

Real Life Options

Real Life Options - 18 Bisley Drive

Inspection report

18 Bisley Drive
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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

This inspection took place on 21 and 29 August 2017. Bisley Drive is a short-break service providing care and support for people with a learning disability, some of whom may have physical disabilities. The service can accommodate up to seven people.

A manager was in place and they had applied to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection in June 2016 the service was not meeting all of the legal requirements. People were not always protected from the risks of inappropriate care because care records were not always complete to ensure their needs were met and people were at risk of being deprived of their liberty without proper authorisation. At this inspection we found improvements had been made and the service was no longer in breach.

Care plans were individualised and contained comprehensive personalised information about the person and their preferences.

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

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The service was able to assist people to access an advocacy service where people had no family or personal representative.

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.

The provider ensured the right mix of staff with appropriate knowledge and experience were readily available to make sure people's needs were met.

Staff had received safeguarding training and were knowledgeable about how to protect people from abuse.

The provider continued to maintain an effective recruitment process. People were involved in the selection and interviewing of potential new staff members.

Training and development was up to date and staff told us they received regular supervisions and appraisals.

Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

The provider had a thorough continuity plan in place to ensure people would continue to receive care following an emergency. Checks were in place to maintain the safety of the home.

People were supported to receive their medicines in a safe manner. Medicines records we viewed were complete and up to date.

Feedback was sought from people, relatives and staff in order to monitor and improve standards.

People were provided with a choice of healthy food and drinks to help ensure that their nutritional needs were met.

Relatives and people told us staff were kind and caring. We observed many happy interactions between staff and people living at the service, people were comfortable in the company of staff.

The service planned activities around the wishes of people staying at Bisley Drive. Staff told us they ran the service like a hotel.

The service had an easy to read complaints and compliments procedure was in place. This explained how to make a complaint and what would happen.

Staff told us they felt supported by the manager.

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.

The provider continued to have a robust recruitment process and procedure in place.

Staff were confident in describing the action they would take if they witnessed any type of abuse.

We found there were sufficient staff on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Training and development was up to date. Staff told us they regularly attended supervisions and appraisals.

Meals were planned around people's dietary preferences.

MCA assessments and 'best interests' decisions were being carried out for people who lacked capacity to make decisions for themselves.

Is the service caring?

Good ●

The service was caring

People told us the staff were caring and treated them well. Relatives also confirmed their relative was treated with dignity and respect.

Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and family structure.

People were involved in all aspects of decision making about their care and treatment.

People's care plans and personal information was kept secure.

Is the service responsive?

The service was responsive.

Care plans were comprehensive and included clear information for staff to follow to make sure people's needs were met.

The provider had a complaints process to deal with people's concerns.

We saw activities were planned around the people using the service.

Good ●

Is the service well-led?

The service was well-led

Staff told us they enjoyed working at the service.

The manager had comprehensive systems to audit various aspects of the running of the service.

The manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 29 August 2017 and was announced. The provider was given 48 hours' notice because due to the holiday style arrangement people using the service are often out during the day; we needed to be sure that someone would be in.

The first day of inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a service for people with autism. The second day of inspection was completed by an adult social care inspector.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team.

We looked at three care records for people who used the service. We examined three staff records including recruitment, supervision and training records and various records about how the service was managed. We spoke with seven people who use the service, six relatives, the manager, deputy manager and four staff members.

Is the service safe?

Our findings

People told us they were happy staying at Bisley Drive. One person told us, "I like coming here." A relative said, "Find the staff pleasant, they clearly like my daughter and she clearly loves them and we are happy she will be taken care of."

Medicines were managed safely. As the service was providing a short break service, people brought their medicine with them rather than the service being responsible for re ordering from the GP. Medicines were received from people's relatives and checked and recorded on individual Medicine Administration Records (MARs). We saw medicines were stored securely in a locked medicine cabinet attached to a wall in a dedicated storage room. Medicines records we viewed were up to date and accurate. We saw staff had completed training and assessment of competence with regard to the management of medicines.

The provider had systems in place to ensure people were protected from abuse. Safeguarding concerns were logged onto the provider's system and held centrally. The manager told us, "Head office analyse the information and we discuss safeguardings at the managers meeting, reporting on the status of the safeguarding and cascading lessons learnt to all services." The manager had made appropriate safeguarding alerts to the local authority and the CQC.

Staff had a sound understanding of safeguarding. Staff were able to describe what action they would take if they witnessed any concerns. One staff member told us, "I have completed safeguarding training, I would discuss any issues with the manager." Staff had completed both on line and classroom based safeguarding training.

Accident and incidents were recorded and collated and analysed centrally by the provider. The manager advised that incidents were discussed at the managers meeting with any lessons learnt cascaded to all services. The manager said, "We bring information from all our homes and learn from each other."

The manager told us staffing levels were dependent on the needs of people using the service. One staff member told us, "We have the right mix of staff, people don't leave." During our inspection staff were attentive to people's needs and wishes. They took time to socialise with people, watching television or discussing the holiday they had just returned from.

Staff were aware of the provider's whistle blowing policy and procedure. Staff told us they did not have any concerns about people's safety whilst staying at Bisley Drive. One staff member said, "That is our first priority, everyone is safe."

The manager and staff repeatedly described people's stay as their holiday. One staff member said, "They are on holiday. We class Bisley Drive as a hotel we do exactly what people want." The manager told us how they planned ahead and ensured enough staff were available so people could take part in activities in the community.

The manager told us, "You find that families ring and try to arrange when a relative's friend is also staying." One relative commented, "[Person] looks forward to going" and, "Is always full of what he has done when he comes home." When people were asked what they liked best about staying at Bisley Drive one person said, "Seeing all my friends when I come here."

The service had not employed any full time staff since our last inspection. The provider continued to operate a safe and effective recruitment process. The provider conducted pre-employment checks including obtaining references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Identified risks were assessed and actions were put in place to reduce the impact on people. People's care records showed risk assessments covered areas such as hydration, medicine management and mobility. There was clear guidance to help staff support people safely.

The provider had a disaster recovery plan in place to ensure people would continue to receive care following an emergency. This outlined potential risks such as loss of electricity, gas or water and outlined actions to be taken. Each person had a personal emergency evacuation plan (PEEPS) for both night and day, this detailed the type of assistance required for a safe evacuation. A missing person form was readily available in a person's care records which held information to support the police if the person was to go missing.

The provider ensured checks were in place to maintain the safety of the home. All records were completed and up to date, including regular assessments for fire alarms, fire equipment, electrical safety, water temperatures and gas safety. Fire drills were regularly carried out.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

During our inspection in June 2016 we found the provider failed to ensure all appropriate measures were in place to make required assessments in line with MCA and DoLS legislation appropriately. This meant people were at risk of being deprived of their liberty without proper authorisation.

At this inspection we found the service had made improvements. MCA assessments and 'best interests' decisions were being carried out for people who lacked capacity to make decisions for themselves. The manager had made appropriate applications for DoLS to the local authority and had a system in place to monitor the expiry dates.

Staff had a sound understanding of the main principles of the legislation. They understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions.

Training and development was up to date. Staff completed a range of training including subjects such as fire safety, autism, epilepsy rescue medicine, safeguarding, MCA and DoLS, food hygiene and moving and handling. One staff member told us, "The training is really good." Staff completed a comprehensive induction and shadowed experienced staff before being allowed to work alone.

Staff received bi monthly supervisions and an annual appraisal. The manager told us they had completed all staff appraisals as a way of getting to know staff members when they first joined the service. They said, "The staff are brilliant they know the guests so well" and "The staff want to talk and always bring things up."

One staff member told us that they had asked to have Makaton training in their supervision. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. We discussed this with the manager who advised that they were bringing the matter to the monthly managers meeting the next day.

People told us they enjoyed meals at Bisley Drive. One person said, "Lush, better here than in the hotel on my holiday." Another person said, "It's nice." The manager said, "Staff make all the meals, it's their holiday. You wouldn't cook in a hotel, would you? We saw people discussed the menu options at the beginning of the week. On the week we inspected three people were celebrating birthdays. One person told us, "I have brought a cake in for all of us later." One staff member told us, "The menus offer a balanced diet but its people's holiday so we have the odd take away."

Staff told us if a person needed access to medical services during their stay relatives would be immediately contacted. If relatives were not available the service would support the person to receive medical treatment. A staff member said, "We would always contact the parent but if they were on holiday we would take them." Guidance was available from external healthcare professionals including speech and language therapists, occupational therapists, and GPs. It was clearly used in people's support plans.

Is the service caring?

Our findings

The atmosphere at Bisley Drive was relaxed and friendly. People were visibly happy when staff sat and chatted with them. Staff members focus was fully on the support of the people staying. One person said, "[Staff] are spot on with us" and "No arguments with staff I really like all of them."

One relative said the service was "Absolutely brilliant," and remarked that they were happy with the amount of choice their relative was given as they stated this did not happen in a previous placement. Another relative said, "My [relative] is happy there and gets on well with the staff, if she wants to sit around all day that's fine and if she wants to go out she can but she is never forced to do anything."

A relative we spoke with told us, "It's very nice and friendly. They told us how their relative is often not keen to go to Bisley Drive and gets upset but that the staff were very good and were always able to reduce her anxieties and that she, "Cheered up quickly".

Staff clearly had knowledge about the people staying at Bisley Drive. One staff member we spoke with was able to describe a person's likes and dislike and their favourite activities. Staff told us they got a male dancer for a surprise for one person's birthday, we saw she had chosen it to be her profile picture and her face beamed up from the page.

One person told us they liked to go to bingo but she never wins. The manager told us staff had looked at alternative bingo clubs as the current one they attended used dabbers. A dabber is a pen shaped marker for marking bingo numbers. They said the person had difficulty using the dabber and was slow to mark so staff had located a venue with an electronic scoring but the person preferred to stay at the same bingo club.

People told us the staff were caring and treated them well. One person said, "[Staff member] is lovely," and, "[Staff member] works really hard." Another person commented, "The staff are great and look after me."

We observed staff in many interactions with people who stayed at Bisley Drive. Staff were very friendly and caring. One staff member told us, "We make sure people have a great stay." Another staff member said, "This is they holiday so nothing is a problem." We observed a staff member support a person to put on their shoes. The staff member was calm and kind and went at a relaxed pace, chatting to the person. The staff member chatted to us about the person's choice of music and his liking for football, the person smiled as the staff member spoke.

Staff took the time to sit with people and chat and watch television with them. Staff were open and discussed their families and relationships with people. This openness continued with staff pen profiles on display in the entrance. One staff member said, "It's like an extended family, we know the whole family. We support the family not just the person."

Care records showed people were promoted and encouraged to be as independent as possible with regard to personal care. Staff were able to describe how to treat people with dignity and respect. One staff member

said, "We are there to support, I always make sure I ask what help people need, most of the time its encouragement." Another staff member said, "I always ask first and maintain dignity."

Advocacy service was advertised in the entrance of the building and within the 'Your Handbook' it described the support offered if a person needed support to make a decision.

People were involved in many areas of running the service from assisting with the recruitment of staff to planning meals and activities. The manager told us one person was involved in the interview process for recruiting relief staff. They said, "[Person] asked questions at the interview. They got great enjoyment from it." We saw the provider had produced an easy to read document on how people can prepare and take part in the recruitment of staff.

Relatives told us they were kept up dated on their relatives well-being and received a review of their holiday. A relative said "We always get a nice write up of what she has done, when she comes home."

Is the service responsive?

Our findings

At the last inspection in June 2016 people were not always protected from the risks of inappropriate care because care records were not always complete to ensure their needs were met.

We found the service had made improvements. Care records contained comprehensive information about the person including a photograph of the person, a one page profile, hospital grab sheet, medical history and support plans. A hospital grab sheet is a document that contains important details about the person and how they wished to be supported. People's one page profile described the person and outlined 'What people liked and admired about the person', 'What was important to the person plus all about the person including family history. We saw in the entrance staff had completed their own one page profiles. This allowed people to know about the people supporting them.

Support plans covered such areas as activities, decision making, nutrition and medicines management. Each gave clear guidance to staff on how a person wished to be supported. For example within one person's communication support plan it stated, "[Person] has limited verbal skills and will communicate their wishes through signs and gestures", it went on to describe a gesture and what that meant for that person.

Bisley Drive's handbook outlined how people and their relatives were to be involved in creating the person's support plans. We saw from records people and relatives were involved in planning their care and support. The manager told us they had attempted to contact each person's social worker to obtain their full assessment so staff could implement it into the person's care support plans.

The manager advised that activities were planned around the people using the service. A staff member told us, "We get everyone together at the beginning of the stay and discuss what people would like to do. Then we plan for the week ahead." The service also completed 'pre stay checks' which enquired what the person wished to do during their stay at Bisley Drive.

People were supported to attend a local group run specifically for people who have a learning disability. One person told us of their recent group trip to a fair and how they really enjoyed it. Another person told us they liked to take part in the following activities to go to the pub, to play snooker or pool, going to the shops, watching TV and going out for a walk. Another person told us they liked to arts and crafts. Staff told us people were supported in baking cakes and people had recently taken part in a pizza making evening.

When asked what they liked best about staying at Bisley Drive one person said, "Seeing all my friends when I come here," and told us they had started meeting up with some of other people at other times too. The manager told us relatives would try to book stays when people's friends were also staying.

We observed people watching a DVD together which they had purchased during their shopping trip. The service had an extensive collection of DVDs, board games and jigsaws. An electronic organ and computer were available in the sensory room. We noted the garden area was unkempt and discussed this with the manager. On the second day of our inspection the manager advised that they had arranged for the garden

to be maintained that week. No people or relatives we spoke to expressed any displeasure with regard to the garden facilities.

A relative we spoke with said, "It would be brilliant if they could have a vehicle". The manager said, "We make sure people can get out and about, we have access to taxis."

Complaints records showed the service had received no complaints since our last inspection. The provider's complaints process was readily available on display in the entrance of Bisley Drive and in the handbook which people received when they stayed. The 'How to complain' leaflet was available for people in easy to read format.

Is the service well-led?

Our findings

People, relatives and staff told us the service was managed well. One person told us, "[The manager] is a good manager." The manager had applied to become registered with the Care Quality Commission and was fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

Although the manager had only been in place since May 2017 they had a good understanding of the service. The manager recognised the importance of utilising staff member's skills and knowledge. They were complimentary of the support they had received from staff and senior management. Staff we spoke with told us the manager and area manager were approachable. One staff member said, "The manager has only been here a short time but I can go to her with anything." One staff member described the area manager as, "Being loyal to the staff and very approachable."

We observed staff working well together and supportive of each other. Staff told us they enjoyed working at Bisley Drive. One staff member said, "I enjoy working here". Another staff member said when asked what was the best thing about their job, "The people who visit and the staff team, I really enjoy my job."

We saw the manager had discussed introducing new ideas at their supervision, for example, staff to look at person centred thinking tools, to listen to each other and setting up an activity file for local events happening in the community for people to choose from?

We looked at what the provider did to seek people's views about the quality of the service. The manager advised that after each stay, a person is invited to complete a quality feedback form. The form used smiley faces as a response against symbols for the following areas, meals, activities, treated with dignity and respect and any other comments. They also advised that meetings are held when people arrived with the focus on discussing people's wishes for the week ahead.

The provider conducted an annual staff survey across all of its services and it was therefore not possible to identify responses that were specific to this service.

Team meetings were held monthly to discuss the running of the service. Minutes from previous staff meetings showed safeguarding, support plans and risk assessments were among the items discussed. Staff members told us they were able to make comments and suggestions during these meetings.

The manager had extensive systems to review and audit various aspects of the running of the service. These included audits of medicines, finances, health and safety checks, audits of care plans and risk assessments. A designated responsible person role was in place, this was a nominated experienced staff member who was responsible for administration of medicines and auditing finances at the start and end of shifts also conducting daily maintenance checks and updating the communication book.

The manager told us about the 'Critical Friend' audit, an inspection of the service completed by another service's manager. We saw the area manager conducted service audits producing an improvement plan

which outlined the action to take, person responsible and timescale plus how it was to be evidenced. This was then followed up by a validation visit.

The manager attended managers meetings every six weeks, where managers from all the providers' services discussed areas such as safeguarding, complaints and accidents and incidents. The provider was proactive in cascading lessons learnt and adopting best practise from across all their services.