Real Life Options

Real Life Options - 90 Capel Gardens

Inspection report

90 Capel Gardens
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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

The inspection of Real Life Options - 90 Capel Gardens took place on 5 December 2018 and was unannounced.

Real Life Options - 90 Capel Gardens is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Real Life Options - 90 Capel Gardens provides care and support for up to six people who have learning disabilities, some of whom live with mental health conditions and may have sensory impairments. At the time of our inspection five people were using the service. Public transport and a range of shops and other amenities are located close to the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support (RRS) and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager who had recently left the service. A registered manager is a person who has registered with the 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. At the time of the inspection the service was being managed by an interim manager. The provider was in the process of recruiting a permanent manager who would apply to register with us.

At our previous comprehensive inspection on the 12 July 2016 we rated the service 'Requires Improvement' in the area of Safe. This was because we identified one breach of legal requirement as arrangements for looking after people's money did not ensure that they were protected from the risk of financial abuse. During a follow-up focused unannounced inspection on the 22 November 2016 we found that the provider had taken action to minimise the risk of financial abuse and therefore had addressed our concerns. Whilst improvements had been made, we did not revise the rating for the key question Safe, because to improve the rating to Good we required a longer-term track record of consistent good practice.

During this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014, and we rated the service overall as Good.

Staff were knowledgeable about people's needs and engaged with them in a respectful, sensitive and encouraging manner. Staff had a caring approach to their work and understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights.

People's relatives told us that they felt people using the service received the care that they needed, were safe and happy living in the home.

People's care plans were up to date and personalised. They included details about people's individual needs and preferences, and guidance for staff to follow so people received the care and support that they needed and wanted.

People had the opportunity to take part in a range of activities that met their interests and needs.

Staff recruitment procedures supported the employment by the service of suitable staff with appropriate skills and abilities to carry out their roles. Staffing levels were flexible so that people received the care and support that they needed.

Staff received the training and support that they required to carry out their roles in meeting people's individual needs and supporting their independence.

People's medicines were managed safely. Staff liaised with healthcare and social care professionals to ensure that people's health, medical and care needs were met by the service.

People using the service were supported and encouraged to choose their meals. Their dietary needs and preferences were accommodated by the service.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's relatives knew how to raise a complaint and were confident that any concerns would be addressed.

Arrangements to monitor and improve the quality of the service were in place.

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.

Risks to people were identified and measures were in place to reduce them and keep people safe.

Staff were knowledgeable about their responsibilities to safeguard people. They knew that they needed to report suspected abuse.

Arrangements to manage and administer people's medicines safely were in place.

Is the service effective?

Good

The service was effective.

People's dietary needs and preferences were understood and accommodated by the service.

People received support from staff who were competent in carrying out their roles and responsibilities.

People were supported to access healthcare services so that their health and medical needs were met.

Staff supported people to have choice and control of their lives as far as they were able to do so. People were supported in the least restrictive way possible and policies supported this practice.

The premises were accessible to each person using the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness from staff who knew them well and understood their individual needs.

Staff protected people's privacy and supported them sensitively with their care needs.

Staff supported people to be as actively involved as possible in decisions about their care.

Relationships with those important to people were supported by the service.

Is the service responsive?

Good

The service was responsive

Staff understood people's individual communication needs and provided people with personalised care and support.

Arrangements were in place to ensure the service was responsive to changes in people's needs.

People had the opportunity to take part in a range of activities that met their preferences and minimised risk of social isolation.

People's relatives knew how to raise concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The interim manager ensured that the service was open and inclusive. Staff were provided with the support and direction that they needed to meet the needs of people using the service.

Staff worked well together as a team and care was organised flexibly around people's individual needs.

There were processes in place to assess and monitor the quality of the service, and to drive improvement.

Real Life Options - 90 Capel Gardens

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 was planned to check 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.

This comprehensive inspection took place on 5 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return (PIR) which had been completed by the previous manager in 2017. Following the inspection, we viewed an up to date PIR that had been completed comprehensively by the regional head of operations. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People using the service were not able to tell us about their experience of the service that they received. To gain further understanding of people's experience of the service we observed engagement between people using the service and staff.

During the inspection we spoke with the interim manager, the care coordinator, residential lead and three care workers. Following the inspection, we spoke with three relatives of people using the service and received feedback from one social care professional.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four the people using the service, four staff records, audits and some policies and procedures.

Good

Is the service safe?

Our findings

People's relatives told us that they felt that people using the service were safe living in the home. One person's relative told us that a person using the service was "absolutely safe."

The service had a safeguarding policy to protect people and keep them safe. Staff had knowledge and understanding of different types of abuse. They knew they needed to report any concerns to the interim manager. Two staff needed prompting before they told us that they would contact the host local authority if no action was taken by management. The interim manager told us that all staff would be reminded of this procedure.

Arrangements were in place to ensure that people's finances were managed and handled appropriately so that there was minimal risk of financial abuse.

The service had a whistleblowing policy. Staff knew that they needed to report to the interim manager or care coordinator poor practice from staff or any other concerns to do with the service.

Accidents and incidents were recorded and managed appropriately. All accidents and incidents were reported to the provider. Action was taken to learn from them and to minimise the risk of similar incidents reoccurring.

Risks to people's safety were assessed and managed. Risk assessments included, risk of falls, risks associated with people's behaviour that challenged the service, travelling, road safety and risks associated with people's medical conditions. Staff knew how to access people's risk assessments and were knowledgeable about supporting people to keep safe but also the importance of respecting people's independence.

Staff's records showed appropriate recruitment checks and criminal record checks had been carried out so only suitable care staff were employed by the service.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. The interim manager told us that staffing was flexible to accommodate people's needs such providing the support people needed to visit relatives and attend appointments. The interim manager told us that they were currently reviewing and improving the staff rota to ensure that staffing numbers and skill mix were even more responsive to people's individual needs. During the inspection the atmosphere in the home was calm, staff provided people with the care and support they needed in an unhurried way. Staff had time to engage with people and support them with a range of activities.

Arrangements were in place to manage, store and administer medicines safely. People's medicine administration records (MAR) showed that people had received their medicines as prescribed. Staff told us they had received the medicines training that they needed and records showed that their competency to

administer people's medicines had been assessed by senior staff. The care coordinator told us that staff's competency to administer medicines would always be reassessed when there were concerns to do with their practice. People's prescribed medicines were regularly reviewed by a doctor.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical, gas and fire safety systems and general checks of the safety of the environment. Records showed that health and safety matters were regularly discussed with staff.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out. Each person had a personal emergency evacuation plan (PEEP). These were detailed and included information about the support people would need if the building had to be evacuated in an emergency. A contingency plan was in place to respond to emergency situations.

People were cared for in a clean environment. The cleanliness of the service was monitored by senior staff. Protective clothing including disposable gloves and aprons were used by staff when undertaking personal care and other tasks, to minimise the risk of cross infection. Information in picture format about good hand hygiene was accessible to people and staff.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. People's relatives spoke in a positive manner about the staff. They told us that they felt that staff were competent and knew people well. A person's relative told us, "They [staff] are fantastic to [person]."

People's care plans showed that their needs had been assessed and regularly reviewed with them, and when applicable, with their relatives' involvement. A person's relative told us that they regularly attended a person's care review meetings. Reviews of people's needs supported staff in understanding people's current needs so they could support people in the way they wanted and assist them in achieving their aspirations and goals.

Staff knew people well. They told us about the people they cared for and spoke of having got to know people by speaking with people's relatives, other staff, and by observation and reading people's care plans. They told us that they were always learning more about people they cared for.

Care plans included information about people's preferences, health, personal care, communication and other needs. They included guidance for staff to follow to meet people's individual care needs and preferences. Staff spoke about the support they provided to people to help them make choices about their care and other areas of their lives. Pictures and using signs were tools that staff used to assist people in making choices. During the inspection we saw staff encouraged and supported people to make choices about what they wanted to eat, drink and do.

Staff told us that when they had first started work they had received an induction that had prepared them for carrying out their role and responsibilities. They told us that they had spent time during their induction 'shadowing' other staff to learn about the wide range of tasks they needed to carry out and how to provide each person with the care and support that they required.

Staff told us that they received the training that they needed to provide people with the care and support that they needed. Staff received training and refresher training in topics relevant to their roles and responsibilities. Training certificates showed that staff had completed a range of learning and training that supported them to carry out their role in a competent informed manner. The interim manager told us that he had recently completed an audit of staff training, which had identified that some staff were behind in completing some refresher training. Records showed that these staff were currently in the process of completing that required training. Most staff had completed a relevant qualification in health and social care.

Staff told us that they received the support they needed from senior staff. They informed us and records showed that they had regular one-to-one supervision meetings with a manager or the care coordinator. Staff supervision records varied in content and quality. Some indicated that topic areas within the provider's supervision template had not been discussed. The interim manager told us that they would review the staff supervision process and make improvements when found to be needed. Staff had also received regular

appraisals of their performance and development.

People received the support that they needed to maintain and improve their health. People's care plans and other records included details of medical conditions and guidance for staff to follow to meet each person's health and medical needs. People were supported to access to a range of healthcare services including dentist, doctors, chiropodists and opticians. Staff told us that they always reported any changes in people's health needs to the interim manager and/or care coordinator. People had hospital passports that detailed their individual needs and preferences. They took them with them when admitted to hospital so that hospital staff had the information they needed to meet the person's needs.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The interim manager, the care coordinator and care staff understood how the MCA and DoLS were relevant to the service. People's care plans included details about people's capacity to make day to day decisions. Staff knew that people's capacity to consent and make particular decisions could change. Then a decision may be made in the person's best interest by those involved in their care such as family members, staff and healthcare and social care professionals. Records showed that a decision not to have a medical procedure had been made in a person's best interest.

People's nutritional needs and preferences and any support they needed with their dietary needs were recorded in their care plan. Staff we spoke with were knowledgeable about people's individual dietary needs. They told us that pictures of meals and food items were used to support people to make choices about what they wanted to eat. During the inspection we saw that when people indicated by gestures and behaviour that they wanted preferred food items and drinks, these requests were promptly accommodated by staff. During the inspection people indicated by gestures that they enjoyed their meals.

The premises were 'tired' looking and showed signs of wear and tear. The interim manager told us that they had reviewed the environment and were in the process of planning and carrying out improvements. Refurbishment of the bathrooms and redecoration of some communal areas and people's bedrooms were planned. A person's relative confirmed that a person would be having their bedroom redecorated. People's bedrooms were personalised with items that met their needs and preferences.

Good

Is the service caring?

Our findings

We observed positive and respectful interaction between staff and people using the service. Staff engaged with people in a friendly and kind manner. Staff spoke of their enjoyment of working in the home and of their respect and fondness of the people using the service.

People's relatives spoke highly of the staff and of the care and support they provided to people. A person's relative told us about the significant contact that they had with a person's keyworker. They spoke of the keyworker always keeping them well informed about the person's needs. They commented, "[Person] is relaxed and happy. [Person's keyworker] communicates consistently with me." A member of staff spoke about their key worker role in making sure that a person always received the care and support they needed.

People were supported to maintain relationships with family members. A person's relative told us about how a person received the support they needed to visit them regularly. Another person's relative spoke of visiting a person using the service at different times of the day, often unannounced and of how staff were always welcoming.

The interim manager and care coordinator told us that during their visits to the service they observed staff engagement with people to check that the support people received was always respectful, positive and caring. We heard staff encouraging and complimenting people. A social care professional told us that they had no concerns about the service and had found people using the service were "well cared for".

People's individual communication needs were detailed in their care plans. Staff were observed to communicate effectively with people by speaking with them, signing and showing them items to help them make choices. A person's relative told us that staff had "taught me to communicate with [person using the service]".

Details of the support people needed to promote their independence were included in their care plans. Staff encouraged people to do as much for themselves as they could. We saw people take their plates to the kitchen after their meals and a person was supported by staff to make a hot drink.

During the inspection staff respected people's privacy. Staff ensured doors were closed when people were being assisted with personal care. Staff were aware of the importance of confidentiality. They knew not to speak about people to anyone other than those involved in their care. People's care records and staff records and other documentation were stored securely, which was in line with the new General Data Protection Regulations (GDPR).

People's cultural, religious and sexuality needs were detailed in their plan of care. Some people regularly attended a place of worship. Festive occasions and people's birthdays were celebrated by the service

Records showed that staff received equality and diversity training. Staff were aware of the importance of respecting people's differences and human rights. They spoke about the importance of treating people with

dignity and respect. Staff told us that equality, diversity and human rights meant "Treating them [people] equally and supporting their rights" and "Treating people fairly, being inclusive and not discriminating."

Good

Is the service responsive?

Our findings

People's relatives spoke in a positive way about the service and told us that they felt that staff had a good understanding of people's needs. They informed us that they were supported by the service to be fully involved in people's care and day to day lives, and were kept informed about changes in people's health and well-being. Comments from people's relatives included, "They [staff] are very good with [person]. They know [person] well," "They keep me in touch about [person]" and "Keep me informed."

People's care plans were personalised. They included information about people's individual needs, preferences and routines. Staff were aware of the care and support each person needed. They spoke of the importance of following personalised guidance so they were consistent in the way that they cared for and communicated with people. A person's relative told us about how a person's assertiveness had developed since living in the home.

Staff had a 'handover' at the start of each shift about people's current needs and activities that they had participated in. They also completed 'daily' records about the care and support people received. This helped ensure that staff shared information about people's current needs so that they provided people with the care they needed in a consistent manner.

We discussed the Accessible Information Standard [AIS] with the interim manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. Information about the service was in written and easy read format, and some care plan information contained pictures to help make the information accessible to people. The interim manager spoke of their plans to develop and improve the accessibility of information. These included improving the range of pictures of activities to help people communicate their preferences.

People participated in a range of activities. They used to regularly attend a day resource centre run by the provider but this had recently closed. People were currently being supported by staff to access more community facilities and amenities that met their individual needs and preferences. The interim manager spoke of the work being done by the service in developing the choice of community activities by establishing what was available in the local area. People went to the cinema and enjoyed a meal out during the inspection. Records showed that people using the service took part in a range of activities. They watched television, listened to music, participated in drama sessions, did painting and puzzles as well as taking part in community activities including going for walks, trampolining, and eating out.

The service had a complaints procedure. Relatives knew how to make a complaint and were confident that they would be listened to and the complaint addressed. Complaints records indicated that there had been no complaints during the last twelve months.

At the time of the inspection the service was not providing end of life care. People's care plans included a documentation template to record people's end of life wishes or details of preferences made in their best interests. However, these records were mostly not completed. The interim manager told us that action

would be taken with involvement from people's relatives to ensure that they were completed. He told us that the service would liaise closely with health and social care professionals to ensure people's end of life needs were met by the service.

Good

Is the service well-led?

Our findings

People's relatives spoke very highly about the service and of the way it was run and told us that they would recommend the service to others.

There was a management structure in place, which included an interim manager and care coordinator. A regional head of operations supported management in the running of the service. The post of residential lead in the service had been recently created by the provider to support the effective running of the home. Staff were knowledgeable about the management structure and lines of accountability. They told us that they could contact a senior member of staff any time that they needed advice about people's care and/or other areas of the service. A care worker told us, "I always have someone to seek advice from if needed."

The interim manager had only been managing the service (and two other similar services run by the provider) for a few weeks. They told us about the action that they had taken to review several areas of the service and spoke of the improvements that had already been put in place. These included the introduction of more effective paperwork and reviewing and archiving a range of records. The interim manager informed us that they ensured that they completed a range of training to develop their knowledge and skills. They spoke about ways they kept up to date with current best practice and changes and developments in relevant legislation.

The interim manager spoke of the importance of following the principle of transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Senior staff were aware of their responsibilities in ensuring the CQC and other agencies including local authorities were made aware of incidents, which affected the safety and welfare of people who used the service.

Staff liaised with healthcare and social care professionals to ensure that people's needs were met by the service. A social care professional provided us with positive feedback about the service. The service had good links with the local community. They supported people to access community facilities and amenities.

Staff meetings, appraisals and supervisions were opportunities to look at current practice. All the staff we spoke with told us that they were kept well informed about any changes to do with the service and felt comfortable raising any issues. They confirmed that they worked well as a team, were listened to and their views respected.

The provider produced a newsletter that was published regularly in picture and written format, which was available to people, people's relatives and staff. The newsletter provided details of essential communication about services and updates about the organisation and other information.

The provider had arrangements in place to gain feedback about the service from people and their relatives.

People's relatives told us that they had good communication with the service, provided feedback and felt that they were listened to. A person's relative told us, "We [staff and relative] all work on the same page."

The service had systems in place to assess, monitor and improve the quality of care in the home. A range of audits and checks were in place to monitor the safety of the premises. When these measures identified shortfalls, action had been taken to address them and to make improvements. A recent check had led to the development of medicines and bathing protocols to minimise the risk of people being harmed.

The provider's 'Continuous Improvement team' also carried out regular audits of the service and introduced new improved systems when needed, which had included an improved disaster plan.

The service had policies and procedures that were accessible to staff and provided guidance that they needed to provide people with a good quality, safe service.