place and appropriate checks were undertaken prior to staff starting work.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff were given effective supervision and a yearly appraisal.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivations of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to maintain a healthy diet and people's dietary needs and preferences were catered for.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Support plans contained evidence of the involvement of GPs, Speech and Language Therapy (SALT) and other professionals.

We saw positive interactions between staff and people using the service. Observations indicated that staff knew people well, how to communicate with them and respond to their needs.

We looked at people's support plans and found them to contain a high level of detail about people's needs and preferences. They were regularly reviewed and updated when necessary.

People were supported to take part in activities that were meaningful to them such as drawing and listening to music. Staff also encouraged and supported people to access activities within the community. These included sporting events and college courses.

There was an up to date complaints policy in place. The complaints procedure had been produced in an easy read format and was available to people using the service and their families.

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.

Appropriate arrangements were in place for the safe storage, management and administration of medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. There were sufficient skilled and experienced staff on duty to meet people's needs.

Risks to people were assessed, regularly reviewed and updated to reflect their current needs.

Is the service effective?

Good ●

The service was effective.

Training was up to date. Staff had the knowledge and skills to support the people who used the service.

The service understood and followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were respected.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Staff engaged with people in a way which was tailored to ensure each individual's communication needs were taken into consideration.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and support plans were detailed and person centred.

People were supported to access activities and follow their interests both inside and outside the service.

The registered provider had a clear complaints policy available in an easy read format for people.

Is the service well-led?

Good ●

The service was well-led.

Records were easily accessible, well maintained and comprehensive.

The registered manager carried out regular checks to monitor and improve the quality of the service.

Staff felt supported by the registered manager.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

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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 15 March 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority's safeguarding and contracts and commissioning teams and Healthwatch. No concerns were highlighted in the feedback we received.

The registered manager had completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We observed staff interaction with all of the people who lived at the home. We spoke with two people. Following our inspection, we contacted three relatives to find out their views of the service and a health professional from the speech and language therapy (SALT) team.

We spoke with the registered manager, team coordinator and six support staff.

We examined three people's care plans and checked staff recruitment and training files. We also viewed

records relating to the management of the service such as audits and minutes of meetings.

Is the service safe?

Our findings

One of the people we spoke with answered, "Yes" when we asked if staff cared for them safely. Relatives we spoke with felt their family members were safe. One relative told us, "I would say they are safe, definitely. I can honestly say they are kept safe and well." Another said, "[Name] certainly is safe."

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators where medicines were stored. This meant the service was ensuring medicines were safe to use.

Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. We undertook a stock count and found no errors.

Where medicines were prescribed 'as required' (PRN) there were clear and detailed protocols in place explaining to staff when these should be given. For example, one medicine had been prescribed for anxiety and the PRN protocol gave staff guidance on alternative interventions to try before giving medication.

Where creams had been prescribed for topical application body maps were in place to show staff how and where to apply these.

Medicine administration records (MARs) were completed correctly by staff who signed to indicate when medicines had been administered. We found that people were receiving medicines as prescribed. Any medicines that were bought over the counter had been approved by the person's GP and administration of these, when necessary, was also correctly recorded. These included things such as cough and cold medicines. This meant that people were supported to take their medicines safely.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. We saw that individual risk assessments were in place and they covered the key risks for each person. The risk assessments were regularly reviewed and this was clearly recorded. We found that recommendations made following our last inspection had been followed and improvements had been made to the risk assessment records.

The service had up to date policies on safeguarding and whistleblowing. New staff were given the opportunity to familiarise themselves with these policies as part of their induction and existing staff had easy access to them in the office.

Staff had all received safeguarding training and were able to describe the different types and signs of abuse. Staff told us how they would report any concerns. One staff member told us, "If I was concerned about anything I would go and speak to [registered manager]. If I wasn't happy with what they did I would go above them." Another member of staff said, "I would report anything I was concerned about to the manager straight away."

The registered provider had a dedicated whistleblowing number for staff to use. Whistleblowing is when a person tells someone they have concerns about the service they work for. The registered manager told us, "When we launched the whistleblowing hotline we discussed it in team meeting. Safeguarding is a standard agenda item so whistleblowing gets discussed on a monthly basis." They also informed us that the whistleblowing hotline number had been printed on pay slips and a credit card sized card giving details of the whistleblowing hotline had been produced and sent to all staff.

All staff we spoke with said they would feel comfortable and have no issues whistleblowing if they found anything inappropriate going on. Staff told us, "I know about whistleblowing. There is a poster in the office with the phone number. I have never had to use it but I would."

We saw evidence of fire drills taking place twice during the last ten months. These were full evacuations and involved staff and people using the service.

Personal Emergency Evacuation Plans (PEEPs) were in place documenting evacuation plans for people who required support to leave the premises in the event of an emergency. We saw that the service had two emergency files containing this information that were kept by both exits. The registered manager told us they had worked with the local fire authority to look at the safest way to evacuate people from the building. They had done this after one person's condition had deteriorated and affected their mobility.

The premises were assessed and monitored to minimise risk to people's safety. Water temperature checks were done regularly by an external company and the engineer was visiting on the day of our inspection. They told us, "There are never any problems, it makes my job easy coming here."

Fire and environmental risk assessments had been carried out. The necessary checks on areas such as gas safety, electrical testing and fire equipment had been conducted and the appropriate certificates were in place. This ensured that staff and people using the service were in a safe environment.

The registered provider had a disaster plan in place which provided information about how they would continue to meet people's needs in the event of an emergency, such as electricity supply failure, severe weather or loss of heating that might impact on the running of the service. This meant that contingencies were in place to ensure that people would continue to receive appropriate support in emergency situations.

A record was kept of accidents and incidents. The registered manager said they reviewed the information before it was passed to the registered provider's health and safety officer who collated the information and analysed it for patterns and trends.

The registered manager told us there were two support staff on each floor throughout the day. Extra one to one hours were also in place for two people. On a night shift there were two support staff who worked between both floors. The rotas we looked at confirmed that these levels were regularly maintained and we were also informed that the registered manager or team co-ordinator was always on call if needed. During the inspection we observed the service to be adequately staffed to meet people's needs.

We looked at four staff files and saw that the appropriate pre employment checks were being undertaken. Applicants completed an application form, two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people working with children and vulnerable adults.

Is the service effective?

Our findings

Relatives we spoke with were happy with the skills and knowledge staff demonstrated. One relative told us, "The staff have learned how best to cope with [name] and are exceptional in the way they deal with them." Another told us, "As far as I'm concerned they (staff) have been well trained. They certainly know what they're doing. Knowing [name]'s needs is always going to be difficult but they manage very well."

The registered manager told us new staff completed the Care Certificate as part of their induction. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they were happy with the induction they had received. One member of staff said, "There was an induction at regional office that went through all the essential stuff you needed to know. Safeguarding was part of the induction and I'm working through the Care Certificate. The team have been really supportive." Another told us, "There was a full four or five day induction and it was brilliant."

We saw the training matrix which confirmed staff training was well managed and staff were up to date with all mandatory training. Mandatory training is training the registered provider thinks is necessary to support people safely. Courses included first aid, moving and handling and safeguarding. We saw additional training in areas such as Autism and epilepsy awareness were also available to staff. One member of staff told us, "The training here is brilliant, very interesting."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our visit all of the people using the service were subject to DoLS. The DoLS paperwork was kept on support files so staff had easy access to this information and it was clearly highlighted when renewals were due to ensure continuity of the arrangements.

Staff had received training on MCA and DoLS and were able to demonstrate an understanding of the basic principles. One member of staff told us, "DoLS is about keeping people safe. It means there are limitations on the decisions people can make for themselves. They still have to be given choice in some things though." We saw that people had day to day decision making charts included in their support plans. These documents gave staff guidance on the decisions people should be involved in and how best to support

them. For example what to wear, what activities to take part in and what to eat. We saw records of consent being obtained within people's records.

Staff we spoke with during the inspection told us they felt well supported and had received regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager told us that staff received one to one supervision sessions five times a year and an annual appraisal. We saw the registered manager's timetable of supervisions for the year ahead. We saw records from staff supervision meetings that confirmed they were taking place and covered such as absences, training and development.

We saw evidence that people had regular appointments with healthcare professionals such as dentists, chiropodists and opticians. Appropriate referrals were also made to other agencies such as speech and language therapy team (SALT).

The service had a domestic kitchen and dining area on each floor. These were kept clean and tidy and staff had received training on safe food handling. People's individual dietary requirements and personal preferences were being well catered for. One person liked to drink cappuccino at certain times of day and we saw staff were familiar with this routine.

We saw very detailed dietary information in one person's support plan that explained clearly to staff the different food they should offer when the person was having a good day, a not so good day and a bad day. The registered manager explained that the service had worked closely with the SALT team to produce this guidance as they felt it was not fair to give the person a pureed diet at all times when on some occasions they could tolerate food of a more standard consistency.

We spoke with a professional from the SALT team who told us, "This was a complex piece of work and I was very impressed with the team and the work they did. They wanted [person's name] to be able to enjoy their food as much as possible and it was a really good example of a service not only managing safety but also quality of life."

This meant that the service was ensuring people's healthy nutrition and hydration.

At our last inspection we found that handover notes made by staff were not sufficiently comprehensive. The registered manager told us that a new system was going to be introduced. At this inspection we found improvements had been made and a new handover record sheet was being used by staff. A 'traffic light' system was also in place to alert staff coming on to duty how people using the service were that day. A red, amber or green circle was posted on the wall in the main entrance so staff were immediately aware if there were issues on a particular shift.

This meant that staff were kept up to date with any changes in the day to day needs of the people using the service.

Is the service caring?

Our findings

The people we spoke with responded positively when we asked about the care staff delivered and whether they were happy in the service. One person told us, "Staff are nice. I like to watch telly and they sit and watch with me."

Relatives we spoke with were happy with the care their family members received. One relative told us, "I feel that [name]'s care is very good and the staff and manager are approachable and just very nice people who have learned to manage [name] so I would fight to keep [name] there." Another relative said, "I feel perfectly happy with the care [name] gets. The staff are all friendly, most of them have been there years."

We observed staff supporting people throughout the day and saw them demonstrate a good knowledge of the people they were caring for, how they liked to spend their time and how they communicated. Staff interacted well with people and the atmosphere was happy and relaxed.

A professional from the SALT team told us, "They are a well established staff team and they know people very well."

Staff told us how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I obviously keep curtains and doors shut but I also think it's important to talk to people, let them know what you're doing. People are a lot more relaxed if you talk to them when you're delivering care." During our visit we observed people being spoken to and treated in a respectful and dignified way.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes.

Staff we spoke with told us they enjoyed their job and providing support to the people living at the service. One member of staff told us, "I love it, I really love it. We all get on well and understand what people like and what they don't like." Another member of staff said, "I think it's brilliant here, it's their home and people are given the choice of what they do so there are no strict routines. I love coming to work, it feels really comfortable." A third member of staff said, "It's like a family here, we are a really good team and we work well together."

The service supported contact with families. Family members were welcome to visit the service at any time and relatives we spoke with felt there was good communication from the service. One relative told us, "I definitely feel the communication with the service is there. I went in a few months ago when they were reassessing [name]'s needs and I am more than happy."

Staff told us they encouraged people to be as independent as possible. We saw that some people were supported to go shopping so they could purchase their own clothing and toiletries and staff told us that they supported people to make their own drinks and snacks. The service was beginning to use technology to assist some people with their communication and tablet computers were available for this purpose.

People had access to advocacy services and the registered manager gave us examples of when advocates had been used successfully. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

People were involved in a number of activities. One person said, "I like my music. I like to watch telly and to draw a picture." A relative told us, "[Name] does have a say in what day to day house activities they do. The staff will take [name] out if they are going and there are four nights a week that [name] is out, and two days they are out on planned activities, so we have no issues."

We saw that each person had an activity timetable in their support plan. These were written in an easy read pictorial format and were also displayed on the wall in the communal area.

The registered manager and staff told us about some of the activities people were involved in. These included visiting the local speedway track to watch the racing and a local social club offering activities such as pool. One person attended college regularly to do a woodworking course.

We were told that alternative activities were being introduced within the service for people who preferred to go out less often. A 'pat-a-dog' scheme had brought animals to the service the week before our inspection and we were told this was to become a regular activity.

We looked at support plans for three people who used the service. People's needs were assessed and very detailed plans of care produced.

The support plans we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. All managers and team co-ordinators had undertaken a five week training course on person centred care planning. The learning from this had been implemented and new support plans had been produced.

We saw people had one page profiles that gave brief details of people's likes and dislikes, hobbies and interests. People were involved in the production and review of their support plans as much as possible.

Staff told us the care plans contained the information necessary for them to provide appropriate support to people. One member of staff told us, "There's a lot of information in people's plans but they are easy to follow."

The service had an up to date complaints policy and procedure which was reviewed on an annual basis. The policy detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The procedure was on display in pictorial form around the service, including people's bedrooms. We were told that staff went through the procedure with people at monthly talk-time sessions with their key worker. The service had not received any complaints since our last inspection.

Relatives we spoke with knew how to complain should they need to. One relative told us, "I've never had to complain but I would know how to." Another relative said, "If I ever have anything I think is not perfect I will

chat with the staff and it normally gets sorted, but I can have direct contact with [registered manager] by phone or email if ever I feel the need to, but I haven't had to."

Is the service well-led?

Our findings

We observed the registered manager interacting positively with people using the service. It was apparent that they knew staff and people using the service well and the atmosphere was relaxed.

One member of staff told us, "Staff morale is up. We've got [registered manager] back now and everyone knows where they stand. Having them back permanently has definitely made a difference." Another member of staff said, "[Registered manager] is approachable and very supporting."

At our last inspection of this service in October 2015 we found that effective monitoring of the service was not taking place. As a result we issued a requirement notice in respect of a breach in regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had sent us an action plan detailing how and when they would take action in order to meet this requirement notice and at this inspection we looked at evidence relating to these actions.

We looked at the systems in place for quality assurance and governance and found there had been significant improvements. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager now completed a comprehensive monthly check of the service that included medicines, environment, finances, support plans and DoLS. Where issues were found we saw that actions were recorded.

Health and safety audits were carried out every three months and were already scheduled for the year ahead. These looked at environmental risk assessments, maintenance and control of substances hazardous to health (COSHH).

The registered provider had an internal quality officer who visited the service regularly. They had last been in February 2017 and we saw the results of the audit they had undertaken. A quarterly 'Critical Friend' audit process had recently been introduced. This involved a registered manager from another service visiting and undertaking checks throughout the service. This had last been carried out in February 2017 and we saw records that showed medicines and finance audits were carried out with no issues found.

We asked for a variety of records and documents during our inspection. We found these to be well maintained, easily accessible and stored securely. There had been a notable improvement in records since our last inspection. The team co-ordinator told us, "The staff are really getting on board with the changes. I want things to improve. I don't just want to be good, I want to work towards being outstanding. I am so passionate about what I do and I think the staff can see that."

The action plan had been satisfactorily completed and significant improvements were found in records and governance systems. As a result the service was no longer in breach of regulation 17.

Staff meetings were held on a monthly basis and those staff who were unable to attend were given the minutes to read and sign to ensure they were informed of the discussions that had taken place. Minutes we looked at covered topics such as health and safety issues, wellbeing at work and hand washing.

A staff survey was underway at the time of our inspection. This was being conducted by an external agency between 6 March and 31 March 2017. Although results were not yet available this demonstrated that the registered provider sought feedback from their employees.

There had not been a satisfaction survey for people and their relatives in the previous twelve months. The registered manager explained that these were now going to be linked with the person centred reviews which were due in November 2017.

Regular monthly managers' meeting were held by the registered provider and attended by the registered manager. We were told that this gave opportunity for any concerns to be raised and to share best practice.

The registered manager understood their role and responsibilities in relation to compliance with regulations and notifications they were required to make to CQC were submitted appropriately.