

Real Life Options

Real Life Options - Darlington Road

Inspection report

54 Darlington Road
Hartburn
Stockton On Tees
Cleveland
TS18 5EW

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24 January 2020

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14 February 2020

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Real Life Options – Darlington Road is a residential care home providing care, support and accommodation for up to seven people with a learning disability. At the time of the inspection there were seven people living at the service.

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 received 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 supported by a kind, caring and motivated staff team. They were encouraged and supported to achieve personal goals. Staff were extremely dedicated to improving the quality of life for the people living in the home and they were supported in this by a strong registered manager and senior leadership team.

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.

Staff treated people with a high level of dignity and respect and despite having very complex needs everyone's independence was encouraged and achievements celebrated. People were given opportunities to be truly involved in all aspects of their daily life and staff provided support patiently to ensure they were given the time and space for this.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were able to maintain strong family links and develop new friendships. Staff were very committed to supporting people to have meaningful relationships with people who were important to them and relatives expressed their gratitude for this. Relatives told us they felt their loved ones were safe and extremely well supported.

People's care was developed around their wishes, preferences and goals. Support plans contained a very high level of detail which meant staff knew exactly how best to support each person. Each person was truly recognised as an individual and supported in that way. Activities were chosen to best suit each person and could be swapped and changed to best meet people's needs on the day. Staff had worked hard to explore what opportunities were available within the local community and further afield so that people had opportunity to participate in a wide variety of things.

Staff were encouraged to develop their knowledge and skills and felt truly valued. The registered manager was an inspirational leader who had supported staff in the introduction of new ways of working. The senior leadership team were also very supportive and approachable.

Medicines were managed safely. There were systems and processes in place to help protect people from the risk of abuse. There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well. Safe recruitment procedures were followed.

People were able to choose what they wanted to eat and drink using a photo library built up over many months by the cook at the home. People were involved in menu planning, shopping and food preparation as much as possible. Specialist advice and input was always sought if there were any concerns about a person and food was prepared in a way that met any specific needs people had in this area. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

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 requires improvement (published 7 June 2016). There was also an inspection on 29 June 2017, however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Real Life Options - Darlington Road

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

The inspection was carried out by one inspector.

Service and service type

Real Life Options – Darlington Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person about their experience of the care provided. Although not everyone was able to communicate with us verbally we spent time with six people. We also spoke with five members of staff including the registered manager and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional recruitment information. We spoke with two relatives and three professionals who are involved 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 inspection on 7 June 2016 this key question was rated as requires improvement. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Trained staff ensured people's medicines were ordered, stored and administered correctly.
- Medicine's records were very well organised and completed accurately and in full. There was detailed guidance in place so staff knew when to administer medicines prescribed to be given 'when required'.
- The provider ensured people had their medicines reviewed regularly and this was done in line with STOMP guidelines. STOMP is national project to stop the over-use of medicines in people with a learning disability, autism or both.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse. Staff had received safeguarding training and were knowledgeable about what action they would take if abuse were suspected. One member of staff told us, "We have done lots of safeguarding training, online and face to face. I would report any concerns to the manager and go above them if I felt it was necessary. We have a whistle-blowing policy too."
- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.

Assessing risk, safety monitoring and management

- Staff supported people in a way that kept them safe. Records confirmed that risks were being appropriately assessed, monitored and managed. Information in risk assessments was detailed and up to date.
- The registered manager ensured all necessary checks and tests were carried out to make sure the building and equipment being used was safe. There were emergency plans in place and regular fire drills. People who lived at the service were also involved in the safety checks, for example helping staff to check water temperatures were safe.

Staffing and recruitment

- There were enough staff to meet people's needs. The home was staffed flexibly to ensure people were

able to take part in a variety of activities outside of the home.

- Safe recruitment procedures were followed to help ensure suitable staff were employed.

Preventing and controlling infection

- The home was clean and tidy throughout. The home had scored 100% in a recent audit by the Infection Prevention and Control Nurse and the kitchen had a five star rating from the environmental health officer.
- Staff wore gloves and aprons to reduce the risk of infection when supporting people and had completed infection control and food hygiene training.
- Staff completed cleaning and household routines to maintain the premises and people who lived at Real Life Options - Darlington Road were also very involved in this.

Learning lessons when things go wrong

- Staff recorded accidents and incidents and the registered manager reviewed these to identify any themes or trends. They were also monitored by the provider, so action could be taken to reduce the risk of any reoccurrence.

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 inspection on 7 June 2016 this key question was rated as requires improvement. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to adequately maintain all premises and equipment. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection the provider had not correctly maintained the equipment within the home. There were no working scales and people's weight was not being correctly monitored. Equipment within the home was now regularly serviced.
- At our last inspection the garden was not safe for people to use. Since our last visit the garden had been transformed into a pleasant space that was accessible and safe for people to enjoy. There were areas specifically tailored to meet individual needs, including an accessible swing and sensory garden with fragrant and edible plants.
- Throughout the home adaptations had been made to ensure people who lived there could enjoy all of the space available to them. There was a new multi-sensory room designed specifically to meet the needs of people living at the home. Staff had taken it upon themselves to raise the additional funds needed to create this space.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had sufficient support, supervisions and appraisals. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had introduced a comprehensive and varied supervision system. Annual appraisals were also taking place and staff told us they now felt extremely well supported. One member of

staff told us, "I have been here a long time and I'm so much happier. The support we get now is fantastic."

- Staff had completed training to meet the specific needs of people who used the service. One member of staff told us, "I love to keep learning so I am always going to [registered manager] and asking what I can do next. She sometimes can't believe I'm asking again but she always supports me. I'm starting another new course soon."

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

- Management and staff assessed people's needs before they moved into the home.
- Support plans were written using the pre-admission assessments and support was delivered in line with standards, guidance and the law.

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

- People were offered a variety of food and drinks and staff knew people's likes and dislikes.
- Mealtimes were relaxed and homely. Staff were aware of people's special dietary needs and food was prepared in line with these.
- The cook worked closely with the people involving them with menu planning, shopping and food preparation.

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

- Staff were aware of the importance of good oral health and supported people to keep their teeth clean and attend dental appointments.
- Staff worked closely with external healthcare professionals to meet the varied and complex needs of the people living at the home.
- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy. One relative told us, "I do try to take [family member] to appointments if I can but lately it hasn't been possible. I know I don't have to worry as staff take them anywhere they need to go."

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.

- Consent to care was sought in line with legal requirements.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements. DoLS authorisation had been granted for people deprived of their liberty.
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing.

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 inspection on 7 June 2016 this key question was rated as good. At this inspection this key question has been rated 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

- People were supported by caring and kind staff. One relative told us, "[Family member] has been at Darlington Road for a number of years and I cannot fault the care that she has received during that time. The staff have always been extremely caring."
- Staff knew people and their personalities well. They recognised from small changes in behaviour when people were not happy and had the knowledge and skills to respond accordingly comforting them when they became upset.
- Staff supported people to maintain their family relationships. The registered manager had recently nominated one of the support staff for the provider's 'real life hero' awards for the work they had done around this.
- Relatives told us they always felt welcomed when they visited, and they had developed good relationships with staff and the registered manager. They said they found the registered manager really approachable and willing to do anything to make people's lives better. One relative said, "I'm always welcome. It's like home from home! They offer me a cup of tea straight away. Nothing is too much trouble."
- Professionals were also complimentary about the caring nature of the staff. One professional told us, "The staff appear to be positive and complete any actions I have suggested during my reviews. The staff have worked in the service for years and do know the residents, who are quite complex, very well."

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

- Staff supported people to be involved in and agree decisions about their care. Staff understood how people communicated, and they worked with people to ensure their views and choices were always considered.
- People were supported by a very dedicated staff team to achieve positive outcomes and staff constantly looked for ways to set realistic and achievable goals for people. For example, one person had been supported to keep in touch with a relative using video calling and staff were looking at ways to develop the person's skills so that they could make these calls more independently.
- Relatives were involved in decisions their family member's care. One relative told us, "I know anything there is to know about [family member]. I always attend the reviews and they tell me straight away if there are any issues. I have had no trouble whatsoever with the communication. I'm more than happy."
- People had access to advocacy services if this was needed. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way that maximised their independence, choice and control. People helped with household chores wherever they were able to and staff described how they encouraged a level of independence with personal care.
- Staff respected people's privacy and dignity and treated them with kindness and respect throughout the inspection. One relative told us, "They always respect [family member's] dignity. They are respectful when they help them shower and always knock on the door before coming in."

Is the service responsive?

Our findings

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

At the inspection on 7 June 2016 this key question was rated as requires improvement. At this inspection this key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

At our last inspection the provider had failed to maintain complete and accurate records of people's care needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced 'Active Support' into the service. Active Support is a method of enabling people with learning disabilities to engage more in their daily lives. The service made a real difference to people's lives through this change to working practice. People who lived at the home had very complex needs and had previously not taken any active role in their support. With the help and support of staff, people were now truly engaged in activities such as laundry, cooking, meal preparation and cleaning. They were more involved with their own personal care and were given the choice of which staff member supported them by being shown photographs.
- The registered manager and staff had created an environment that allowed people to thrive. One relative told us, "I am very encouraged how the staff keep [family member] engaged and how they get them involved in activities to ensure that they are the best that they can be. With the 'active support' programme, [family member] is capable of doing things which I had never thought would be possible, these may be things that most of us consider mundane or common place, but for [family member] they are real achievements."
- Staff were fully engaged with the Active Support model and spoke very passionately about the positive impact it had on people. One member of staff told us, "I won't lie, at first I really wasn't sure. I was a bit nervous and also wasn't sure people would benefit from it. It has been amazing. It was like a lightbulb coming on for me. The progress people have made and the things they can now do is amazing."
- People's care was developed around their wishes, preferences and goals. Extremely detailed support plans were in place which instructed staff exactly how to deliver care which was particularly responsive and fully met people's needs.

Meeting people's communication needs

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.

- The registered manager and staff team had a good knowledge of people's communication skills. This meant staff could help people to express their views. People had very detailed plans in place that explained exactly how best to communicate with them. Some people used technology to aid communication.
- The provider ensured information was available in easy read format, using pictures to make the words easier to understand.
- The Cook had spent over a year photographing actual meals so people could easily identify what they would like to eat. This had empowered them to be heavily involved in menu planning.
- Staff had supported one person to understand their bereavement and process their grief after losing their parents. Staff had developed a social story to support the person to understand their emotions and find ways to cope. The person's relative told us, "The staff have always been extremely caring, not only to [family member] but to my mother and myself when my father passed away and then again to myself when my mother passed away. They have helped [family member] process this change in life circumstances in a compassionate way."

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 lived very full and busy lives. There was a host of activities available to them inside and outside the home. One person was part of a local 'knit and natter' group and this had given them a circle of friends outside of the home. The person was not able to knit because of their physical condition but they got great pleasure from handling pieces of wool and it was therefore recognised that this may be a group from which they could get some pleasure.
- Staff had identified that two people were not able to access the cinema in the community due to this causing distress. Staff, families and other people involved in the individuals' lives worked in partnership to raise funds and a cinema room has now been built within the service. This doubles up as a multi-sensory room which was in use during our visit.
- Staff were extremely proactive in supporting people to maintain family relationships. Visitors were welcomed at any time and people also went out to visit family.
- People took part in a variety of activities within the home and went on many trips out in the local community and further afield. This included trips to the local pub to play pool, bowling, ice skating and regular trips to specialist activity centres such as the Alan Shearer Centre. One relative told us, "They do go out and do things. To be honest [family member] just loves being out in the car you can see on her face how much they like it."
- The service was excellent at supporting people to connect with each other and the community. This promoted meaningful inclusion, reduced isolation and significantly improved people's self-worth.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place however no complaints had been received since our last inspection.
- Relatives told us they would speak with staff or the registered manager if they had concerns. One relative said, "I'm not backwards in coming forwards! If there was anything I wasn't happy about I take it straight to [registered manager] and it would get sorted. I'd escalate a complaint if I had to but it's never come to that. We really have no concerns."

End of life care and support

- End of life preferences were recorded in a booklet that staff completed in conjunction with people and their families. The provider had supported people to arrange funeral plans and everyone now had these in place.

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 inspection on 7 June 2016 this key question was rated as requires improvement. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure sufficient management oversight at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager carried out a range of audits and checks to monitor the quality and safety of the service. These were effective at highlighting any concerns and action was taken if any issues were identified.
- The registered manager had given staff responsibility to complete some of the quality checks. For example, the cook, who was also a qualified support worker, was responsible for monitoring people's weights and completing regular risk assessments to ensure people were not in danger of becoming malnourished.
- The provider met their regulatory requirements by notifying CQC of important information in a timely way. They also met the legal requirement to display the inspection rating so that people and those seeking information about the service can be informed of our judgments.

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

- The people who lived at the home were at the centre of every decision and the staff team all worked together to ensure the best outcomes for people. Active support principles had been enthusiastically adopted by staff who were encouraged and supported in this by the registered manager.
- The registered manager and staff team were well supported by senior management. One member of staff told us, "[Chief executive] came to visit. His jacket and tie came off in no time and he was down amongst people. It's so nice to know they really believe in what we do."
- Everyone we spoke with was complimentary about the registered manager's approach to care and how well they led the staff team. The registered manager had an open door policy but also spent the majority of her time out of the office. This meant staff could discuss things with them at any time.
- Staff felt much more valued since the new registered manager had been in post. 'Team Maps' had been

created which listed all staff, what their individual skills were and what they were responsible for in the home. Staff told us it made them feel really valued to have their strengths recognised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the registered manager understood their responsibility to be open and honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider sought feedback from staff and relatives of people using the service. This feedback was acted upon to make improvements in the service.
- Staff meetings were held regularly and minutes of the meetings were shared with staff who had not been able to attend.
- People who lived at the home were well known in the local community and good relationships had been developed with neighbours, local schools and businesses. For example, people were well known in local shops and supermarkets where staff were patient and understanding. One member of staff told us, "Whenever we go out the locals smile and say hello. Some people in the area were originally resistant to the service opening so it is lovely that we've come so far and are recognised as a real part of the community."
- Staff liaised with health and social care professionals to make sure people received joined up care which met their needs.
- A person who lived at one of the provider's nearby supported living services came to volunteer at the home. They helped support staff and had also been teaching staff to use Makaton, a type of sign language.
- The service had been recognised for industry awards. One of the support workers from the service had won the Support Worker Award (Not for Profit) at The National Learning Disabilities Awards ceremony in 2019. The National Learning Disabilities Awards celebrate excellence in the support for people with learning disabilities and aim to pay tribute to those individuals or organisation who excel in providing quality care.