

Real Life Options

Real Life Options - 2 Frederick Street

Inspection report

2 Frederick Street
Stockton On Tees
Cleveland
TS18 2BF

Tel: 01642607142
Website: www.reallifeoptions.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Real Life Options – 2 Frederick Street is a residential care home providing personal care to 3 people at the time of the inspection. The service can support a maximum of 3 people with a learning disability.

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

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.

Right Support:

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area.

The provider ensured people received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

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

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (published 27 February 2018).

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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, 1 pharmacist specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Real Life Options – 2 Frederick Street 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 – 2 Frederick Street 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.

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

We spent time with 2 of the 3 people who used the service, the third person could become distressed by strangers in the home so we observed staff interactions with them from a distance. We also spoke with 3 relatives about their experience of the care provided.

We spoke with 4 members of staff including the registered manager and support staff. We reviewed a range of records. This included 3 people's care records and medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. The rating for this key question 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 kept safe from avoidable harm. Staff knew them well and understood how to protect them from abuse. One member of staff told us, "I'd tell [registered manager] straight away if there were any concerns."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People's care records helped them get the support they needed and included important information about minimising risk. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. One relative told us, "When [my family member] moved in I told them not to leave them alone in the bath as they love water but might cause a flood. I know that was written in their notes."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

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.

Staffing and recruitment

- The provider ensured the service had enough staff. This included enough for one-to-one support for people to take part in activities and visits how and when they wanted. A relative told us, "They take [my family member] shopping, for pub meals and drinks. They have been ice skating in their wheelchair and staff

look after them."

- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.

Using medicines safely

- Medicines were managed safely. Medicines administration records and guidance for staff to ensure medicines could be given safely were in place and reflected people's preferences.
- Medicines that were given as and when required had protocols in place and staff could describe how they managed these medicines.
- Topical medicines had body maps and records showed where and when these had been administered.
- Staff had medicines training and competency assessments were completed regularly.
- Weekly and monthly audits were in place and actions were documented with clear follow up in place.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

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.
- 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. One relative told us, "Place is nice, clean with tidy garden."
- 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.
- The provider supported visits for people living in the home in line with current guidance. A relative told us, "I can phone up, or visit any time."

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management and staff put people's needs and wishes at the heart of everything they did.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A member of staff told us, "[Registered manager] and [deputy manager] are brilliant. If they are not here they are always at the end of the phone. They've really helped me. I've come on loads and have loads more confidence."
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

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 registered manager apologised to people, and those important to them, when things went wrong. One relative told us, "[My family member] was scratched on the face and they called to tell me about the incident. Staff sorted it out and will monitor the situation."
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. A relative told us, "There's a very pleasant atmosphere and staff will always come back to speak to me if they are busy."

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and a good oversight of the service.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff delivered good quality support consistently. A relative told us, "[Staff] speak kindly to [my family member] and I watch them being kind to the other residents."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative told us, "The manager would listen to me. They are very good here. I give feedback at annual care meetings and we discuss different activities to try."

- People, and those important to them, worked with managers and staff to develop and improve the service. A relative told us, "Normally, I will just telephone or visit if I want to see the Manager. If it's really serious then I can write a letter. I can visit anytime."

Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They regularly volunteered to trial new ways of working and pilot new systems for the provider in order to continually improve governance of the home.

Working in partnership with others

- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing.