

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Real Life Options - 96 Harrowdene Road is a residential care home providing personal care to a maximum of six people with learning disabilities who may also have physical disabilities and/or sensory impairments. At the time of the inspection there were four people living in the care home.

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

We saw positive engagement between staff and people using the service. People were treated with respect and dignity.

People's care and support were personalised. Staff knew people well. They understood and supported people's individual needs, interests and preferences.

Systems were in place to protect people from abuse. People's relatives were confident that allegations of abuse would be dealt with appropriately.

Appropriate staff recruitment systems helped to ensure only suitable staff were employed in the home.

Personalised risk assessments were in place. Staff received the training they needed to keep people safe and were committed to supporting people to be as independent as possible.

Staff and people using the service participated in the regular COVID-19 testing and vaccination programme.

People who used the service received their medicines safely.

There were quality assurance systems in place that monitored the service provided to people. Action had been taken make improvements when needed.

Staff worked with healthcare and social care professionals, to ensure that people received an effective and safe service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. People received person-centred care and their dignity, privacy and human rights were

promoted. Attitudes and behaviours of the registered manager and care staff enabled and supported people to lead confident, inclusive and empowered lives.

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 28 August 2019)

Why we inspected

The inspection was prompted in part due to concerns received about an allegation of neglect, incidents, and earlier this year issues to do with COVID-19 testing. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report. The provider had taken effective action to mitigate risks to people.

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.

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 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.

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 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 a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible 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

Before the inspection we looked at information we held about the service. This information included the last

inspection report, feedback we had received about the service and 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. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, team coordinator, four care staff and one healthcare professional. People using the service due to their communication needs were unable to tell us about their experience of living in the care home. People mostly communicated by sounds, behaviour/actions, gestures and by using pictures. To gain further understanding of people's experience of the service we spent time during the inspection observing how staff engaged with people and spoke with their relatives after the inspection visit.

We reviewed a range of records which related to people's individual care and the running of the service. These records included four people's care files, three staff records, policies, medicine administration records and a range of records relating to the management and quality monitoring of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The registered manager was responsive in providing us with a range of documentation to do with the management and running of the care home.

We spoke with three people's relatives and one care staff. We also received feedback about the care home from two healthcare and social care professionals.

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

- Policies and procedures were in place to safeguard people from abuse. Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.
- Staff had a good understanding of the whistleblowing procedure and told us they would not hesitate to disclose information about poor practice and any other concerns they had about the service provided to people.
- Where safeguarding concerns had been identified, the provider had reported them as required and worked with other agencies to protect people.
- People's relatives told us that they thought people were safe. Relative told us, "[Person] is certainly safe" and "[Person] would let me know if something was wrong. I would know if [Person] was unhappy."

Assessing risk, safety monitoring and management

- People had detailed personalised up to date risk assessments. These identified risks and included guidance for staff to follow to keep people safe and support their independence. Staff spoke about how the risk assessments supported people to stay safe and enabled them to take part in activities they enjoyed, such as accessing community facilities and amenities.
- Regular health and safety service checks were carried out to make sure health and safety legislation was met and people and staff were protected. These included checks of the fire, electrical, gas and water systems.
- Staff had received fire safety training. Regular fire evacuation drills with people and staff took place. Each person had a personalised emergency evacuation plan which provided information about the support they required to leave the building in an emergency.
- Since the last inspection some communal areas and people's bedrooms had been redecorated. However, there were some areas of the premises including the upstairs bathroom that were 'tired' looking. The registered manager told us that the pandemic had affected the progress of redecoration and maintenance, including the fitting of blinds in the conservatory. He told us that these and other minor maintenance issues would be addressed.

Staffing and recruitment

- Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks, and obtaining references from previous employers.
- Staff told us that there were enough staff to ensure people were safe and their needs were met. During the

inspection staff had time to engage with people, support them to take part in activities inside and outside the home and to promptly provided people with assistance when needed.

- Staff received an induction when they commenced working at the home and regular training and supervision was provided throughout their employment. One member of staff told us that their induction had been helpful in getting to know the service and their role and responsibilities in providing people with the care and support they needed.
- People's relatives told us that people were well cared for by staff. Comments included, "I couldn't fault them [staff]," "I am happy with the care and the staff" and "Care staff are kind and go above and beyond."

Using medicines safely

- Up to date medicines policies and guidance helped to ensure the safe storage, administration and disposal of medicines.
- Staff had received medicines training and their competency to administer medicines had been assessed.
- People's care records included personalised, detailed information about the medicines they were prescribed including when and how they needed to be administered.
- Medicines administration record charts recorded when medicines had been administered to people.
- Regular audits of the medicines systems had been carried out to identify any shortfalls and to check that people received their medicines safely. Action had been taken to make improvements when needed.

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 meeting shielding and social distancing rules.
- We were assured that the provider had policies and procedures in place to admit people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accident and incident records were recorded and showed appropriate actions to address concerns had been put in place.
- The provider had an electronic record system, this enabled them to have up to date oversight of all incidents, to check they had been responded to and managed appropriately.
- Lessons learnt were shared with staff through supervision, handovers and staff meetings. For example, following investigation of one incident it had been found that staff had not followed guidance. A staff meeting took place where the incident and guidance were discussed, and staff received appropriate training to minimise the risk of a similar incident happening again.

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 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.

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

- People's care plans were person-centred and detailed the support people needed to achieve good outcomes. Staff knew people very well and engaged with people in a friendly, respectful and caring way.
- People were supported by staff to take part in activities they enjoyed. A person took part in a community-based trampoline session during the inspection. The person indicated by their facial expressions, gestures and behaviour they were very happy to do this so. Staff told us how during the pandemic they had ensured people had lots of things to do within the home and garden when they were unable to access their usual activities outside the home.
- People's independence was supported. They were encouraged by staff to do things for themselves, including taking their cups and plates to the kitchen after a meal. We saw a member of staff encouraging one person to try to put their shoes on before providing them with assistance.
- The registered manager provided us with information and documentation that showed they had a good understanding of Right support, right care, right culture statutory guidance. The registered manager spoke about the importance of ensuring people lead a person-centred, empowered and happy life.
- People's relatives told us they were kept well informed about people's progress and of any issues to do with their care. They told us; staff update them about them about people's healthcare appointments and other significant events.
- The provider had followed current government guidance to support people's relatives to visit them during the COVID-19 pandemic.

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 understood when he had to notify the CQC, commissioners and other agencies of significant events and/or incidents to do with the service. Records confirmed that agencies including the CQC had been notified of incidents.
- Peoples' relatives told us that the registered manager had been good in communicating visiting guidance about the COVID-19 pandemic, and any changes in people's needs. One relative told us, "Communication is really good."

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

- The registered manager, team coordinator and care staff were clear about their roles and responsibilities.

- A range of matters about the service and staff roles were discussed during staff meetings. These included, COVID-19 guidance, testing and vaccination, PPE, food safety, visitor guidance, health and safety, communication and people's care and support needs
- A range of checks and audits were carried out to monitor and assess the quality and safety of the service. When areas of improvement and development were needed, action plans had been developed to effectively address them.

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

- Staff told us they felt able to speak up during staff meetings about issues to do with people's care and other areas of the service. They told us they were kept well informed about up to date guidance, best practice and of any changes to do with the service.
- Most people due to their communication needs were not able to provide verbal feedback about their experience of living in the care home. However, staff understood the various ways people communicated and could determine when people were happy or not. They followed personalised guidance in people's care plans to support people's communication needs and their well-being. Relatives told us, "They [staff] know what [person] likes", and "I can tell [Person] is happy."
- Peoples' relatives spoke highly about the registered manager. They told us they could provide feedback to the registered manager at any time and were confident that any issues they raised would be addressed. Relatives told us, "The manager is brilliant," "The manager is very good. He always phones to see how we are" and "He [registered manager] is good. Any problems he helps to resolve them."
- People had also been supported during the COVID-19 pandemic to keep in touch with family members via video calls. One relative spoke about how important these calls had been particularly when they were unable to visit. Another relative spoke positively about being sent photographs of their loved one taking part in activities.
- Staff we spoke with knew the importance of understanding and respecting people's differences. Care staff spoke about how they ensured people's cultural and religious needs were met. Care staff told us about how they had supported one person to celebrate a recent significant religious celebration.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that during the pandemic they had been well supported by the provider and host local authority. They had received up to date COVID-19 guidance and had attended forums with other registered managers to discuss a range of matters and share good practice.
- The registered manager told us about how they kept up with up to date with government guidance and other relevant information during the pandemic.
- During the COVID-19 pandemic staff had worked in partnership with others to help ensure they had the guidance and resources they required including enough PPE, so people were cared for and supported safely.
- Healthcare and social care professionals told us that they had no concerns about the care home. One professional told us they had been pleased that they had been asked to arrange some specific refresher training for staff. Comments included, "[Staff] have been responsive, getting in touch for the necessary advice," "They have showed a holistic approach to care and have been understanding about meaningful occupation to improve the quality of life for the service users" and "The manager is engaged and responsive".