

Real Life Options

Real Life Options - 12 Linden Road

Inspection report

12 Linden Road
Brotton
Saltburn By The Sea
Cleveland
TS12 2RU

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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

About the service

12 Linden Road is a residential care home providing personal care to five people aged 18 years and over at the time of the inspection. The service can support up to six people who are living with learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were observed to be happy. They received care and support from a consistent staff team who were skilled and knowledgeable in the care and support people required. Staff provided flexible care and support in line with people's needs and wishes.

The provider ensured people received a safe service with systems and processes in place which helped to minimise risks. Staff effectively reported any safeguarding matters. All incidents were critically analysed, lessons were learnt and used to improve practice.

Medicines systems were organised and people were receiving their medicines when they should. The provider was following national guidance for the receipt, storage, administration and disposal of medicines.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people as individuals and respected their privacy and lifestyle choices.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People, their legal representatives and health and social care professionals were actively involved in decisions being made about the care people received.

The provider and registered manager monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements to the services. One relative told us if they were worried about anything they would be comfortable to talk with a member of staff.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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.

Inspection team

One inspector carried out the inspection.

Service and service type

12 Linden 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.

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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 July 2019 and ended on 2 July 2019. We visited the service on 1 July 2019 and made telephone calls to professionals and relatives on 2 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a range of professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 met the five people who used the service and spoke on the telephone with one relative about their experience of the care provided. We spoke with seven members of staff including two house leaders and five support workers. The registered manager was not at work at the time of the inspection.

We reviewed a range of records. This included two people's care records and five people's 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 training data and quality assurance records. We spoke with an independent advocate who regularly visits people living at the service.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- A fire risk assessment was in place and fire drills regularly took place. Each person had their own individual personal emergency evacuation plan.
- Regular health and safety checks were carried out to ensure people had a safe environment.
- Risks to people's health, safety and well-being were assessed and measures put in place to mitigate or reduce the risks.
- Support plans were in place to guide staff on the actions necessary to prevent situations arising that could result in some people becoming distressed.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place and staff had completed safeguarding training.
- One Relative told us, "[Person's name] is absolutely safe. I have no worries what so ever about the care and support [person] receives."
- The service worked closely with other relevant authorities to protect people from abuse and avoidable harm. One professional told us, "The home is really lovely, I visit regularly and have no concerns at all about any of the people living there, the staff go above and beyond to keep people safe."

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of the people living at the service. People were supported on a wide range of activities both within the house and the wider community.
- An effective recruitment process was followed to ensure suitable staff were employed.

Using medicines safely

- Medicines records were completed accurately. These showed people received the medicines they needed at the correct times and with the correct level of support from trained staff who had their competency checked by senior staff.

- People who received 'as and when required' medicines had clear instructions in place. These were personalised and outcomes were recorded to show if they had been effective for the person.
- The staff team were aware of a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour.

Preventing and controlling infection

- The service had been fully refurbished following our last inspection and was clean, tidy and homely. Weekly environmental checks were undertaken to ensure staff were following good standards cleanliness and hygiene.
- Staff supported people to maintain the cleanliness in the house.
- Staff had access to disposable gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong

- Effective arrangements were in place to learn lessons when things went wrong.
- Where accidents and incidents had occurred, the provider and registered manager looked for any patterns or trends ensuring any lessons to be learned were shared with the whole staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and social care needs were assessed, and the care and support people received reflected national guidance to achieve the best outcomes.
- Before anyone moved into the house their needs were assessed and introductory visits arranged to ensure compatibility with all other people living in the house.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager monitored DoLS applications to ensure they were submitted on time.
- Staff understood their responsibilities regarding MCA and best interest decisions. We observed staff continually seeking people's permission whilst supporting them.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices.

Staff support: induction, training, skills and experience

- Training and supervision were up to date. Staff told us they felt well supported. One staff member told us, "We have recently had, 'what's the message' training which enhanced our skills and knowledge to identify non-verbal signs of a person becoming anxious, so that we can take quick actions to prevent the person becoming distressed, it was really good training."

- Staff were supportive of each other. One member of staff said, "We all work together, which makes us a good team."

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to be actively involved in planning their meals and were observed taking part in shopping, preparing drinks and snacks.
- Staff promoted a healthy, balanced diet and all meals were freshly homemade.
- Support plans outlined people's preferences and the support they required with their food and drinks. Assessments from speech and language therapists were in place to guide staff where necessary.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.
- All people regularly attended a dentist and had oral hygiene care and support plans in place. One professional told us how the service had acted quickly and arranged a best interest meeting for a person who required urgent dental treatment, to ensure they received the best outcomes.

Adapting service, design, decoration to meet people's needs

- The property was maintained through the provider's tenancy agreement. The house had been fully refurbished following the last inspection.
- When required, staff reported faults with actions taken to ensure the house was safe and comfortable. Appropriate safety checks were undertaken.
- The home had separate living and dining room which allowed people quiet areas. There was extensive safe outside space where people could go to when they were experiencing anxiety or distress.
- Bedrooms were personalised and decorated to each person's individual choice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were observed to be happy in the company of staff. Many positive and respectful interactions were seen between staff and people living at the home at the time of inspection.
- One relative told us, "The staff are wonderful, they know [person's name] so well and they are all so professional. They do everything for [person], they meet all of their needs and [person] has an in-depth and really good care plan in place, I'm more than happy with the care they receive."
- One professional told us, "Staff go above and beyond to make sure people are well cared for. They keep me in the loop and are very quick to pick up on any changes to people's needs and let me know. They bend over backwards to be honest."
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- The registered manager monitored staff engagement with people to ensure they were always kind and caring.

Supporting people to express their views and be involved in making decisions about their care

- Care and support plans emphasised people's choice and the support they required to make decisions about their support and the activities they took part in.
- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- Records showed people were involved in all decisions about their care and support. One relative said, "I'm kept up to date on everything that is going on. We have a formal review each year that lasts about half a day and everyone who is involved with [person] attends. In between, if anything changes, staff are straight on the phone to update and involve us."
- People had access to, and received support from, an independent advocacy service to support them with any decision making. One advocate told us, "It's such a lovely place, it's a pleasure to visit. Everyone is so well looked after. I'm kept up to date and know exactly what's going on."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed throughout the inspection ensuring people's right to privacy and dignity was respected and upheld.
- Staff supported people to remain independent. People were respectfully encouraged to do things for

themselves to enhance their independent living skills.

- Confidential information was stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's lifestyle, likes and dislikes, preferences and needs.
- Care and support plans reflected people's choices, wishes, preferences, life aspirations and what was important to them.
- Positive behavioural support plans were in place which provided detailed information on how staff should support people when showing signs of distress and possible triggers to avoid.
- Staff ensured people were supported to access a wide range of local community services and activities to prevent isolation.
- People were supported to use public transport in the area to go on outings to shops, the cinema and the wider community.
- Care and support plans showed people and their legal representatives were fully involved in planning their own support; where changes were needed people were supported with this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans included people's needs such as any specific diets in line with their religion or cultural needs.
- Staff were knowledgeable about people's life histories, care needs, likes and dislikes. They were aware of how people preferred to communicate including people's non-verbal signs of communication.
- The service had a range of information in an accessible format to support people using the service to raise concerns and share their feedback. This included pictorial and easy read complaints records. Records showed people's feedback was sought regularly by the service in different formats for example, house meetings, reviews and during activity planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests, take part in activities that were appropriate to their needs and access a range of activities both within the home and the wider community to prevent isolation. Pictures of trips to football matches and the seaside were displayed in people's bedrooms.

- Staff worked closely with people, their legal representatives and external health and social care professionals to identify people's interests, goals and life aspirations.
- People were supported to maintain relationships with people that were important to them. Relatives and professionals told us how they were warmly welcomed and encouraged to visit the service at any time.

End of life care and support

- The service was not providing any end of life support at the time of our inspection. End of life care plans were in place and clearly recorded people's views and wishes.
- Staff informed us that when required they would work with people, their relatives, legal representatives and other professionals to ensure the person experienced a comfortable, dignified and pain-free death with their end of life wishes respected.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- A robust quality assurance system was in place to review the service and drive improvement. The registered manager had responsibility for ensuring quality monitoring standards within the service were continually developed and improved outcomes for people. This helped to ensure people received a consistent level of support.
- Timely statutory notifications to CQC had been received following any significant events at the service.

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

- The staff demonstrated a commitment throughout this inspection to provide meaningful, good quality, person-centred care that met people's needs in a timely way.
- Staff praised the support from they received from the provider and registered manager.

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; Continuous learning and improving care

- Policies, procedures and best practice guidance were in place to support staff and continually raise standards.
- Monitoring and review systems were in place for each person accessing the service, to ensure their needs were continually being met.

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

- Feedback on the quality of the service was actively sought from people, relatives, staff and healthcare professionals.
- Annual reviews involving people, their legal representatives and other important people in their lives were planned. This gave an opportunity to evaluate the previous year and set new goals for the year ahead.
- Regular house-style meetings took place and all people were asked for feedback on the quality of the service they received. This was undertaken using various accessible communication methods.
- Staff meetings were held regularly and any lessons to be learnt from incidents were discussed.

Working in partnership with others

- The service worked well with a range of external health and social care professionals. Records showed the service had positive working relationships with healthcare professionals and advice or visits were quickly sought for people because of the working relationships the service had built, this resulted in better outcomes for people.