Real Life Options

Real Life Options - 96 Harrowdene Road

Inspection report

96 Harrowdene Road
Wembley
Middlesex
HA0 2JF
Tel: 02089043543
Website: www.reallifeoptions.org

Date of inspection visit: 11th December 2014
Date of publication: 06/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection of Real Life Options-96 Harrowdene Road took place on the 11 December 2014. At our previous inspection 01 October 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Real Life Options-96 Harrowdene Road is a care home registered to provide personal care and accommodation for six people who have learning disabilities. On the day of our visit there were five people living in the home. The home is located in Wembley. Public transport and a range of shops are located within walking distance of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the management of medicines. You can see the action we have told the provider to take at the back of the full version of this report.

The atmosphere of the home was relaxed and welcoming. People participated in a range of activities, and were encouraged and supported to maintain links with their family and friends.

Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff interacted with people in a friendly and courteous manner, and had a good understanding of each person's specific communication needs.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were assessed and identified as part of their plan of care and support. People's support plans contained the information staff needed to provide people with the care they wanted and required.

People were supported to maintain good health. People were provided with a choice of food and drink which met their preferences and nutritional needs. People's health was monitored and referrals made to health professionals when this was required.

Staff received relevant training and were supported to develop their skills so they were competent to meet people's needs. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles in providing people with the care they needed.

Staff had an understanding of the systems in place to protect people who were unable to make some decisions about their care and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

A person who was at risk of losing weight did not receive some food supplements they had been prescribed.

Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. People's relatives told us they felt people were safe. Where risks to people's care and welfare were identified, appropriate risk assessments and management plans were in place.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed and to enable them to participate in activities of their choice.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met preferences.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home. Where people were not able to make decisions about their care, decisions were made in their best interests.

Is the service caring?

Good

The service was caring.

Staff knew people well, were kind and had developed positive caring relationships with people using the service. Staff respected people's dignity and encouraged people [and where appropriate their relatives] to be involved in decisions about their care.

Staff understood people's individual needs and their right to privacy.

People's independence was supported and promoted.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs. Each person had a care plan with guidance that detailed their specific needs.

People were supported to take part in a range of recreational activities and maintaining contact with family and friends was supported and promoted. Religious and cultural needs were respected and accommodated.

Complaints were managed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints. Relatives of people felt able to raise any concerns they may have.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager who was available to people, relatives and staff. Staff told us the registered manager and other senior staff were approachable and communicated with them well.

Staff were confident that any concerns they raised to do with the service including poor practice would be addressed promptly and appropriately.

There were processes in place to monitor and improve the quality of the service.

Real Life Options - 96 Harrowdene Road

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.

This inspection took place on 11 December 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we had received about the service. This information included notifications sent to the Care Quality Commission (CQC) and all other contact that we had with the home since the previous inspection. We talked with all the people using the service, however people had learning disabilities and could not tell us fully about what they thought of the home because they communicated by key words, nods, sounds and gestures.

We spent time observing how staff interacted with and supported people who used the service. We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; four people's care files, three staff records, and audits, policies and procedures that related to the management of the service.

Following the inspection we spoke with the registered manager, two relatives of people who used the service and a healthcare professional to obtain more information about the service provided by the home.

Requires improvement

Is the service safe?

Our findings

The service has a medicine management policy and procedure. Staff had signed to confirm they had read the medicines policy and medicines administration protocols. Medicines were stored safely. Regular checks of the medicines were carried out and improvements made when needed. Records showed the medicines management and administration systems had been recently checked by a pharmacist.

Medicines administration records showed that people had received the medicines they were prescribed. However, we found one person had not recently received some food supplements they had been prescribed, which despite records showing us the person's weight was stable could have put the person at risk of malnutrition. Staff we spoke with during the inspection told us they had thought the supplements had been discontinued. We saw a letter from a dietitian which recommended the supplements be continued as part of long term management of the person's nutritional needs. During discussion with the team co-ordinator it was clear that the content of this letter had been misinterpreted by staff. He took prompt action to ensure the person commenced receiving the food supplements.

Two staff who administered medicines were unable to tell us what one medicine for a person had been prescribed for, so were unaware of the health need the medicine had been prescribed to treat or of any possible side effects of the medicine. During the inspection a senior care worker found out what it was used for. The team co-ordinator told us that he would ensure all staff had a good knowledge of each person's medicines including any side effects.

Records showed that staff had received medicines training. The team co-ordinator told us that staff complete a process of 'in house' assessment which included gaining knowledge of the medicines systems and people's individual medicine needs before they administered them. However, it was not evident from records that staff had completed this medicine assessment to demonstrate they were competent to administer medicines safely. The team co-ordinator told us he would make sure staff who administer medicines will have their competency re-assessed and recorded.

The above deficits in the management of medicines meant there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Relatives of people told us they were confident that people using the service were safe. There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and they knew about the reporting procedures they were required to follow if they were informed of or suspected abuse. Staff knew about the whistleblowing procedures, and were confident that any safeguarding concerns would be responded to appropriately by the registered manager and other senior staff. Records of a recent staff meeting showed that bullying and harassment had been discussed with staff and questionnaires had been completed by staff that demonstrated their understanding of the subject.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff confirmed that they felt there was enough staff on duty to provide people with the care they needed safely. The team co-ordinator told us staffing levels were adjusted to meet the changes in needs of people. He provided us with examples of when extra staff had been on duty to meet people's needs, which included when people needed to be accompanied by staff to appointments, other outings and holidays. A care worker spoke of there being consistency of staff who all knew people well and understood their individual needs. We found that staff were busy but had time to spend talking with people and to provide people with the care they needed without delay.

The three staff records we looked at showed that appropriate recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Care plan records showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to

Requires improvement

Is the service safe?

support people to take some risks as part of their day to day living. Risk assessments included guidelines for staff that detailed the preventative action to be taken to lessen risks and keep people safe. Risk assessments had been completed for a selection of areas including people's behaviour, falls, fire safety, environment and risk of abuse including financial abuse. They had been regularly reviewed. Staff were aware of the details of people's risk assessments.

There were appropriate arrangements in place for managing people's finances. We saw receipts of expenditure and appropriate records were maintained of people's income and spending. Regular checks of the management of people's monies were carried out by senior staff to reduce the risk of financial abuse.

Staff took appropriate action following accidents and incidents and action was taken to minimise the risk of them occurring again.

Health and safety checks were regularly carried out by an external company and details of the action taken to make improvements in response to these checks were documented. This showed the premises and systems within the home were maintained and serviced as required to make sure people were protected. Regular checks of equipment including moving and handling hoists and systems such as fire safety, gas and electric were carried out.

Good

Is the service effective?

Our findings

Staff received the training they needed to provide people with effective care and support. Staff told us when they started to work in the home they had received a comprehensive induction, which included 'shadowing' staff so they knew what was expected of them to carry out their role in providing people with the care they needed.

Training records showed that there was a rolling programme of training for each member of staff appropriate to their role and responsibilities. Training was completed in a number of areas relevant to their work including safeguarding people, fire safety, medicines, moving and handling, first aid, Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], autism, epilepsy and challenging behaviour. Other training included risk assessment, principles and values and support plans. Staff were positive about the training they received and confirmed it was sufficient to enable them to carry out their responsibilities. Records showed most staff had acquired qualifications such as National Vocational Qualifications in health and social care that were relevant to the work they undertook.

Staff told us they felt well supported by the registered manager and other senior staff. They received regular supervision meetings with their line manager to monitor their performance, discuss best practice and identify training needs. A care worker told us "I love coming to work." Other comments from staff included; "There is excellent communication between the team," and "We all help each other." Records showed that some staff were due an appraisal. The team co-ordinator informed us that there were plans to carry out appraisals for all staff.

Staff knew about people's individual health needs. A care worker we spoke with was very knowledgeable about a person's specific medical need and spoke about the particular care the person received to meet the person's health needs. People attended hospital and other healthcare appointments. They also had access to a range of health professionals including; doctors, podiatrists, dieticians, speech and language therapists and psychiatrists to make sure they received effective healthcare and treatment.

A healthcare professional told us staff followed advice and guidance they gave regarding people's treatment. A written comment from a health professional told us they considered a person using the service was 'receiving good care.'

The team co-ordinator and care workers we spoke with were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. Staff had received MCA and DoLS training. They knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. We found applications for DoLS had been made and some people were subject to a DoLS authorisations.

Information in people's care plans showed people's mental capacity to make certain decisions about their care and treatment had been assessed. Where people were not able to consent or make a decision their families, staff and healthcare professionals had been involved in making decisions in the person's best interests. For example a best interest decision had been made with involvement of a person's relative about the person's funeral arrangements.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Referrals were made to dieticians and speech and language therapists when people had lost significant weight and/or had swallowing difficulties. However, as recorded in our findings in the previous section [Is this service safe?] we found one person had not received some food supplements that had been recommended by a dietician.

A person indicated by nodding and saying 'yes' when we asked them if they were happy with the meals. We saw people being offered a choice of food and drink during the inspection. Pictures were used to assist people in communicating their food preferences, which were then incorporated in the menu. Staff had a good understanding of what people liked to eat. A care worker spoke of showing pictures of food to people who indicated by pointing or gesture what they wanted to eat. Another care worker told us they showed people a choice of foods and drinks and they pointed to the one they wanted or indicated in various

Good

Is the service effective?

ways such as pushing their plate away or not eating when they did not like a particular food and staff then offered an alternative. Staff supported people to eat at their own pace.

Staff told us about a number of changes that had recently been made to the environment, for example an extra seating area had been arranged close to the entrance of the service, which we saw being used by people. Also new furnishings and other items had contributed to the environment being more attractive and pleasant. People's bedrooms were personalised. A person using the service showed us their bedroom and smiled and nodded when we asked them if they liked their room. Ramps were in place so people with mobility needs could access the garden and other areas of the service.

Good

Is the service caring?

Our findings

The atmosphere of the home was very relaxed. We saw people were supported in a respectful and kind manner by staff. Staff explained what they were doing when providing people with support and spent time engaging with people in a friendly and sensitive way. A care worker spoke of the importance of not rushing people when supporting people with their personal care needs. We heard staff asking people how they were, whether they had a good day and if they had slept well.

We saw staff understood people's right to privacy and treated them with dignity. Staff told us the subjects of respect, confidentiality and dignity had been included in their induction and had been regularly discussed during staff supervision and team meetings. Senior staff told us they monitor staff interaction with people to ensure people were always treated with respect. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. We saw people were very relaxed around staff and approached them without hesitation. A healthcare professional told us when they visited the home they saw staff treat people with respect and people seemed to be "well looked after." We saw from training records that staff had completed equality and diversity training to develop their understanding of how to meet people's specific needs.

Staff understood people's individual communication need, which were identified within the person's support plan. A care worker explained to us how they communicated with people who were unable to speak by observing people's individual body language, gestures, and facial expressions and by listening to the sounds they made and key words they spoke. We heard a care worker ask a person if they wanted an apple and the person indicated by a gesture they did want one and accompanied the staff member to get one from the kitchen.

There were positive relationships between staff and people using the service. Most people had lived in the home for many years and several staff knew them very well. A relatively new member of staff told us they got to know each person's needs by spending time with them, observation, reading people's care plans and talking with staff and people's relatives.

Staff told us about the regular contact they had with people's family and spoke of the importance of these relationships being maintained to promote people's well-being. Relatives of people confirmed they were fully involved with decisions about people's care. They told us they were kept informed about people's progress and that staff understood people's needs. Comments from relatives included "The staff are very good, I can't fault them," "They know all of [person using the service] ways" and "They keep me well informed about changes."

Care plans included information about people's life history and their spiritual needs. Staff were aware of the importance of understanding and promoting people's religious and cultural needs. A care worker spoke of a person's particular religious dietary requirements which were met by the service. Staff provided us with examples of people having celebrated religious festivals. Staff confirmed they read people's care plans and received detailed information about each person's progress during each shift so understood people's individual needs and were able to provide people with the care they needed.

Staff had received training about supporting people's independence and choice. Care plans included information and guidance about how people needed to be supported to promote their independence. Staff told us they supported people to retain as much of their independence as possible by encouraging people to make decisions and develop their skills. We saw staff encourage people to be involved in getting drinks for themselves with support from staff. People put their cups in the kitchen sink after they had a drink. People moved freely within the home and accessed their bedroom whenever they wished. In the garden there were raised plant beds so people who used a wheelchair could be involved in gardening.

Good

Is the service responsive?

Our findings

People's records showed they had received assessment of their care and support needs. This information formed the basis of each person's care plan, which provided staff with the information they needed to deliver appropriate, responsive care and support.

We looked at the care plans of four people who used the service. They contained detailed information about each person's health, support and care needs and what was important to them. There was also comprehensive written guidance about how to provide people with the care they needed. Pictures illustrated some of the written guidance. Each person had a daily support plan which included clear guidance about how to provide people with the support they needed on a daily basis. For example a person's daily support plan included information that informed staff they needed to make sure the person was offered and supported with frequent drinks throughout the day. This person's care plan also included comprehensive guidance for staff to follow to make sure the person was supported in the way they preferred at bedtime

People's care plans were reviewed regularly with people using the service and their relatives. Relatives of people confirmed they had been invited to care plan review meetings. We found people's care plans had been updated when their needs changed so staff always knew how to provide people with the care and support they needed. Staff told us they had thorough 'handover' meetings at the beginning of each shift when each person's needs and progress were discussed so staff knew the support and care people needed.

Care workers were knowledgeable about people's preferences and the type of activities they enjoyed.

People's individual choices and decisions were recorded in their care plan. Staff took time to talk with people, listen to them and supported them to make choices which included what they wanted to drink, wear and do.

During the inspection all except one person using the service attended the provider's day centre where they participated in a variety of activities. People indicated by gestures, behaviour and facial expressions they were keen to go to the daycentre. The person who did not attend the day centre went out for lunch and a walk with a care worker. When we asked the person if they had enjoyed the activities they said "yes" and nodded.

Records showed that people participated in a wide range of activities and were supported to access community facilities, and amenities. Activities included shopping, going out for meals, day trips, manicures and watching television. Pictures were available to assist staff in communicating with people about their preferred activities. For example there were pictures of shops, which people could point to or indicate in another way whether they wanted to go shopping. There were a number of pets including tropical fish, a cat, rabbit and guinea pig kept at the home. Staff told us about the involvement from people in caring for the pets. Records showed a person had helped with feeding them.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was displayed and included pictures to assist people to understand its content. Staff knew they needed to take all complaints seriously and report them to senior staff including the registered manager. Relatives of people told us that they felt comfortable raising complaints and concerns, and were confident that they would be addressed appropriately. Complaints records showed there had been no recent complaints made about the service.

Good

Is the service well-led?

Our findings

There was a clear management structure in place which consisted of the registered manager, a team co-ordinator and a team of care workers. The registered manager was appointed in December 2013 and registered with us in June 2014. He manages this service and two other similar services. The registered manager informed us he visits the home approximately two days a week and carried out checks of the service and staff supervision. He said his visits to the home were flexible and if needed, he could reach the home quickly if there was an incident or an issue of concern. The registered manager told us the team co-ordinator supervises the service on a day to day basis but there was good on-going communication during regular meetings and via telephone and electronic contact between them about the service.

Staff told us that the registered manager with support from other senior staff had made a number of improvements to the service since being appointed. They told us that staff morale was better and the staff team were more supportive of each other. A member of staff said "I love coming to work; the residents can tell it is good now, they are so relaxed." A relative of a person using the service told us "It is great now with the new management. There was a blip but now things are good and the staff team seem to be very happy." A healthcare professional told us they found the home very welcoming. Records of compliments about the service included comments that included "good atmosphere," "welcoming," and "thank you."

Regular staff meetings were held which provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. Staff told us they felt able to discuss any issues to do with the service. A care worker said "I know if I say something they will listen and address it." Another member of staff told us "We have meetings once a month, we can bring up anything, and there is excellent communication between the team." We saw a number of topics and best practice issues had been discussed during staff meetings. These included health and safety, staff interaction with people, disaster plan, whistleblowing, record keeping and the needs of people using the service.

The registered manager and other senior staff undertook audits to check the quality of the service provided to people. This included checking the quality of people's care records, staff training, health and safety checks and the management of medicines and making improvements when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, handling, using, safe keeping, dispensing, and safe administration of medicines used for the purposes of the regulated activity. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.