

Real Life Options

Real Life Options - 2-4 Bethecar Road

Inspection report

2-4 Bethecar Road
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Date of inspection visit:
26 July 2023
28 July 2023

Date of publication:
15 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

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 2-4 Bethacar Road is a care home providing accommodation and personal care for up to 6 people who live with learning disabilities, and may have mental health needs, sensory impairments and /or physical disabilities. At the time of the inspection there were 4 people living in the care home.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People received a service that was safe for them to live and staff to work in. The quality of the service was regularly reviewed, and improvements made to ensure people's care and support needs were met. 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.

Right Care

Staff were appropriately recruited, trained, and in sufficient numbers to support people to live safely, whilst enjoying their lives. Identified risks to people and staff were assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff safely administered people's medicines.

Right Culture

The ethos, values, attitudes and behaviours of the registered manager and staff ensured people using services led confident, inclusive and empowered lives. The provider engaged people in the running of the service and had effective systems of audit in place. The provider understood their obligation to be open and honest and promoted a positive culture that achieved good outcomes for people. The provider worked in partnership with other multi- disciplinary professionals.

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 12 April 2022) and there were 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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective 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 requires improvement to good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Real Life Options 2-4 Bethacar Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was effective

Is the service well-led?

Good ●

The service was well-led

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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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

Service and service type

Real Life Options 2-4 Bethecar Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people, 2 family members, 4 support workers and the registered manager. We reviewed 2 people's care records including checks of medicines records and 2 staff files. We reviewed the providers quality monitoring process and other records relevant to the management of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to provide an environment that was always safe, clean and comfortable. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People's care and support was provided in an environment that was always safe, clean, and comfortable. We found the environment and décor was well maintained and renovated in line with people's needs.
- The service prevented visitors from catching and spreading infections. Staff followed a daily cleaning schedule to ensure all areas within the service were regularly cleaned. The registered manager conducted weekly environments spots checks and staff used personal protective equipment (PPE) effectively and safely.
- The service promoted safety through the layout of the premises and repairs were dealt with promptly. The registered manager had a programme of renovations in place.
- All relevant staff had completed infection control and food hygiene training and followed correct procedures for preparing and storing food.

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. The service worked well with other agencies to do so.
- One family member told us, "Knowing that [relative] is safe there, that's what makes me happy."
- A member of staff said, "I have had safeguarding training, some forms of abuse are financial, physical and neglect. I would inform my manager and we might need to involve the police if it was very serious. We would contact the CQC and the local authority safeguarding team."
- Safeguarding was regularly discussed at staff supervisions and team meetings. Helpful literature and posters were also displayed at the service to provide reminders to people and staff on how to report safeguarding matters.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.

- Support plans had detailed risk assessments in place. One staff member told us, "We risk assess everything with the people we support, from bathing, walking, going outside in the community, eating and their finances."
- During the inspection we saw the environmental checks were up to date and certificates were in place such as, legionella's, fire safety and electrical testing.
- The registered manager reviewed health and safety in the service on a weekly basis to pick up any areas of concern.

Staffing and recruitment

- The service had enough skilled staff which matched the needs of the people using the service.
- One family member told us, "It's so important that my [relative] has people who know and understand what [relative] likes and dislikes."
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager attended weekly service recruitment meetings where they could discuss up and coming vacancies, how new staff were progressing in their inductions and future interviews.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People had up to date medication profiles included in their support plans. These specified areas such as how and where medicines were administered, the support needed and personal preferences on how they took them.
- The registered manager conducted monthly medication audits as part of the quality assurance process to pick up any errors and to ensure staff were administering medicines safely.

Visiting in care homes

- The service followed government guidance so that people could receive visitors safely.
- One family member told us, "I visit my [relative] every week," and another said, "I like to go there in person to see, as far as things go, I have peace of mind."
- There were no restrictions on visitors and we observed family members visiting the service during our inspection.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well.
- Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned at debriefs and staff meetings.

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 our last inspection we rated this key question good. The rating for 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 care, and support needs were assessed before they moved into the home. An electronic care planning system was in place to assess and document people's needs, choices and wishes. Assessments covered aspects of people's physical, emotional and mental well-being.
- People and their relatives were involved in the development and review of their support plans. Involvement from health and social care professionals was also documented.
- One person told us, "I have a keyworker and have all the support I need with things like laundry, cooking, cleaning, medication and going out in the community."
- A family member told us, "I attend every person-centred planning meeting. Any meetings and I am there because I need to know, and I want to be there."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training.
- Staff completed an induction when joining the service. This comprised of face-to-face training, e-learning, shadowing experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme].
- Staff received support in the form of supervision, appraisal and one to one meeting from the registered manager. The registered manager also checked staff's competency to ensure they understood and applied training and best practice.
- There was a training plan in place. Staff had completed all the mandatory training. Systems in place automatically alerted both staff and the registered manager when training needed to be renewed.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in regular meetings to plan and choose their meals and were encouraged to eat healthily.
- One family member told us, "The food is fantastic, and the staff will prepare anything they like to eat. They eat really well, and they ask them what they would like to eat."
- People were able to eat and drink in line with their cultural preferences, beliefs and dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were encouraged to be active. One person told us, "The staff support me to go out for a walk every day and I have lost a few stone since I have been here, which I needed to do and feel much better for it."
- A family member told us, "Staff were very quick at contacting the GP when [relative] wasn't well a while back. They [staff] responded quickly and were concerned about getting [relative] better."
- People's support plans showed the involvement of healthcare professionals, including; dentist, podiatrists, neurologists and opticians.

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

- People's care and support was provided in a safe, clean and well-maintained environment which met people's sensory and physical needs.
- One family member told us, "Last year [relative] chose the colour for their room. The home had new curtains and some areas redecorated. [Relative] was happy with that." Another said, "To [relative] it's their home and I think it's got a cosy homely feel."
- One person living with mobility needs had a ground floor bedroom, an adapted shower and were able to use a ramp to access the service.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had individualised mental capacity assessments in place, and it was clear what decisions people could make for themselves. Where people were unable to make a specific decision, we saw evidence that best interest decisions had been made with the involvement of relevant people.
- One family member told us, "The staff listen to the individuals and if they don't want to do something they go with the flow and suggest other things," another said, "The staff know how to support my [relative] when they have low and high moments."
- Care staff had received training in the MCA and understood how to support people in line with the act.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 there was suitable oversight of the service and had not been effective in identifying the shortfalls. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider had a quality assurance system in place, to ensure that the quality of care was monitored on a regular basis. Audits such as medicine, health and safety, infection control, finance checks, support plans and staff files, were carried out regularly and action plans showed actions and outcomes recorded.
- One family member told us, "The staff are all very good, they don't let a single thing go, they are on it straight away, they know what they are doing."
- The registered manager encouraged staff to take on champion roles to oversee areas of the service such as, infection control and cleaning, health and safety and medicines.

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

- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- One person told us, "I know the manager and feel that if I had any concerns as well as speaking to the staff, I could approach the manager with any issues."
- Staff told us they felt supported, listened to, and valued by senior managers. One staff member said, "I know I can always speak to [registered manager] and [service manager]. They are always there to listen to us and support us."
- Outcomes for people were documented and staff understood how to support people to achieve their goals. Management and staff put people's needs and wishes at the heart of everything they did.

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

- The registered manager had a clear understanding of their responsibilities to report under the duty of candour.
- The registered manager was aware of their responsibility to notify other organisations, including local authorities and CQC of certain events which affected the service and/or people using the service and also actions taken to help prevent a recurrence.
- The registered manager saw learning and improvement as a continuous process. Improvements were achieved through rigorous audits, regular spot checks to make sure staff upheld the provider's values and always provided a safe and person-centred service.

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

- The provider involved people, family members and staff in the service through feedback and a survey which had been sent out to get people's views on the service.
- One family member told us, "Staff speak to the residents, and they ask them where they want to go, they make suggestions, and the staff take them to the places they want to go."
- People had regular key worker sessions, these were recorded, and decisions were made in people's best interest.
- The provider considered people's protected characteristics when providing care for example, support plans included details about people's background including the person's culture and religious needs.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing.
- The provider was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.