

## Real Life Options

# Real Life Options - 96 Harrowdene Road

### Inspection report

96 Harrowdene Road  
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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

### About the service

Real Life Options – 96 Harrowdene Road is a care home providing personal care to six people with learning disabilities who may have physical needs.

The service was provided in a large house like other properties in the area. People living with physical needs had bedrooms on the ground floor. At the time of the inspection there were four people using the service.

The care home had been registered before Registering the Right Support and other best practice guidance had been developed. Registering the Right Support guidance focuses on values that include choice, inclusion and the promotion of people's independence so that people living with learning disabilities and/or autism can live a life as ordinary as any other citizen. People using the service received planned and co-ordinated person-centred care. They were provided with the support they needed to make decisions about their lives, develop their independence and to participate fully within the local community.

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

People's care and support plans were up to date and personalised. They included details about people's individual needs and preferences and guidance for staff to follow to ensure people received personalised care.

Staff knew people well and had a caring approach to their work. They engaged with people in a sensitive and friendly way. People's relatives spoke highly about the care and support people received from staff.

Staff respected people's privacy and dignity and understood and valued people's differences.

People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe.

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 services supported this practice.

Systems were in place to ensure that people received their prescribed medicines safely. Medicines training was provided to staff and their competence to administer medicines was assessed.

Staff had the skills and knowledge to provide people with the care and support that they needed. They received a range of training and the support they required to enable them to carry out their roles and responsibilities effectively.

People received the support they needed to stay healthy and to access healthcare services.

Staff encouraged and supported people to actively participate in activities, pursue their interests and to maintain relationships with people who mattered to them.

The provider had systems in place to manage and resolve complaints.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

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 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Real Life Options - 96 Harrowdene Road

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Real Life Options – 96 Harrowdene Road 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.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager left in October 2018. A permanent manager had been employed by the service since February 2019. They were responsible for the day to day running of the home and had commenced the process of registering with the CQC. This meant they would then be legally responsible with the provider for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection took place on 18 and 23 July 2019. The first day of the inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information

about important events which the provider is required to send us by law. The manager had completed a Provider Information Return [PIR]. 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. We used this information and the previous inspection report to plan our inspection.

During the inspection we spoke with the manager, team coordinator, residential care lead, three care workers and the four people using the service. People using the service had a range of communication needs. Some people were able to say a few words. However, people mostly communicated by gestures, behaviour and by using signs and pictures. People were not able to provide us with detailed information 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 and spoke with their relatives.

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 the four people using the service, four staff employment records and quality monitoring records.

After the inspection

Following the inspection, we spoke with three relatives of people using the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. People's relatives told us they felt people were safe. One relative told us, "[Person] is absolutely safe."
- Staff received training in safeguarding people. This supported them to understand the different types of abuse people may experience. Staff knew that they needed to report any suspected abuse and/or discrimination to the manager, and if necessary the host local authority, safeguarding team, police and CQC.
- The provider had a whistleblowing policy. Staff told us they would not hesitate to use it and would always report to management any poor practice from staff to ensure people were safe.
- Systems were in place to ensure people's monies were managed effectively and safely. However, we noted that not all receipts of purchases included full details of the items bought. For example, one receipt of several purchases, was recorded as 'toiletries'. Having accurate records of each item bought minimises the risk of financial abuse. The team coordinator told us they would ensure this was immediately addressed.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place.
- Risks to people's safety, health and well-being were assessed and reviewed regularly. Risk assessments included risks of falls, choking, scalding and risks associated with being out in the community. They included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Staff were knowledgeable about the risks to people's safety. They knew how to manage risks associated with people's care. Staff were aware of the support strategies and protocols in place to help staff manage people's individual behaviours that sometimes challenged the service.
- Staff knew that they needed to report any concerns to do with people's safety to the manager or team coordinator.
- Service checks of the gas, electrical and fire safety systems were carried out as required. Each person using the service had personal emergency evacuation plan which included details of the support that they needed from staff to leave the premises in an emergency. A recent safety check carried out by the London Fire Brigade had identified no issues of concern.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs. Staffing

numbers were flexible to ensure people had the support that they needed to attend appointments and take part in a range of activities and social events.

- People received support and care from regular staff who understood their needs. When there was a need to employ agency staff, arrangements were in place to ensure if possible, they were familiar with the service and people's needs.

#### Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines. Staff followed safe protocols for the ordering, storage, administration and disposal of medicines.

- Records showed staff received medicines training and that their competence to administer people's medicines safely was assessed.

- People received the support that they needed with their medicines. Medicine administration records indicated people received the medicines they were prescribed.

- Staff were knowledgeable about the procedures for administering PRN medicines (medicines prescribed to be administered to a person when needed). We saw some written protocols for administering PRN medicines safely.

- Effective medicine checks took place. This meant any shortfalls were quickly identified and addressed.

#### Preventing and controlling infection

- Systems were in place to minimise the risk of infection. Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available to staff. Staff used these when carrying out tasks that included assisting people with personal care.

- The home was clean. Staff carried out a schedule of daily cleaning tasks. The cleanliness of the environment was monitored by management staff.

- During the inspection we heard staff remind people to wash their hands.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends. Records showed they had been responded to appropriately and action taken to reduce the risk of reoccurrence.

- Management staff told us that any lessons learnt from incidents were always shared with staff and improvements made when needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed before they moved into the home. This was to make sure that the service could meet the person's needs. Support plans were developed from the assessments to ensure staff knew how to provide each person with personalised care.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. They spoke of having achieved qualifications relevant to their role. A member of staff told us, "Training is good." Another member of staff told us they could ask for further training in they felt they needed it and were confident it would be provided.
- Staff told us that were well supported by management. They received regular supervision and appraisal of their development and performance.
- Relatives spoke positively about the staff. They told us, "Staff are wonderful." They look after [person] so well."

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

- People's nutritional and dietary needs were assessed and understood by the service. Staff were knowledgeable about people's cultural, religious and other dietary needs. One person's relative confirmed that staff ensured the person's religious dietary needs were met.
- Pictures were used to support people to plan and choose their meals. During mealtimes staff provided people with the assistance they needed. During the inspection people indicated by gestures, behaviour and some words that they had enjoyed their meals.
- People's weight was monitored closely. Staff knew that they were required to report all changes in people's weight to management staff and refer to healthcare professionals when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff engaged with people, their families, and with other agencies to meet the health and care needs of people. Staff had contact with a range of community healthcare professionals about people's needs. They worked with them to ensure people received responsive and effective care.
- There was detailed information in people's care files to inform staff about people's health, behaviour and wellbeing. Personalised guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed.
- Changes in people's needs were shared with commissioners (representatives of public bodies that purchase care packages for people), when needed.
- Each person using the service had a 'Hospital Passport' that included detailed information about what was important to them and details about their health and other needs. The document provided information for hospital staff about, so they could provide the support people needed if ever they were admitted to hospital.

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

- Since the last inspection several areas of the home have been redecorated. This had made the environment more attractive for people. People had personalised their bedrooms. A person's relative told us, "[Person] loves their bedroom."
- The conservatory needed repair and blinds to minimise the risk of people being harmed from excessive heat during the summer months. Staff told us currently people using the service were not accessing that area, and action had been taken to address these issues.
- People with mobility needs had bedrooms on the ground floor. People were provided with the equipment they needed to move about within and outside of the home.
- The manager told us they would make improvements to the signage within the home to make the environment more enabling and supportive for people.
- People were seen freely accessing the garden. They indicated by gestures and behaviour that they liked spending time in it.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make day to day decisions was assessed and regularly reviewed in line with the MCA. When the service was concerned about a person's behaviour and lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals and developed guidance to support the person with this need.
- Staff completed training to help them understand the principles of the MCA. Staff told us they always asked for people's agreement before supporting them with personal care and other tasks.
- Referrals had been made to the Local Authority where people were being deprived of their liberty to

ensure this was done lawfully and in the least restrictive way. DoLS were in place for people who needed them to keep them safe.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw positive engagement between people using the service and staff. Staff interacted with people in a friendly caring way. People's relatives spoke highly about the way people were treated by staff. Comments from relatives included, "I can't fault the care. [Person] is settled and happy." "They [staff] couldn't do more for [Person]," and "I couldn't be happier. It really is [person's] home."
- Staff understood the communication needs of people. They told us about the way people were able to communicate their needs by gestures and behaviour. During the inspection staff were observed to communicate with people effectively.
- Staff had received equality and diversity training. They were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. They told us about the support they provided one person with, to ensure the person's individual cultural and religious dietary needs were met by the service.
- People received support from consistent care workers, which helped them to develop meaningful and supportive relationships.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their lives. These included making decisions about what they wanted to eat, drink, do and wear and these were respected by staff.
- Personalised care plans helped staff understand the decisions people could make for themselves and when they needed prompting or support.
- Staff knew people very well. They were familiar with their likes, dislikes and how people wanted to be supported.
- People's relatives told us they were fully involved in decisions to do with people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff were considerate and respectful of their privacy. During the inspection, staff were attentive to people's needs and supported them in a manner that maintained their privacy and dignity.
- Staff encouraged and supported people to do as much as they could for themselves including helping with minor household tasks. People took their cups to the kitchen after having a drink. We saw one person being supported by staff to be involved in making their hot drink.
- Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care. People's care records were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans detailed their individual needs and included personalised guidance about how staff needed to support them. Staff were knowledgeable about each person's needs, preferences and goals.
- Staff communicated effectively with each other to benefit people. Handover meetings and a communication book were used to share information. This meant staff were kept up to date about all changes in people's care and support needs.
- People, their relatives and staff were involved in regular reviews of people's needs. These care plan reviews ensured staff knew how to meet each person's current care needs and were responsive to any changes. People's relatives told us they were always kept informed about any changes in people's needs. One relative told us, "If anything is wrong they call me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication plan which described the way they communicated and how staff should engage with them to ensure they provided personalised responsive care. Staff were knowledgeable about people's communication needs.
- Pictures, objects and signing were used to help people make choices. The manager told us they would look at further ways to ensure information was as accessible as possible to people. They spoke of developing personalised picture boards to help people plan activities and to remind them of their chosen activities on a day to day basis.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead meaningful lives. They participated in a range of social activities that met their needs and preferences. These included; trampolining, shopping, going to restaurants and day trips, and listening to music. A person's relative told us about the "lovely" party that had been organised by staff for the person's recent birthday.
- People's relationships with family members and friends were supported by the service. People's relatives told us that they felt that people were very happy living in the home. One person's relative spoke of always being welcomed by staff when they visited and told us they had received support from staff as well as the

person using the service.

- Staff knew about people's cultural and diverse needs and preferences and how this may affect how they required their care. For example, a person received support with their personal care by female staff only.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People's relatives knew how to make a complaint. They told us that issues that they had brought to the attention of staff had always been addressed appropriately.
- Care staff knew that they needed to report to management any complaints and concerns about the service that were brought to their attention by people, people's relatives or others. The manager told us any complaints would be used to reflect on and improve the service.

End of life care and support

- The service was not currently providing end of life care. The manager told us that they would ensure that staff received the training and support they needed to provide people with personalised care at the end of their life. They told us that people's relatives, staff, healthcare professionals such as GPs, community and palliative nurses would be fully involved in supporting people with their end of life care and wishes when this was required.
- The manager and team coordinator told us they would ensure people's end of life plans were further developed (with support from people's relatives when needed) to ensure people's end of life wishes were known and documented.

# Is the service well-led?

## Our findings

### 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of the inspection the manager had been in post for a few months. People and staff told us the change in management had been managed well. A relative told us despite the change in managers the quality of the service had remained consistent. They said, "It (care home) is managed well."
- The manager managed this care home and two others of the provider's services. The manager was supported in the running of the care home by a team coordinator and a residential lead. The manager understood the importance of monitoring the service and meeting regulatory requirements. They had recently commenced a leadership course to develop their knowledge and management skills.
- The team coordinator, residential lead and care staff also had knowledge and understanding about their roles and responsibilities. They showed commitment to providing a caring, effective and responsive service to people.
- Staff and people's relatives spoke highly about the management and running of the home. Staff told us management staff were available at any time for advice and support.
- There were systems in place to ensure people always received good quality care and were safe. Staff carried out a range of regular checks of all areas of the service. Action plans showed the service had been responsive in addressing shortfalls found during these checks and those carried out by outside agencies. Audit findings and completed actions were shared with the provider who checked that appropriate action had been taken to address any deficiencies found.

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

- Management ensured that staff had the information and up to date guidance they needed to provide people with personalised effective care.
- The manager and team coordinator knew the importance of being open, honest and transparent with relevant persons including people's relatives, in relation to people's care. They knew they needed to take responsibility when things go wrong. Learning was shared with staff, to prevent reoccurrence.
- The manager and other staff knew when they needed to report significant events to us.
- Staff and people's relatives spoke positively about the culture of the service. They told us they felt comfortable speaking up about any issues to do with the service including people's care and were confident they would be listened to and issues addressed. A member of staff told us, "If you have a complaint (manager) deals with it straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives told us that staff supported their involvement in the care of their family member. A relative told us they had opportunities to feedback about the service. These included completing satisfaction questionnaires, speaking with staff when visiting the service and expressing their views during reviews of the person's care.
- People's equality and diversity needs were understood by the service and supported. Staff meetings provided staff with the opportunity to feedback about the service and to discuss people's care needs and best practice.
- People had opportunities to maintain and develop positive links with their community. People used local facilities.

Working in partnership with others

- The service worked in partnership with health and social care professionals to improve outcomes for people. Staff had worked with healthcare professionals to develop strategies to support people with their behaviour needs and nutritional needs to ensure people received effective care.