

Real Life Options

Real Life Options - 2-4 Bethecar Road

Inspection report

2-4 Bethecar Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

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

The service was not able to consistently demonstrate how they were meeting all of the underpinning principles of Right support, right care, right culture.

Right Support

The service people received was provided in a house, which was similar to the other houses in the area, and people living with physical needs had their bedroom on the ground floor. However, the décor of the interior of the home was very tired looking, some areas were not clean, and there were maintenance issues that had not been addressed. The lack of an attractive well maintained environment could impact negatively on people's well-being, safety and comfort. Staff supported and encouraged people to make choices in all aspects of their lives. People's independence was supported. Staff supported people to take part in activities they enjoyed, within and outside of the home. People were supported to safely access facilities and amenities within the local area. People's care plans set out person centred meaningful goals that had been discussed and agreed with them.

Right Care

People received care and support that was person-centred and promoted their dignity, and human rights. Staff knew people very well. They had knowledge and understanding of each person's individual needs, and involved them in all decisions about their health, care and day to day lives. Staff received the training they needed to provide people with the right care. During the inspection people's privacy was respected. However, on the first day of our inspection, we found that one bathroom did not have a blind on the window, so people's privacy was not protected. The manager promptly ensured that a blind was put in place.

Right culture

Staff engaged with people in a respectful and positive way. People spoke of the good relationship they had with their keyworkers, who met with them regularly to discuss a range of matters to do with their lives. Staff supported people to achieve their goals and aspirations. They recognised the importance of empowering

people to live their lives in the way they wanted, and provided people with the support they needed to lead confident and inclusive lives. Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse and knew how to apply it. Staff told us that they would report without hesitation poor practise from staff.

Suitable and robust infection, prevention and control systems were not in place to ensure that all areas of the environment were clean to minimise the spread of infection.

Governance systems and processes had not identified the shortfalls in the service that we found.

There was positive and respectful engagement between staff and people using the service. People were treated with dignity and respect. People told us that staff were kind to them and provided them with the support and assistance they needed.

Relatives spoke highly about the staff and told us people's care and support needs were met by the service. They told us they were fully involved in all areas of people's care. People's care and support plans were personalised and regularly reviewed with them. They set out people's needs and preferences and detailed how they were met. Support focused on people's wishes and their quality of life.

Staff understood their responsibilities in relation to safeguarding people, whistleblowing and reporting all concerns to do with people's safety.

People were supported with their medicines safely and to access healthcare.

Appropriate recruitment procedures were in place to help protect people from the risks of being cared for by unsuitable staff. Staff received the induction, training and support to enable them to competently carry out their roles and responsibilities.

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 service supported this practice.

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 6 September 2019).

Why we inspected

The inspection was prompted in part due to concerns found during an infection, prevention and control inspection carried out by us. A decision was made for us to inspect and examine those risks. As a result, we returned to the service and undertook a focused inspection to review the key questions of Safe and Well-led only.

We have found evidence that the provider needs to make improvements. Please see all the key question sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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. The overall rating for the service has changed from good to requires improvement.

This is based on findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Real Life Options – 2-4 Bethacar Road on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in regulation in relation to premises, infection prevention and control and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

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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 two inspectors.

Service and service type

Real Life Options – 2-4 Bethecar Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the CQC. The previous registered manager left the service and deregistered with us in July 2021. A permanent manager had been employed at the service since October 2021, and had commenced the process of registering with the CQC. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The infection, prevention and control inspection was the first day of this inspection and was announced. We gave the service 24 hours' notice of the infection, prevention and control inspection because it is a small

service and we needed to be sure that the manager would be in the office to support the inspection. The second day of the inspection was unannounced, and the third day was announced.

What we did before inspection

We looked at the information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

We used the information the provider sent us in the provider information return. This had been completed by the previous manager in 2021. 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 of this information to plan our inspection.

During the inspection

We spoke with the four of the people who lived in the home, and one relative about their experience of the care provided. We also spoke with the manager, team coordinator and three care staff.

We reviewed a range of records. These included two people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives and with one professional who had regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People's care and support was not provided in an environment that was always safe, clean, and comfortable. We found the environment and décor failed to promote people's needs and was not consistently maintained or renovated in line with people's needs.
- We were not fully assured that the provider was preventing people, staff and visitors from catching and spreading infections. Some fixtures and fittings were not clean. These included the inside of the medicine cabinet, light switches and some doors had finger marks on them. A stained bathmat was on the floor of one bathroom, a handrail when touched felt sticky, the seat of a sofa was worn with cracks in the fabric. There was dust on the surfaces of some furnishings and ledges.
- The pull switch on a bathroom light cord was broken and the cord was not clean, an electrical socket was cracked, and curtains in a lounge were not fully secured to the curtain rod. Paint work in some areas of the premises was chipped, and some door frames needed repair. Several doors, including some people's bedroom doors had not been painted since having been replaced.
- During an infection prevention and control check carried out by us on the first day of the inspection we found that 'offensive waste' (for example incontinence pads and protective clothing such as disposable masks and gloves) was not being disposed of safely. A handrail was found to be not fully secure. The manager quickly addressed both issues.
- These maintenance and cleanliness issues could put people who used the service at risk of harm and infection. A more attractive and appealing environment could enhance people's well-being particularly if they were involved in decisions about improving the décor.

This demonstrates a breach of Regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- People's care records included personalised risk assessments. These included, risk of falls, using public transport, self-neglect, and risks associated with people's behaviour. These risk assessments were regularly reviewed and included details of measures to minimise the risk of people being harmed. However, at the time of our inspection one person's moving and handling hoist was in need of repair so was unsafe and could not be used. Records showed that the team coordinator had asked senior management for a permission to purchase a new one. However, at the time of the inspection staff were having to assist the person with transferring from the bed to chair without using a hoist. An assessment of the risk to staff and the person of moving/transferring the person without a hoist had not been completed. Strategies for the management of any risk associated with this activity had also not been devised and shared with staff. The

person and staff could have been at risk of being harmed. Following the inspection, a risk assessment was completed, and the manager informed us that a new hoist had been provided to the person.

- People told us they felt safe living in the home and would report any concerns about their safety to their keyworker or senior staff. People's relatives told us that they had no concerns about people's safety.
- Fire safety arrangements were in place. People had individual personalised emergency evacuation plans. These detailed the level of support they required to evacuate from the home safely in the event of an emergency.
- There was a contingency plan in place to guide staff in what to do in an emergency, such as a staffing shortage, fire, flood or pandemic.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding adults training. Care staff knew how to respond to and report abuse, and were knowledgeable about whistleblowing procedures. They told us they would not hesitate to raise any concerns they had about people's care to management staff, the provider and other agencies including the host local authority.
- People spoke highly about the staff, who they told us treated them well. People's relatives told us they had no concerns about the way people were cared for and treated in the care home. They praised the staff and told us, "[Person seems happy enough. Person would tell me if they weren't happy]", "Person treats the staff as family", and "I have no concerns about [Person]."
- The service did not use restrictive practices.
- Staff spoke of the support they provided people whose actions included self-neglect and overeating, and how these had impacted on people's health and wellbeing. They provided an example of how they had worked with one person to develop a plan which had provided the person with strategies and encouragement to manage and change some of their actions. This had improved the person's quality of life, self-confidence and well-being.
- People had personalised care plans about the management of their finances. Effective systems and checks were in place to minimise the risk of financial abuse.

Staffing and recruitment

- Staff records indicated an appropriate staff recruitment protocol was being followed so that only suitable staff were employed to care for people.
- People told us there was always a member of staff available to talk with and provide them with the support and assistance they needed.

Using medicines safely

- All people who used the service needed support to take their medicines. The medicines support people needed was detailed in their care plans. People's medicines were regularly reviewed to monitor the effects on their health, wellbeing and to prevent over medication. Staff received medicines training, and had their competency to administer medicines safely, regularly assessed.
- People told us that they received the medicines they were prescribed. Medicines administration records supported this feedback.
- Regular audits of medicines management and administration were carried out. However, we found no date of opening of one bottle of liquid medicine. Without a record of this date it would be difficult to establish when it was no longer safe or effective to administer it. The team coordinator told us that this would be looked in to and addressed.

Learning lessons when things go wrong

- Incident records were detailed and showed that appropriate action was taken in response to accidents

and incidents, which included reporting and recording them. Incidents were reviewed and discussed with the staff team to reduce the likelihood of similar incidents happening again.

Is the service well-led?

Our findings

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although a variety of monitoring checks to do with the service were carried out. They had not been effective in identifying the shortfalls that we found. Medicines checks had not identified that the medicines cupboard was not clean. Cleaning records had not identified the cleanliness and other infection, prevention and control issues that we found. These deficiencies also indicated that the provider had not ensured that there was suitable oversight of the service.
- In December 2021 a health and safety audit had identified that the house needed renovation and re-decoration but no action plan with timescales to complete this work was available. However, in January 2022 the manager's audit recorded there were 'no concerns' regarding the environment. These audits were not effective in showing that shortfalls identified during these checks had been addressed within planned suitable timescales.
- The service had not identified the need for a risk assessment and risk management strategies to ensure staff and a person were safe when transferring the person from their bed to wheelchair without a hoist.
- Records did not show that that patterns and trends were looked for during checks of incidents, accidents and complaints, so that improvements to the service could be made where needed.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's monies had been checked on regularly by the team coordinator but there was no record that the manager had audited them.
- The staff rota did not record the days when the manager was planning to spend time in the home (she manages two other small care homes run by the provider). To ensure effective communication staff and people should know when the manager would be available in the care home to speak with. The manager told us that they would promptly address this.
- Relatives were aware that the manager had been in post since October 2021, but some mentioned they had not yet spoken with her. One relative told us "I have heard her name but not seen or spoken with her."

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

their equality characteristics.

- People had personalised care and support plans which had been developed with their involvement. These showed people's equality characteristics had been considered and supported. People spoke highly of the staff and told us staff listened to them and treated them well.
- People were supported to be empowered so that they achieved good outcomes. One person had attended training about a medical condition that they had. This had helped the person to understand the importance of exercise and eating healthily to manage and improve their condition and well-being. Staff received equality and diversity training. They spoke of the importance of respecting people's differences and treating them fairly.
- People also had opportunities to take part in one to one meetings with their key member of staff. During these meetings goals were agreed and actioned. For example, one person had accomplished their goal of obtaining a travel pass that enabled them to travel on public transport for free.
- People's relatives told us that communication with the staff was good and they had received updates from staff about people's progress. There was positive engagement between staff and a person's relative during the inspection. Comments from relatives included, "There is great communication, lots of contact with staff", "I am kept informed of [Person's] care needs" and "We keep in touch. I did a [feedback] survey before the pandemic."
- The provider had followed current government guidance to support people's friends and relatives to visit them during the Covid-19 pandemic. When relatives were unable to visit, people were supported to keep in touch with them via telephone and video calls. Visits to the home were currently taking place. One person's relative visited them during the inspection.
- Staff told us they received the guidance, training and support they needed and had been kept well informed about changes to do with the service including current Covid-19 guidance.
- People were supported and encouraged to make choices and decisions about their lives. When a person was unable to make a particular decision., this was made in their best interests by family members and others involved in their care. People were supported to pursue their interests inside and outside of the home.

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; Continuous learning and improving care

- The manager was aware of their legal responsibilities to inform us of significant events at the service.
- The manager and team coordinator knew the importance of being open and transparent with everyone involved in people's care when something goes wrong, so that they could learn lessons and continue to develop the service.

Working in partnership with others

- Staff worked with healthcare and social care professionals, people and their relatives to help ensure people received the care, support and treatment they needed. People attended a range of healthcare appointments. A social care professional told us their engagement with the manager had been positive.
- Staff engaged regularly with the host local authority and accessed training arranged by them.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure that people who use services and others were protected against the risks associated with unclean, and not properly maintained premises.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not operate effective systems to assess, monitor and improve the quality of service provided to people who used the service.</p>