Real Life Options

Real Life Options - 96 Harrowdene Road

Inspection report

96 Harrowdene Road
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Date of inspection visit:
18 April 2017

Date of publication:
26 May 2017

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

The unannounced inspection of Real Life Options- 96 Harrowdene Road took place on the 18 April 2017.

At our last comprehensive inspection on 11 December 2014 the service was in breach of one regulation which related to the management and administration of medicines. On 26 October we carried out a focused inspection to check the provider had followed their improvement plan and found they had met the legal requirements regarding the management and administration of medicines.

Real Life Options- 96 Harrowdene Road is registered to provide accommodation and personal care for six people. The home provides care and support for people with learning disabilities who may have additional physical needs. On the day of our visit there were five people living in the home. Public transport and a range of shops are within walking distance of the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who knew their needs well including people's individual ways of communicating. We saw staff engage with people in friendly and respectful manner. People had the opportunity to participate in a range of activities.

Staff respected people's privacy and dignity and understood the importance of confidentiality. People were provided with the support they needed to maintain links with their family and friends.

There were procedures for safeguarding people. Staff understood how to respond to complaints and possible abuse. They knew how to raise any concerns about people's safety so people were protected.

People's individual needs and risks were identified and managed as part of their care plan so the likelihood of harm was minimised. Accidents and incidents were addressed appropriately.

Staff were appropriately recruited and supported so people were provided with the individualised care and support that they needed. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times to meet the needs of people using the service.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People's dietary needs and preferences were supported, and they were encouraged to choose what they wanted to eat and drink.

People were encouraged and supported to make decisions for themselves whenever possible. Staff understood the importance of ensuring people agreed to the care and support they received. Staff knew when to involve others to help people make important decisions. Staff were aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

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. Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to minimise the risk of people being harmed.

Medicines were managed and administered to people safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times.

Is the service effective?

Good

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a range of meals and refreshments, and were provided with the support they needed with eating and drinking. People were encouraged to make choices about what they wanted to eat and drink.

People benefitted from having access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. Staff were approachable and provided people with the care and support they needed in a respectful, friendly and considerate manner.

Staff understood people's individual needs well and respected their right to privacy.

People's well-being and their relationships with those important

to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about people's individual care needs and preferences and responded appropriately when people's needs changed.

People were supported to take part in a range of recreational activities.

Relatives told us they felt comfortable raising any comments or concerns that they had about the service, which they were confident would be addressed. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. The management of the home was open and inclusive. People's relatives who had contact with the service spoke positively about the registered manager and the way the home was run.

Staff informed us the registered manager and team co-ordinator were approachable, listened to them and kept them updated about the service and of any changes.

There were a range of processes in place to monitor and improve the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection.

Although we spoke with all the people using the service, most people due to their needs communicated mainly by gestures, signing and behaviour and were not able to tell us about their experience of living in the home. To gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with, the registered manager, team co-ordinator, and three care workers. We also spoke with a healthcare professional. Following the inspection we spoke with the area manager and two relatives of people using the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of five people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

A person using the service told us that they felt safe living in the home. Another person smiled when we asked them if they felt safe. Relatives of people told us they felt people were safe and said they did not worry about people's day to day safety. They told us they would inform staff if they had concerns about people's well-being. A person's relative told us, "[Person] is safe."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of any poor practice from other staff. A safeguarding policy was displayed in picture and written format so it was more accessible to people who did not read. There were details of a whistleblowing 'hotline' displayed. Staff knew about whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to management staff and were confident that any safeguarding concerns would be addressed appropriately by them. However, two staff needed prompting before they told us they could report abuse to the local safeguarding team, CQC and the police if no action was taken by management staff. The team co-ordinator told us she would make sure staff were reminded of this, and said she would make sure the details of the host local authority safeguarding team were prominently displayed.

People received a range of support with the management of their finances. Guidance was in place to ensure people's monies were managed safely and appropriately. The area manager told us the provider was in the process of developing a regional 'management of people's monies' policy which they told us would be more specific in meeting the needs of the services provided by the provider's care homes. Staff knew that they were only permitted to use the service's petty cash for refreshments. We checked three people's monies and saw appropriate records were maintained of people's income and expenditure and found these showed people were paying only for their own purchases. Records showed that senior staff frequently checked the handling and management of people's monies which were also regularly checked by auditors that were not employed in the home which reduced the risk of financial abuse.

The individual support people needed with their finances was described in each person's care plan. However, the care plans did not include clear details about people paying only for their own purchases or information about when financial decisions might need to be made by people's relatives and others in a person's best interest. The team co-ordinator told us they would ensure that this information was included in people's care plan. Following the inspection the registered manager told us that they had ensured that each person had a financial risk assessment and they would make sure people's financial care plans were reviewed and updated.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. People's risk assessments were personalised and included risk management plans in a selection of areas including; choking, behaviour, falls, and moving and handling.

There were various health and safety checks and risk assessments carried out to make sure the premises

and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included regular checks of the, fire safety, gas and electric systems. Risk assessments regarding the safe use of cleaning products were available. Staff had signed that they had read the most recent health and safety risk assessment of the service. Accidents and incidents were recorded and addressed appropriately.

A fire evacuation procedure was displayed. An up to date fire safety risk assessment and emergency plan were accessible. Fire drills took place regularly to make sure staff and people using the service were aware of the fire evacuation procedures. The team co-ordinator told us that they would ensure an emergency plan was developed that included guidance about how staff should respond in the event of other emergencies such as gas leaks.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Staff told us they felt there were enough staff on duty to meet people's needs. They told us that staffing levels were adjusted to make sure people received the support they needed to take part in a range of activities and to appointments. We found during the inspection that staff were available when people needed assistance. Staff also had time to engage with people and spend one-to-one time with them. A member of staff supported a person to take part in a community activity. The person told us they had enjoyed the outing with the member of staff.

People's medicines were stored securely. A medicines' policy which included procedures for the safe handling of medicines was available. Records of medicines received by the home and returned to the pharmacist were maintained. People had a specific care plan relating to the management and administration of their medicines. The medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed.

Staff administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this. We found there were accessible information leaflets about people's medicines and staff also had access to an up to date pharmaceutical reference book and a computer where they could look up medicines they were not familiar with.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons. Housekeeping duties were carried out by care staff. A person's relative told us they always found the home to be clean when they visited. Guidance about the importance of washing hands to minimise the spread of infection was displayed.

The service's arrangements for food safety had been inspected by the local authority in January 2017, which had given the service a food and hygiene rating of very good.

Good

Is the service effective?

Our findings

Staff were seen to respond to people's individual needs in manner that indicated they had a good understanding of people's varied and complex needs. A person using the service told us they were happy with the care and support they received from staff, who they said were kind to them. Relatives provided us with positive feedback about the staff. They told us they felt staff understood people's needs well. One person's relative commented "They [staff] are very friendly; they know [Person] very well."

Staff spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about people's varied needs, and told us about the care they assisted people with. A member of staff informed us that the staff team worked well together commented "We all care."

Staff told us that when they started working in the home they had received an induction, which included learning about the organisation, and the service. Staff shadowed more experienced staff during their induction to gain knowledge and understanding of their role. A member of staff told us they had 'shadowed' other staff for several shifts when they started working in the home. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. Staff had their competency assessed before they assisted people with personal care unsupervised. The team co-ordinator told us that new care staff completed the Care Certificate induction which is the benchmark for the induction of new care workers as well as the service induction.

Staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, first aid, safeguarding people, fire safety, food and hygiene, health and safety and medicines. Staff had also received training in other relevant areas including; epilepsy awareness, fluids and nutrition, medicine competency, and dementia. A staff member told us they were confident that if they requested specific training in an area to do with the service it would be provided. Another member of staff commented "When I need training I can get it."

Staff had also completed vocational qualifications in health and social care which were relevant to their roles. Relatives of people told us they felt staff were competent and understood people's needs.

Staff told us they felt well supported by the registered manager and team co-ordinator, and received one-to-one supervision with them to discuss their progress and the needs of people using the service. Records showed a range of matters to do with the service were discussed during staff supervision and staff meetings. Topics discussed included; complaints, training, team work, management support, key working, and people using the service. The care co-ordinator told us several staff had not been employed much more than a year but would ensure that the annual appraisal of staff's performance would be completed without delay.

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. A person's care plan showed a decision had been made in the person's best interest to do with their end of life plan. A person's relative told us they had been fully involved in making a particular decision in a person's best interest. A person's relative told us "They [staff] involve me in all decisions including major decisions about person."

Staff told us they ensured they explained to the person the care and support they were planning to assist them with and that they always ensured they sought the person's consent before providing any care. Staff spoke of the various ways they communicated with people so they understood the care they were being provided with. They told us people were able to tell them or indicate to them by gestures, behaviour and sound if they did or did not want to do something. A member of staff told us "I explain each task to the person and ask them if it is okay to help them, if they indicate no, I leave them for a few minutes and ask them again."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with and the manager knew about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Where assessment showed people were potentially receiving care that restricted their liberty these people had an authorised DoLS in place.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People received health checks and had access to a range of health professionals including; GPs, chiropodists, and opticians to make sure they received effective healthcare and treatment. During the inspection a health care professional visited the home following a request from staff to assess a person's particular health needs that had recently changed.

Pictures of food were also available to support people with choosing meals. We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. On the day of the inspection a person told us they had enjoyed their cooked breakfast. During the inspection a range of fresh fruit was available for people. Snacks were available at any time and people were regularly offered a variety of drinks.

Staff had knowledge and understanding of people's individual nutritional needs including particular dietary needs and personal food preferences. Staff told us how they supported people with their specific dietary requirements including those who needed a soft diet due to risk of choking. They were aware of the importance of following the advice of the speech and language therapy (SALT).

People were provided with the support they needed with their meals by care workers who provided this assistance in a positive and sensitive manner. The food people ate was recorded to check that people received the nutrition they needed, and people's weight was monitored closely. Staff knew to report significant changes in people's weight to the registered manager and to make an appointment with a doctor if needed.

The ground floor of the premises and garden were suitable for people who were wheelchair users. A person kindly showed us their bedroom and indicated through facial expressions and sounds that they were happy

with their room. A member of staff told us the room had been decorated in the person's chosen colour. People's bedrooms contained personal items including photographs of family members and other personal possessions.

Some areas of the environment including the paintwork in bathrooms were tired looking and the environment lacked signage [apart from names on people's bedroom doors] that could enhance people's orientation. The team co-ordinator told us they would take steps to improve the signage in the home. Staff informed about some recent refurbishment and redecoration of some areas of the service. This included a new carpet in the lounge and the redecoration of a person's bedroom. The team co-ordinator told us there were plans to refurbish; a bathroom facility and some other communal areas of the home. We found that the conservatory did not have any blinds to prevent it days from becoming uncomfortably hot for people during sunny warm days. The team co-ordinator told us there were plans to put these in place. A development plan for the service confirmed this.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and respectful way. A person using the service told us they were happy living in the home and staff were kind. People's relatives spoke highly of the staff and told us they thought staff knew people well and were caring. A person's relative told us "They [staff] are very respectful."

From observation and talking with staff we found that staff had a good rapport with people and understood their varied and often complex needs. Staff spoke about the range of ways they communicated with people who did not speak or spoke only a few words. A person using the service showed us a book which included a range of pictures and signs of objects and activities that helped them communicate with staff. Staff told us people understood most of what they said to them and indicated their choices and other decisions by their behaviour, signs and sounds. During the inspection we heard and saw care workers offer people choices and respected the decisions people made, such as what they wanted to eat and drink.

Peoples' care plans included information about the signs people used to communicate with staff and others. For example, a person's care plan included information that they pointed to their right elbow when they wanted a biscuit. A person confirmed they were involved in decisions about their care and was happy with the care they received. Staff encouraged and praised people frequently during the inspection.

Staff spoke with people in a friendly manner and provided them with assistance when this was wanted and/or needed. Each person had a written profile which included information about their background, their preferences, routines and details of how they wanted to be supported by staff. For example a person's profile contained details of the person's weekday morning routine and included guidance for staff to follow each morning. The guidance included 'Allow me to wake up gradually, give at least twenty minutes before a second wakeup call by which time [Person] will be sitting on the bed ready' [for support].' Staff told us that through observation, talking with people's relatives and other staff, and by reading people's care plans, they had gained an understanding of people's needs when they started working in the home.

Information about promoting people's privacy and dignity was displayed. The privacy and dignity of people was supported by the approach of staff. Staff asked people's permission before entering their room. A person's relative told us that when they visited the service at all times of the day a person was always dressed well. We saw that staff were respectful of people's privacy when they were talking with people or to other members of staff about people's care needs. People were free to spend time in their room rather than communal areas if they wished to do so. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

People's independence was supported. People's care plans included information about supporting people to complete everyday living activities such as making their own bed, putting their washing away and choosing their own clothes. We saw people took their cups to the kitchen after they had a drink.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People's relatives were free to visit whenever people wanted them to and relatives we spoke with said they felt welcomed. Relatives told us staff were approachable and friendly and engaged in a respectful and positive manner with people. Records showed that a person was supported by staff to regularly telephone their relative. A relative told us that staff had provided a person with the support they needed to attend a recent significant family event. The service supported a person to regularly visit their family. Staff told us there was good communication with people's families, which people's relatives confirmed.

Staff and a person using the confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. Staff told us that person attended a place of worship with their family. A person's relative spoke of the forthcoming arrangements for the celebration of a person's significant birthday.

The service had an equality and diversity policy. Staff supervision records showed that equality, diversity human rights and respect had been discussed with staff. A member of staff spoke the same first language as a person using the service, which was significant as the person spoke little English. The service had ensured a list of commonly used words in the person's language were available for staff to refer to so they were able to communicate with the person as well. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. They told us about how they ensured a person's religious dietary needs were met by the service.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's individual needs and kept them informed about people's progress, health appointments and of any changes in their needs. Relatives and people's records informed us that staff were responsive in taking appropriate action including contacting health professionals and making health appointments for people when this was needed. A person's relative told us they had recently been informed about a person's forthcoming hospital appointment. During the inspection a staff member contacted a specialist health professional to ask them to visit a person due to a significant change in the person's needs. A person's relative told us "They keep me up to date and go out of their way to care for [Person]."

People's needs were assessed with their participation and when applicable their family and health and social care professionals involvement, prior to them moving into the home. Care plans were developed from people's assessment information which identified the support people needed with their care and other aspects of their lives. Staff told us that a person who had recently moved into the home was in the process of having a care plan developed. The care plans we looked included information about each person's health, support and care needs, what was important to them, their preferences, abilities and religious and cultural needs.

People's care plans included information about the care and support people needed and how this should be provided. Staff we spoke with were knowledgeable about the guidance they needed to follow to meet people's individual needs such as any particular care needs. For example a person's care plan included information about the likely reasons why a person sometimes became agitated and included guidance about how staff should respond when this occurred. Care plans were updated regularly and when people's needs altered such as when there were changes in people's behaviour or health. A person's relative told us they were invited to a person's care plan review meetings and felt fully involved in the person's care.

The team co-ordinator told us they were in the process of developing people's care plans into a more person centred format that included care plan information that was easily accessible to staff. We saw that these new care plans had been partially completed.

People had an information sheet detailing their needs, which they took with them when they needed to go to hospital or access another service. We noted that staff gathered a range of information about a person before accompanying them to hospital during the inspection. This included care plan information, details of prescribed medicines, GP contact details and other relevant information. This information assisted in promoting good communication with staff from other services about people's needs so staff in other services could provide people with the service they wanted and needed.

Staff told us and people's care records showed that people's needs were monitored closely on a day to day basis and during the night. Staff had a 'handover' prior to each working shift when they shared information about people's needs to ensure people received the care and support they needed at all times. A member of staff told us there was very good communication between the staff team and they updated each other

about people's progress throughout each shift.

People had a key worker. A key worker is a member of staff allocated to a person to offer them support, advice and promote a good quality of life. A member of staff told us about their key worker role in supporting a person using the service which included making health appointments, supporting a person with purchasing toiletries, reviewing the person's care plan and supporting the person to maintain and develop their relationship with their family.

People were offered a range of social activities in-house or in the community. People's activity preferences were recorded in their care plan and each person had an individual activity plan. Most people attended the provider's day resource centre where they participated in a range of activities including, baking, sing-a-long and aromatherapy. People indicated by gestures and behaviour they were happy to attend the centre. A person nodded and smiled when we asked if they had friends at the centre and enjoyed going to it. Staff told us about the other opportunities people had to take part in other activities, which included; walks in the park, shopping and a range of outings. The service has access to a vehicle to enable people with mobility needs to access community facilities.

The service had a complaints policy and procedure for responding to and managing complaints. This was in picture and written format so it was more accessible to people who were unable to read. Relatives told us if they had an issue or concern they were happy to raise these with staff who they were confident would respond appropriately.

Staff knew they needed to take all complaints seriously and report them to the registered manager. No complaints had been received during the previous 12 month period.

Good

Is the service well-led?

Our findings

People's relatives spoke in a positive manner about the home and the way it was managed. They told us the registered manager was approachable and could be contacted at any time and would always arrange to meet with them. A relative commented "I visit at all different times; [Person] is always well presented. I am very happy; I can't fault it [the service]."

The service has a clear management structure, which consisted of the registered manager who directed the management of this service as well as two other small care services and a day centre with support from a team co-ordinator. We heard and saw the registered manager and team co-ordinator engaged in a positive manner with people using the service and staff. The registered manager and team co-ordinator provided an on-call system so there were senior staff available at all times to provide staff with advice and support.

An area manager visited the home regularly and provided operational support to the registered manager. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager. Where incidents had occurred; detailed records had been completed and retained at the service. Our records told us that appropriate notifications were made to the Care Quality Commission as legally required in a timely way.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Records showed best practice and other matters such as; policies, team work, security, activities, record keeping and staff training were discussed during team meetings. The staff communication book showed staff communicated well with each other about all aspects of the service.

People's relatives told us they had been asked for their feedback about the service. A person's relative told us that they had recently received a questionnaire and would be completing it soon.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation had a culture of openness and liaison with health and social care professionals. A health professional spoke in a positive manner about their experience of the service.

Details about policies and procedures were included in the staff handbook. Staff had a range of designated responsibilities for carrying out checks to monitor the quality of the service. These included reviewing people's care plans, completing fire safety checks, medicines checks, health and safety, hot water checks and daily checks of the cleanliness of the kitchen, environment, and fridge/freezer temperatures. Health and safety checks included checks that window restrictors were in good condition.

The registered manager carried out monthly checks of a range of aspects of the service. These included checks of people's support plans, staff personnel files, health and safety checks and other records. Areas for improvement were identified and addressed.

Quality checks of the service were also carried out by the provider's 'Continuous improvement team' these included checking the service by asking the same five questions that CQC ask when we inspected services which are whether the service; safe; effective, caring, responsive and well-led. They rated the service in the area check and developed an action plan for the registered manager to address any shortfalls found. We found that the registered manager had taken steps to address the deficiencies found during the last check by the Continuous improvement team.

The chief executive director of operations and area manager visited the service regularly to communicate updates about the provider and to be available to discuss any issues to do with the service. The chief executive director of operations visited the service on the day following our inspection visit.

The service had a development plan to do with planned refurbishment improvements to the service. The plan included timescales for completion of the tasks.