

Real Life Options

Real Life Options - 58 Ormesby Road

Inspection report

58 Ormesby Road
Normanby
Middlesbrough
Cleveland
TS6 0HS

Website: www.reallifeoptions.org

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Ratings

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

Summary of findings

Overall summary

About the service

58 Ormesby Road is a residential care home providing personal care for up to six people aged 18 and over who are living with a learning disability and/or autism. At the time of inspection, the service was providing support to five people

58 Ormesby Road is a large adapted house situated in a residential area with close links to transport, shops, parks and countryside. It has its own private enclosed gardens which all people can use if they require quiet time or a safe space.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were observed to be happy living at the home. Relatives told us they felt their loved ones were safe and cared for by staff who knew them very well.

People experienced safe care. Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm. Enough staff with the required skills and knowledge were deployed and provided people with safe care. People received their medicines safely, and as prescribed, from staff who had completed the required training and had their competency to do so assessed. The registered manager reviewed accidents and incidents to prevent reoccurrences. Any lessons to be learnt from incidents were shared with all staff.

Staff were observed to be kind and caring. People were treated with dignity and respect. Staff helped to promote people's independence. Staff knew people's interests and preferences and supported them to access a wide range of community activities of their choice, which enriched the quality of their lives. People were supported to maintain relationships with people close to them.

Staff, in line with the provider's infection control policy, maintained high standards of cleanliness and hygiene in the home.

People received effective care and support, which consistently achieved successful outcomes and promoted a good quality of life. Staff felt valued and well supported by the management team because there was a system of effective training, competency assessment, supervision and appraisal. Staff consistently delivered care in accordance with people's support plans and recognised best practice.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 08 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

58 Ormesby Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met with four of the people who used the service and spoke on the telephone with three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, six support workers.

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

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 sought feedback from professionals working 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 this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse. Staff spoke confidently about their responsibility to raise concerns about poor care to the management and told us management would listen to them and act immediately.
- One relative told us, "[Person] is safe there. Staff keep us up to date and always let us know what's happening, they're always honest with us."
- Where safeguarding or whistleblowing concerns had been raised these were investigated thoroughly in line with the provider's policy by the registered manager.
- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks.
- Individualised positive behaviour support plans guided staff on actions they could take to prevent situations arising where a person could become distressed and therefore remove the need for restrictive interventions.
- Arrangements were in place to address any emergencies, such as fire or flood. Checks were regularly carried out on the building and its contents to ensure people lived in a safe environment. Checks on equipment were in date.

Staffing and recruitment

- There was enough staff deployed to meet the needs of the people living at the service. The management team reviewed this to ensure staffing levels were flexible to meet people's needs.
- An effective and safe recruitment process was followed.
- Relatives told us people experienced good continuity and consistency of care from a regular staff team who knew people well.

Using medicines safely

- Medicines were managed safely. Appropriate arrangements were in place for the safe ordering, receipt, administration and disposal of people's medicines. Medicine records were accurate and up to date.
- Staff were trained and assessed as competent in the safe administration of medicines.
- The service followed a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour. The registered manager told us how they continuously looked for positive supporting strategies for people to avoid the need for 'as required' medicines.

Preventing and controlling infection

- The service was homely, clean and tidy. Cleaning schedules showed daily, weekly and monthly tasks had been completed.
- Staff followed the required standards of food safety and hygiene, when preparing or handling food.
- Staff had access to disposable gloves and aprons to use when supporting people to prevent the spread of infection.

Learning lessons when things go wrong

- Effective arrangements were in place to learn lessons when things went wrong.
- Incidents and accidents were recorded and investigated appropriately. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the necessary action was taken to reduce the risk of further incidents and accidents. Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health and support needs were thoroughly assessed to ensure their care and support needs were continually met.
- Care and support plans considered all areas of people's lives, clearly setting out their needs and how they wished to be supported.
- Staff delivered support in line with legislation, recognised standards and guidance.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to support people effectively and safely. Staff told us their training fully prepared them to meet people's changing needs.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The registered manager operated effective processes to monitor staff training, supervisions and appraisal, which were up to date at the time of inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA. Appropriate assessments of people's capacity to make decisions were in place.
- The registered manager monitored DoLS applications to ensure they were submitted appropriately and on

time.

- Staff had a good understanding of people's communication needs and were observed supporting people to make day-to-day decisions and choices. For example, the activities they wished to take part in.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance in care plans from relevant healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records of health care appointments were retained in people's care plans, these documented any treatment required or received. This ensured staff were informed of any changes.
- Staff supported people, when required, to attend healthcare appointments. People regularly attended a dentist and had oral hygiene support plans in place.
- When required, investigations or advice from health professionals was sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.

Adapting service, design, decoration to meet people's

- The provider recognised the home will not be suitable to continually meet all people's needs as they become older and their mobility deteriorates to a point where they can no longer use the stairs. The provider and registered manager were working closely with the local authority to consider if the service could be adapted to meet the needs of people in the longer term.
- People were encouraged and supported to decorate their own rooms with personal items specific to their individual taste and interests.
- There was extensive outdoor safe space where people could go when they were experiencing anxiety or distress or just wanted some quiet time.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Although some people were unable to tell us about their experience of living at the home they were observed to be happy and treated kindly and respectfully by the staff team.
- Relatives told us, "It's absolutely fantastic. [Person] couldn't get better care if he lived in the Ritz Hotel! I wouldn't mind living there myself."
- Staff were trained in equality and diversity and knew how to care for people's emotional and spiritual wellbeing, in line with their wishes. The provider had an equality and diversity policy in place to protect and ensure people did not experience discrimination against any protected characteristics. This policy was in accordance with the Equality Act 2010.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care.
- The registered manager monitored staff practices to ensure all care and support was delivered in a kind and compassionate manner.

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

- Care and support plans emphasised people's rights, choices, preferences and the support they required to make decisions about their support.
- Staff were observed communicating effectively with people, in accordance with their communication plans.
- Records showed people and their relatives were involved in their care and support. One relative said, "I'm kept up to date about anything and everything. We get invited to all reviews. If I want to know anything I ask and get an answer."
- People had access to and received support from an independent advocacy service when required to support them with any decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed throughout the inspection empowering people to make choices about their everyday lives. They recognised when people were unhappy and took quick action to make the necessary changes when required.
- Respect for privacy and dignity was embedded into the culture of the service. People, their relatives and staff were respected, listened to, and involved in all aspects of people's care.
- One professional told us, "Whenever I visit, I feel the home has a nice atmosphere, I have observed positive interactions between the staff and the people that live there. I feel the staff speak about the individuals with

respect and in a person-centred way.'

- Staff supported people to remain independent. People were respectfully encouraged to do things for themselves to enhance their independence.
- One relative said, "[Person] has come on leaps and bounds. When [person] was at home they did nothing for themselves and always stayed in the background if we had visitors. Not now, [person] comes forward and is much more confident. [Person] can now put on their own shoes and get dressed, they may get things muddled but they are doing things for themselves that they never did when they lived at home."
- Confidential information was stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised, high-quality care which enabled them to live as full and independent a life as possible and ensured good outcomes were achieved.
- Care and support plans reflected people's choices, wishes, life aspirations and what was important to them.
- People were supported by staff who knew them well and how to positively support them to avoid situations that could lead to increased anxiety or distress.
- Care and support plans showed people, and their relatives were fully involved in planning their own support.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans included people's preferred ways of communication, which included the use of easy read documents, pictures and sign language.
- The provider had a complaints policy and procedure, which had been provided to people and their representatives in a format which met their needs.
- Relatives knew who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Complaints were used by the registered manager to drive improvement in the service and formed part of the provider's quality assurance processes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities according to their wishes and abilities, which promoted their independence. For example, staff supported people to access local facilities and activity centres, which increased their sense of independence. Photos of specific events, holidays, football matches, swimming and trips to the countryside were displayed throughout the home.
- Staff respected people's right to have their own family life. Relatives were welcomed and encouraged to participate in the life of the home. One relative said, "No matter what time of day you go, staff always greet you at the door with a warm welcome and smile on their faces. There is always a lovely atmosphere in the house. Everyone is so well looked after and loved by the staff."

- Where people chose not to participate in planned activities the registered manager ensured they received individual support and were engaged in other stimulating activities of their choice to prevent the risk of social isolation.

End of life care and support

- The service was not providing any end of life support at the time of our inspection. The registered manager informed us that when required they would work closely with people, their relatives and other professionals to develop end of life care plans to ensure people received joined up, dignified care at this important time of their live.

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 Good. 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

- The registered manager and staff consistently placed people at the heart of their service. The service demonstrated a commitment to provide meaningful, good quality, person-centred care that met people's individual needs in a timely way. One relative said, "It's like one big happy family, [person] is so happy and has come on amazingly since moving in there. Its straight A's for them all from us."
- People experienced high quality personalised care from a stable staff team who knew them well and were committed to ensuring they received care which was individual to them.
- Staff were happy in their work. They described the registered manager as caring, approachable and supportive.
- Relatives told us they trusted the registered manager and the staff team. One said, "The service is well led, [Registered manager] is always at the end of the phone if I need anything and we see [Deputy Manager] lots too. [Staff name] is [person's] keyworker [person] loves all of the staff, they get cuddles, we never got that!"

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 provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when medicine errors or accidents had occurred, they were dealt with in an open and transparent manner, in accordance with the provider's policies and procedures.
- Monitoring and review systems were in place for each person accessing the service, this helped identify where improvements were required to people's care and actions taken quickly to implement change.

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

- The registered manager and staff clearly understood their individual roles and responsibilities and spoke of how they worked together to achieve the best outcomes for people.
- Quality assurance and performance management was effective and reliable. Systems were regularly reviewed, and risks were quickly identified and managed well. This helped to ensure people received a consistent, safe level of support.
- Timely statutory notifications to CQC had been received following any significant events at the service.

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

- The registered manager spent meaningful time with people, their relatives and staff. This allowed them to seek people's views on a regular basis and involve them in decisions about any changes.
- Feedback on the quality of the service was actively sought from people, relatives, staff and professionals. These surveys were positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to look at outcomes for people and set new goals for the year ahead.
- Regular meetings took place where all people and their relatives were involved to give feedback on the service they received. This was undertaken using various accessible communication methods.
- Staff meetings were held regularly and used to share any good practice or lessons learnt from incidents to continually raise standards.

Working in partnership with others

- The service worked closely with a range of external health and social care professionals.
- One professional told us, 'I find the registered manager and deputy manager extremely helpful, they are accessible, and I have always felt they are knowledgeable around the individual's needs. I feel confident I get a good hand over from this service and confident they will follow the care plans I have implemented. It feels to me that managers are visible to the staff team, they do work 'hands on' and are aware of a variety of aspects with in the home.'