

Real Life Options

Real Life Options - 2-4 Bethecar Road

Inspection report

2-4 Bethecar Road
Harrow
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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–2-4 Bethacar Road is a care home providing personal care for up to six people who live with learning disabilities, and may have mental health needs, sensory impairments and/or physical disabilities.

The service was provided in a house, which was similar to the other houses 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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People using the service received planned and co-ordinated person-centred support to live their life as independent as possible in the way they wanted.

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

People received kind and compassionate care and staff respected people's privacy, dignity and independence. Staff engaged with people in a respectful and friendly way. People's relatives spoke in a positive way about the service people received from staff.

People were fully involved in their care. People and those important to them participated in reviews of their care. People's care and support plans were up to date and personalised. They included guidance for staff to follow to ensure people received the care they needed and wanted.

Staff understood and valued people's differences. Staff we spoke with were knowledgeable about people's likes and dislikes, how they preferred to be supported, and their personal histories.

People told us they felt safe. People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe. We observed people to be relaxed around staff.

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.

Staff followed appropriate infection prevention and control procedures to ensure the environment was clean and people were safe.

Staff received a range of training and the support they required to enable them to carry out their roles and responsibilities effectively. Appropriate recruitment procedures helped ensure only suitable staff were employed.

Staff supported people to lead healthy lives and to access treatment, care and advice from a range of healthcare services.

People were supported to take part in activities they enjoyed and to maintain relationships with the people who mattered to them.

Systems to monitor how well the service was running were carried out. Improvements were made when needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 September 2018). There were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Real Life Options-2-4 Bethecar Road 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 CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information included, the last inspection report and the provider's action plan in response to the three breaches of

regulation. We also checked 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. These related to people's individual care and the running of the service. The records included care files of the four people using the service, four staff employment records, staff training and quality monitoring records.

After the inspection

We spoke with three relatives of people using the service and received feedback from one person's relative via email.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people were always protected against unsafe care as assessment of the risks relating to the health safety and welfare of people were not always carried out. Action had not always been taken to minimise all risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Since the last the last inspection risk assessments and risk management plans had been put in place to ensure a person using a lap belt and a ramp whilst in their wheelchair was safe. Checks of the contents of the First Aid cupboard ensured that wound dressings and other items were safe and effective. Systems had been put in place to ensure hot water checks were carried out in a consistent and effective way.
- People's care plans included detailed risk assessments plans which were updated regularly. These included details of the least restrictive risk management plans to keep people and staff safe. Staff were familiar with the risks to people's safety and how to minimise them.
- There were clear plans in place to guide staff in what to do in an emergency, such as a fire or power cut. Each person had a personal emergency evacuation plan (PEEP), which included up to date information about the person's mobility and support needs. These included the information emergency services and staff needed to support people to safety.
- Regular checks associated with the service environment were carried out. These included fire safety and electrical checks. Maintenance issues were addressed promptly.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies on whistleblowing and safeguarding people from the risk of abuse. Staff knew how to follow these.
- People told us they felt safe and would speak with staff or a relative if they were worried about anything. Relatives told us, "I have no worries. [Person] is safe." "I am absolutely not worried about [person]" and "[Person] is in safe hands."
- Staff received safeguarding training. They knew they needed to report to the manager all allegations of abuse and any risks to people's safety.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to care and support people living in the home. The manager told us there had been difficulties recruiting staff and due to this there was a need to employ agency staff at times. The agency staff employed were familiar with the service and with

people's needs. This was confirmed during the inspection. The agency care worker on duty knew people well.

- Staffing was flexible and responsive to the needs of the people and service. Extra staff were provided when needed to support people to health appointments, attend community activities and other events.

Using medicines safely

- Systems were in place to ensure medicines were managed and administered safely. Staff received medicines training and their competency was assessed before they administered medicines.
- People had personalised medicines care plans. Medicines administration records showed that people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of infections. The home was clean. Regular checks of the cleanliness of the environment were carried out. Staff received infection control training. Disposable personal protective clothing including gloves were available. We saw these used by staff when needed.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure staff received the training and support they needed to carry out their roles and responsibilities effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- At this inspection we found the provider had ensured staff had completed the provider's required refresher training. Staff had also received the training they needed about a person's medical condition. They spoke highly of this training and how it had benefited their practice in caring and supporting a person.
- Staff also spoke in a positive way about the support they received from the manager and other senior staff. Staff received regular one to one supervision meetings and annual appraisal of their performance and development.
- Staff had an induction before they started working with people. This included shadowing more experienced staff and being introduced to people before providing care and support. An agency care worker spoke highly of the induction they had received.
- Management staff monitored training and ensured staff were kept updated on all required training courses they needed to complete.

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

- People's needs were assessed and reviewed regularly with their key worker. This helped ensure staff were always well informed about people's needs so they could provide effective care. These reviews also gave people the opportunity to reflect on what was working well for them and what goals they would like to achieve.
- People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Details about people's cultural, religious, disability, age and relationship needs and personal preferences were included in their support plans. This helped staff to fully understand people's individual needs, so they could effectively provide the care people needed in line with best practice guidance and the law.
- Staff could explain people's needs and how they supported them. A person's relative told us, "[Staff] understand [person]. They know [person's] routine is important."

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

- People's dietary needs were assessed and regularly reviewed. Staff provided people with the support they

needed to ensure their individual dietary needs were met.

- People chose what they wanted to eat and drink. Pictures helped people to make choices. People told us or indicated by gestures that they liked the meals.
- People were encouraged to eat healthily. People's weight was monitored. Referrals were made to appropriate 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 worked with healthcare and social care professionals and other agencies to ensure people received effective and responsive care. A person's relative told us, "They [staff] keep [person] in good health and know [person] well enough that [person] can express their needs or discomfort to them."
- People's care plans included individual health action plans and showed the involvement of healthcare professionals, including; psychiatrists, dentists and opticians. People were supported to attend hospital appointments. A person's relative told us, "If [person] is unwell, they get the doctor."
- People were encouraged to be active. A person told us they went out for walks and took part in physical activities.

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

- People's individual needs were met by the adaptation and design of the premises. A person living with mobility needs had a bedroom located on the ground floor. A ramp ensured a person who used a wheelchair could enter and leave the home safely.
- People's bedrooms were decorated to their individual tastes. They told us they were happy with their rooms.
- Several areas of the environment including communal lounges had been redecorated since the last inspection. A person had been fully involved in the redecoration of their bedroom. They had chosen the paint colour and furnishings.

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.

- Where people were unable to make decisions to do with their care and support needs, DoLS authorisations had been approved by the local authority.
- People's care plans included information about the day to day decisions people were able to make. These were reviewed regularly.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.
- Staff told us they always asked for people's consent before assisting them in any way.

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.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well by staff. All the relatives we received feedback from spoke very highly about the staff and the way people were cared for. Relatives told us, "They [staff] are [person's] friends as well as being staff." "Staff are kind and diligent, they look after [person] very well and [person] is extremely happy living there."
- During the inspection we saw positive, caring engagement between staff and people. Staff were courteous to people and respected the decisions they made. Relatives spoke highly of how people were cared for by staff, "I am very happy. [Staff] have been absolutely great. [Person] is doing so well" and "[Person] is well cared for and happy."
- Staff had received equality and diversity training. They understood the importance of respecting people's differences and providing them with personalised support. Staff treated people as individuals. They understood the different ways each person expressed themselves and their personal preferences. Staff worked with people in different ways to meet their individual needs and achieve positive outcomes.
- People who chose to follow a religious faith attended places of worship when they wanted to. Religious festivals were celebrated by the service.
- People were supported to maintain and develop friendships and relationships with people who mattered to them. One person was supported by staff to have regular contact with a relative via video calls. They participated in a video call during the inspection. Another person's relative told us that another relative spoke with the person by telephone every day.

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

- Staff encouraged people to make choices and be involved in decisions about their care.
- Personalised care plans detailed the day to day decisions people were able to make and where they needed support. During the inspection people made choices about what they wanted to do, eat and drink and those decisions were respected by staff.
- People's relatives told us they were fully involved in decisions to do with people's care. A relative spoke of having recently attended a person's annual review where the person's care needs had been discussed. They told us, "We work together. They [staff] are very good."
- Staff knew people very well. They knew people's individual routines, likes, dislikes and how each person wanted and needed to be supported. During the inspection staff constantly engaged with people involving them in decisions to do with their care and other day to day needs. A relative told us, "They [staff] know [person's] routine is very important to [person]."

Respecting and promoting people's privacy, dignity and independence

- During the inspection people who needed support with their personal care had their privacy respected. A person told us they spent time alone in their bedroom when they wanted to.
- People's care records and other confidential information were stored securely and in line with legislation. Staff were aware of the importance of respecting confidentiality and not speaking about people to anyone unless they were involved in their care and treatment.
- People were encouraged and supported by staff to be as independent as possible. Throughout the inspection we saw people being involved in household tasks including clearing their plates from the dining table, tidying the kitchen and vacuuming. One person made their own breakfast and hot drinks. Another person had been supported to make their packed lunch, which they took to their day resource centre.
- People's relatives told us they could visit anytime and were always welcomed by staff and people using the service.

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 received personalised care and support. People's care and support plans reflected people's choices, wishes, goals and what was important to them. Staff knew people well. They were knowledgeable about each person's individual needs and preferences and focused on providing personalised care.
- Care and support plans showed that people and their relatives were fully involved in decisions to do with their care. People were supported to achieve their aspirations. A person had recently been supported to have the holiday they wanted.
- Staff encouraged and supported people to make informed choices and have control of their lives. Care needs, and personal goals were reviewed with people and their keyworkers (a member of staff who has particular responsibilities in overseeing and supporting a person with all aspects of their care).
- Staff understood people's behaviour needs. Care plans were in place that included guidance for staff to follow to provide people with the support they needed with any behaviours that challenged the service.

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.

- Some information in people's care and support plans was in picture format, which made it more accessible to people who were unable to read. Staff were aware of people's non-verbal signs of communication, including gestures and behaviour. We observed a person used sign language to tell a care worker what sort of drink they wanted.
- People's communication care and support plans were personalised and detailed people's individual communication needs. For example, one person said words that differed from those used in the English language, such as 'ba' instead of 'bus'. The common words the person used has been listed in their care plan records, so staff could better communicate with the person. We saw staff communicate effectively with this person.

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 follow their interests, and to take part in activities they enjoyed. People participated in a range of activities both within the house and the wider community. Photos of people enjoying day trips and other activities were available. One person told us about the friendships they had developed during their attendance at clubs, discos and their day resource centre. A person spoke of doing

"lots of activities" which included "art, dominoes, and going to a club." Another person spoke of their enjoyment of trampolining.

- People told us about the holidays they had enjoyed. A person had recently spent a few days away with a member of staff visiting another area of the UK.
- People's relationships with family members and friends were supported by the service. Relatives told us about the frequent contact they had with people living in the home. Comments from relatives included, "[Staff] keep me informed. I know what is going on." A person spoke of visiting their relatives regularly.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. People told us they would talk with their key worker if they had a worry or complaint. A person told us they were confident that staff would listen and address any concern they had. People's relatives also knew how to complain. A relative told us that staff had been appropriately responsive to minor concerns they had raised.
- Although some people couldn't tell other people when they had a complaint or concern, staff understood people's facial expressions and the actions they made when they weren't happy. Staff then provided the person with the support they needed to address their worry or concern.
- Care staff knew that they needed to report to management any complaints about the service that were brought to their attention by people, people's relatives or others.
- The provider monitored complaints, made improvements when needed and shared learning from them.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- People's care plans included some information about people's plans and wishes should they require end of life care. The manager told us they would be reviewed and developed to ensure they met people's end of life preferences.
- The manager and team coordinator informed us that when required they would work closely with people, their relatives and other professionals to ensure people received the care and support they needed at the end of their life.

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

At our last inspection the provider had failed to ensure systems to assess, monitor and improve the quality and safety of the services were effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- At this inspection we found the quality monitoring systems were effective. Audits to monitor the service and experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. There were additional audits completed by the area manager and provider's quality assurance team. These audits had been used to make improvements to the service.
- The manager, senior staff and care staff were clear about their roles and responsibilities. The team coordinator and residential lead supported the manager in the running of the service.
- Staff felt well supported. They told us the manager was approachable and listened to them. Staff spoke enthusiastically about their jobs and the people they cared for. They were committed to ensuring people received personalised care and had a good quality life.
- Relatives who had met the new manager spoke positively of him. They spoke highly about the way the home was managed and run. A relative told us, "I have met the manager, he seems nice." Relatives told us they knew they could contact the manager and other staff whenever they needed to.
- Staff meetings and supervision meetings were used to share information about people and the service. Best practice, lessons learnt and changes to do with the service were also shared with staff.

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

- People's outcomes were good. The culture of the service was positive, and person centred. Staff knew people very well and supported and encouraged people to do lead the life they wanted. People's wellbeing was central to the service.
- Staff supported people to be fully included in the local community by supporting them to access local facilities and amenities.
- Staff told us there was a strong feeling of teamwork. They told us the good relationship and communication between staff created a happy and relaxed atmosphere for people and supported their needs to be met.

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 manager was aware they were legally required to report to CQC, any event which affected the running of the service, DoLS authorisations and significant incidents.
- The manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.
- Staff told us that an open and honest culture was promoted, and they were encouraged to speak up and share any concerns they had about the service. Staff were confident that issues raised would be discussed and address appropriately.
- Staff confirmed that when things were identified as not having gone as well as expected, this was recognised, discussed and action taken to help ensure the event did not re-occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Communication between people, staff and families was good.
- We observed staff engaging positively with people, chatting with them and frequently asking people if they were okay. Staff listened to people and respected the choices people made and gave them time to make their wishes clear.
- There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and share their views.
- Relatives told us they had a range of opportunities to provide feedback about the service. They informed us they spoke with staff during visits to the service, and shared their views during attendance at people's care plan review meetings. The manager told us people's relatives had the opportunity to complete feedback surveys, and spoke of plans to develop and improve communication with people's relatives.
- Staff respected people and fully involved people in decisions to do with their care. They had a good understanding about people's differences, and ensured those needs were supported and met.
- Staff worked in partnership with people, people's relatives and healthcare and social care professionals to make sure people's needs were met. A recent quality check by the host local authority showed that recommendations from a previous check had been met by the service and indicated they had no concerns about the service provided to people.