

Real Life Options

Real Life Options - Darlington Road

Inspection report

54 Darlington Road
Hartburn
Stockton On Tees
Cleveland
TS18 5EW

Date of inspection visit:
18 January 2022
27 January 2022
09 February 2022

Date of publication:
07 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Real Life Options – Darlington Road is a residential care home providing care and support for up to seven people. There were seven people living at the home at the time of the inspection.

People's experience of using this service and what we found

Right Support

- Staff did not always follow guidance for giving PRN (as required) medicines. At times staff worked successfully with people when they experienced periods of distress, trying alternative ways of making them calm and relaxed. However, we also saw evidence that medicines were overused on some occasions.
- The provider did not always ensure people received care and support in a safe, clean and well-maintained environment. Immediate action was taken to change infection control practices and improve the environment following the first day of inspection.
- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. We observed people engaged in all aspects of daily living such as cooking and cleaning.
- People had a choice about their living environment and were able to personalise their rooms. It was evident that staff had worked closely with people and their families to design rooms, which best met their needs and reflected their personalities.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- People who had individual ways of communicating, using body language, pictures and Makaton (a type of sign language) could interact comfortably with staff who had the necessary skills to understand them. Staff were able to describe each person's individual communication methods to us. One person had not communicated verbally prior to moving to the home and now called out for their favourite staff members. Staff were hoping to work with external professionals to increase their verbal skills.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2020).

Why we inspected

We initially undertook this inspection as part of CQC's response to the COVID-19 pandemic. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

On the first day of our inspection we identified concerns in relation to infection prevention and control. As a result, we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made a recommendation about ensuring all staff participate in fire drills in line with current best practice.

We have identified breaches in relation to safe care and treatment (including infection control measures and safe management of medicines) and good governance (including quality assurance and accurate record keeping).

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Real Life Options - Darlington Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and a member of the CQC medicines team carried out the inspection.

Service and service type

Real Life Options – Darlington Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Real Life Options – Darlington Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, at the time of the inspection the registered manager was absent from the service due to an internal secondment. There was an acting manager overseeing the home.

Notice of inspection

We gave the service 24 hours' notice of the first day of inspection. This was because the service is small and

people are often out and we wanted to be sure there would be people at home to speak with us. The second day of inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with two people who used the service and two relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using photos, objects and their body language.

We spoke with six members of staff including the registered manager and acting manager.

We spent time observing people.

We reviewed a range of records. This included three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional medicines' records and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. Guidance around medicines used to help people who were experiencing distress or anxiety was not always followed. These medicines should only be administered when other options to support the person had been tried. We found this was not always the case. The home was aware of the principles of 'stopping the overmedication of people with a learning disability and autistic people' (STOMP) but had not been following them.
- There was a blanket approach to the administration of medicines. Everyone was given tablets in yogurt. This practice was long standing and there was no documentary evidence to explain when or why these decisions were made. One person was given medicine in yogurt that was not suitable to be given this way. Following our feedback, the suitability of this practice was being reviewed for each person.
- One person's records contained information on a medicine allergy that had not been followed.
- Staff were not always keeping accurate records of the controlled drugs within the home.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager responded quickly to concerns raised and has already taken steps to make the necessary improvements.

Preventing and controlling infection

- The provider's policy on PPE was not in line with current government guidance. Staff were observed to wear additional PPE, including lower arm protectors and gloves, when not delivering any patient care, which could potentially pose additional infection risks. We gave feedback around this on the first day of our inspection and this practice had changed when we returned for our second day.
- On the first day of our inspection we found some areas of the home where paintwork was dirty or damaged. Redecoration of the home had already been scheduled and was underway when we returned for our second day.
- Staff were not able to explain the processes for deep cleaning items such as beanbags and sensory equipment and it was confirmed that this had not been done on a regular basis. The acting manager took immediate action to ensure these items would be appropriately cleaned in future.
- Several clinical waste bins were household waste bins with clinical waste bags. These were not foot operated and several were seen to be overflowing with clinical waste (mainly used PPE).
- Corridors contained a mix of carpet and vinyl flooring, however this was in poor condition with several rips and loose sections, which could pose a trip hazard. The provider confirmed a plan was in place to replace

damaged flooring.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the first day of inspection and some improvements were seen by the second day. Further improvements were scheduled and an action plan was to be implemented.

- People using the service, staff and essential care givers all had access to regular testing. Staff have found most residents are engaging in the programme and have tried to make testing as 'fun as possible'.
- The provider had put appropriate measures in place to prevent visitors from spreading infection. Temperatures were taken on arrival and staff request proof of negative lateral flow test and valid COVID-19 pass.
- All staff have completed PPE e-learning training, which is reviewed yearly. PPE has been accessible throughout the pandemic, through the NHS portal.
- People were able to have visits from friends and relatives in line with current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management

- The provider did not ensure fire drills were taking place in line with the policy. Not all staff had taken part in a fire drill in the last 12 months.
- We recommend the provider seeks advice from a reputable source to ensure fire drills are completed in line with current best practice.

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff assessed people's sensory needs and did their best to meet them.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We observed positive interactions, happy facial expressions and relaxed body language between staff and people living at the home.
- There were effective safeguarding and whistleblowing procedures in place at the home. Staff told us they would report any harmful or abusive practice they witnessed. All of the staff we spoke with felt confident they would be listened to by senior management and appropriate action taken.
- Relatives felt their family members were safe at the home. One relative told us, "I have no doubt [my family member] is safe, the staff do an amazing job." Another told us, "Staff are very kind and understanding. When [my family member] had to go into hospital a member of staff stayed with them, so they weren't frightened or on their own."

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. The manager audited these records to look for patterns and trend in order to minimise future risk.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Record keeping and quality assurance processes did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not always effective. The last IPC audit completed showed the service received 100% in all areas. This audit had not successfully identified the concerns raised in the safe section of this report. Medicines audits had also failed to identify the issues we found with medicines management. Fire safety checks had not highlighted the need for further fire drills.
- Some of the records we reviewed were not accurate. Daily notes did not always correspond with entries made on medicines records or charts used to monitor people's mood. This meant there was not a clear audit trail as to why certain medicines had been administered.
- The infection prevention and control policy could not be easily found by managers during our site visit. There was a risk that staff may not be able to access policies and procedures when required.

Failure to effectively audit the home and have a good oversight of records have placed people at risk of from poor infection control practices, over medication and in the event of a fire. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found the acting manager to be open and honest throughout the inspection. They acknowledged the issues we highlighted and knew what work they needed to do to make the necessary improvements.
- The acting manager understood their role in terms of regulatory requirements. For example, notifying CQC of events, such as safeguarding's and serious incidents as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and management team worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Support records clearly set out goals people wish to achieve and every step towards this goal is documented.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. The provider offered staff an Employee Assistance Programme for free help and advice.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

- Management and staff put people's needs and wishes at the heart of everything they did. The atmosphere within the home was relaxed and welcoming.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.□
- People had meetings with their key workers every month. These were used as an opportunity to review or set new goals.
- Staff we spoke with all felt involved in developing and improving the service. Staff meetings took place but the manager also had an open door policy and staff felt able to raise any issues or ideas outside of formal meetings.

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service. The staff were aware of the latest government guidance in relation to COVID-19.
- The provider invested sufficiently in the service, embracing change and delivering improvements. Our initial feedback was acted on promptly with new cleaning equipment purchased. A programme of redecoration was already underway.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The home had recently been recognised as an exemplar site for person-centred support enablement. As a result, Real Life Options showcased the home in January to all directors. One of the people living at the home appeared in training/promotional videos for the system. This was agreed via a best interest decision and discussion with the person themselves. They really enjoyed the process and liked the idea that they were now 'famous'.

Working in partnership with others

- Staff at the home worked closely with a range of external professionals such as occupational therapists, district nurses and the dietician.
- A nurse practitioner called every week to check on everyone and a learning disability nurse came out every two weeks to discuss any health and wellbeing issues.
- The acting manager had a good relationship with the local authority.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff were not following correct policies and procedures around the safe administration of medicines. 12(2)(g)</p> <p>The provider was not ensuring the environment was suitably clean and maintained in order to minimise the risks in terms of infection prevention and control. Staff did not always wear PPE in line with government guidance. 12(2)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems in place to assess, monitor and improve the service. Issues identified during the inspection had not been picked up during the provider's audit process. 17(2)(a)</p> <p>People's records were not always accurate or complete. 17(2)(c)</p>