

## Real Life Options

# Real Life Options - 18 Bisley Drive

### Inspection report

18 Bisley Drive  
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11 April 2023

26 April 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Real Life Options-18, Bisley Drive is a residential care home providing accommodation and personal care to up to 7 people with a learning disability or Autism Spectrum condition. The service provides short term, respite care. At the time of our inspection there were 4 people using the service.

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.

### 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 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 service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care was completely centred and tailored to each individual. A relative commented, "[Name] likes going out and about, but staff will respect whatever [Name] wants to do, even if that means some private time."

Risk assessments were in place. They identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks, including positive risk taking. Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely and consistent way. A relative commented, "Staff are friendly and professional, they do care about the people. They have formed a relationship with us as family members. The staff are regular and the continuity helps."

Systems were in place for people to receive their medicines in a safe way. Staff were encouraged to continue their professional development in order to progress and provide the best outcomes for people. Staff demonstrated that they really understood the importance and benefits of providing person-centred care. The service was following safe infection prevention and control procedures to keep people safe.

### Right Care

The staff team supported some people with complex needs. People's diversity as unique individuals with their own needs was well-respected by staff. The staff team knew people extremely well and provided support discreetly and with compassion. People's privacy was respected, and people were supported to maintain contact with relatives and friends. There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs and enhance their quality of life.

Everyone complimented and highly praised the staff team. Comments from relatives included, "Staff are all spot on, they are all great" and "It's fabulous, they are brilliant staff there. I could go on all week, to tell you how much I love that service. It's just a fantastic place, I can't find anything wrong with them. I could go there myself for a holiday. I know [Name] is being really well looked after." People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their dreams and aspirations. A relative said, "[Name] is probably out nearly every day when they're there, they have a better social life than I have."

#### Right Culture

Real Life Options-18, Bisley Drive was exceptionally well led. The provider's vision and values were truly person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager and management team. There was a positive atmosphere at the service. Staff spoke very positively about working at the service and the people they cared for. Staff said the management team were very approachable and they were supported in their role. There was a very strong and effective governance system in place. People, relatives and staff were very confident about approaching the management team if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. Strong processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 19 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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-18, Bisley Drive on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 remained good. This is based on the findings at this inspection.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Real Life Options - 18 Bisley Drive

## **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 and 1 Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone

#### Service and service type

Real Life Options-18,Bisley Drive 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-18,Bisley Drive is a care home without nursing care. 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.

Inspection activity started on 11 April 2023 and ended on 26 April 2023. We visited the service on 11 April 2023.

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 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. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 4 people who used the service and 18 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 7 members of staff including the registered manager, service lead and 5 support workers. We received feedback from 5 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were trained in safeguarding and understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- People and staff said they were kept safe. One relative told us, "[Name] is very safe because staff communicate with me and ring in advance to discuss [Name]'s care needs before they stay at 18, Bisley Drive. They let us know what [Name]'s done when they've been there. I feel like they are looking after [Name] properly."

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate any identified risks. A relative said, "Staff are very particular about issues, medicines and bits like that. I know with all the pre-stay checks I feel confident they are very respectful of safety."
- Care plans contained explanations of the measures staff would follow to keep people safe, including where people may be at risk of self-harm.
- The building was well-maintained. Regular checks took place to ensure people were kept safe.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, to look for trends, enabling any safety concerns to be acted upon. There was evidence of reflective practice to prevent repeat occurrences.
- Safety issues were discussed with staff at national and local level to raise awareness of complying with standards and safe working practices.

Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe and person-centred support.
- People said there were enough staff. A relative commented, "I know they have always had a full team in there, they have a good squad. I do think they've got enough staff there" and "They always seem to be well staffed, there are always staff to take people out. [Name] is quite confident talking to them all."
- There was a long-standing staff team, but any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. A relative told us, "We have talked to [Name] about the DoLS and they are aware that somebody has to be with them when they go out. [Name] has said they would rather that happened, so that is okay."
- Staff understood and followed the principles of the MCA and Mental Health Act. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

#### Using medicines safely

- Medicines were managed safely.
- Medicine administration records assured us medicines were given as prescribed. One relative commented, "Staff give [Name] their medication. There aren't any problems."
- Medicines risk assessments were in place, with medicines care plans that were detailed and person specific. A relative told us, "All information about medicines is covered by the pre-checks, where staff ask if there have been any changes in [Name]'s medicines and their prescription."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. A relative commented, "Staff wear PPE and the building is clean."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting, the service had been closed during the pandemic. The registered manager followed government guidance with regard to visiting during an outbreak of infection.



# 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 good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was exceptionally well-led. People were at the heart of the service. The ethos of person-centred support and enablement was intrinsic within the organisation and the belief that people had a right to live a fulfilled life and be supported to achieve their potential. A relative told us, "They [staff] do focus on what they say and what they do around each individual. They are not going to treat everybody the same, they are treated as individuals and they take them out to different places according to what they like doing, I really like that."
- An exceptionally motivated and enthusiastic staff team was in place. This was led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. A professional commented, "We work closely with Bisley Drive. Recently one person moved in as an emergency and staff have worked with [Name] to turn their life around, they have become more independent." A relative told us, "[Name] washes dishes, they do a lot more than when at home, but they are tidying their things away here now too."
- There were examples of significant improvements to the well-being of people due to the person-centred care they received. Care professionals and relatives praised the staff for their person-centred approach. A relative said, "I was worried about [Name] moving from the children's services into adult services. [Name] absolutely loves it. When they went to previous place [Name] used to cry, but now they actually ask when they're going to Bisley, that's how I know they [staff] are doing something right. I told the staff at the place it is too good to be true" and "They [staff] have helped [Name]'s confidence. They have become more outgoing." A professional told us, "I can speak very positively of the support that is provided and how the management team help with transition plans for the people that access here. I feel the team have great knowledge of how to support and promote people's independence skills."

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

- People were continually engaged with, to check their well-being and to obtain their feedback. The provider and registered manager had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Regular surveys and forums were available for people, relatives and staff to collect their views. A relative commented, "We do get questionnaires quite regularly, I have filled them in before and sent them back. I assume that they will work on whatever has come back to them, but I am 100% fine with the care."
- Great care was taken to ensure that people were encouraged to make choices about their day to day lives.

This included using communication practices to help people make choices and express their views and communicate. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves.

- There were excellent links with the local community. People were kept very well-informed about events in the service and initiatives in the community. The service and organisation also gave back to the community through various charity initiatives which benefited people who used the service and the local community.

#### Continuous learning and improving care

- Strategically the organisation was dynamic and innovative and ensured it kept up-to-date with best practice with regard to developing staff and ensuring people's needs were met. The organisation worked with the British Institute of Learning Disabilities (BILD) developing the Positive Behaviour Support programme (PBS). A professional commented, "The person-centredness, homeliness, the rapport with the supported people, the fact that they are treated as equals, such a good example of high-quality support and the benefits of helping people participate and live an ordinary life, Real Life options should be very proud."

- There was a strong focus at a local and national level on continuous learning and improvement to ensure people's needs could be met. For example, the organisation was involved in a research project, a cross sector study of the impact of Covid-19 on mortality in supported living settings and registered care homes for people with learning disabilities.

- The provider was passionate about ensuring all staff, regardless of their role, had the opportunity to develop their skills. An academy had been established with the aim of empowering staff teams to look at new and alternative approaches to help people lead a fulfilled life. Funding was available for staff who wished to apply for a bursary to study for a qualification at degree level.

- People's and staff successes were celebrated at the organisations' annual award ceremony, that recognises and rewards outstanding individuals across the organisation, staff and the people supported. Nominations were made to reward people's and staff achievements and their contributions.

#### Working in partnership with others

- The registered manager and management team had grown their networks with partnership agencies and charities, they worked in an extremely collaborative way. A range of professionals described the excellent working relationships the staff had promoted for the benefit of people who used the service.

- There were several examples of very positive outcomes for people, where at a national level and local level staff had worked in partnership with other agencies to enable people to enjoy a better quality of life. A professional told us, "Staff work closely with us to ensure the same procedures are being followed to ensure [Name] is kept at the centre of the support they receive. There is good joint working with us and the other organisations that support [Name] and other people that stay at Bisley Drive."

- The organisation was a caring and supportive organisation that had introduced initiatives and support groups for staff, relatives and the local community to help ensure their well-being. This included a counselling service for staff and the availability of mental health awareness sessions for staff, relatives and the local community. There was a relative forum that provided advice and support.

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

- The ethos, vision and values of the service were led by the provider and registered manager. All people, relatives and staff told us the registered manager and management team were very approachable.

- Several staff said they had worked at the service for years and "loved" coming to work. Their comments included, "Bisley Drive is a lovely place to work. Our service lead goes above and beyond for our service, service users and staff. All the hard work, communication and support we have is amazing" and, "The staff

work well as a team with good leadership from management, who communicate well with the staff about any changes or updates."

- Staff shared the vision of the organisation and service to provide person-centred care and to put people first. All people and professionals commented very positively about the support provided. One relative told us, "Staff listen to [Name] and they take their time listening, they have all the patience in the world, they are really good, we can't praise them enough."
- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision.
- The provider had robust procedures in place regarding reporting and learning from when things went wrong.
- The registered manager was aware of their responsibilities regarding the Duty of Candour.