Real Life Options

Real Life Options - 2 Frederick Street

Inspection report

2 Frederick Street
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 31 January 2018 and was announced. We announced the inspection as the service is very small and we wanted to make sure people and staff would be available. We visited the home on 31 January 2018 and we also telephoned a relative on the 2 February 2018.

Frederick Street 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. Frederick Street accommodated three people at the time of the inspection.

The service was last inspected on December 2015 and the rating for this inspection was Good. At this inspection we found the service remained Good.

Risks to people arising from their health and support needs as well as those relating to the premises were assessed, and plans were in place to minimise them. We have made a recommendation about fire and evacuation drills.

People received their medicine safely and were supported to access the support of health care professionals when needed. The provider had taken steps to minimise the risk of abuse because staff knew how to identify and report it.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal. We have made a recommendation about training.

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

People received a varied and nutritional diet.

The interactions between people and staff showed that staff knew the people really well.

Care was planned and delivered in way that responded to people's assessed needs. Care plans contained detailed information about people's personal preferences and wishes as well as their life histories.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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Detailed findings

Background to this inspection

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

This inspection took place on 31 January 2018 and 2 February 2018, the first day was announced and the second day consisted of speaking to a relative over the telephone.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The three people living at the service were unable to communicate verbally, therefore during the inspection we observed the care they received and their interactions with staff. We spoke with one relative via the telephone after the inspection. We looked at three care plans and three staff files. We looked at how medicines were managed. We spoke with the registered manager, the team leader and two care staff.

Good

Is the service safe?

Our findings

We asked the relative we spoke to if they thought their loved one was safe. They said, "Oh yes they are safe, I feel comfortable knowing they are there."

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

The provider appointed a safeguarding hub group that met quarterly. The safeguarding hub discussed safeguarding issues raised within the provider's services. Through the group Lessons learnt were identified and shared through all of the provider's services. through this meeting the group had identified a trigger for one person displaying behaviour during which they caused harm to themselves. They had introduced a new approach, where their mealtimes and medicines times were altered, which had a positive effect as the person no longer displayed this type of behaviour.

During the last meeting for people who used the service, safeguarding was discussed and each person helped to make a poster to provide a better understanding of what safeguarding is all about.

Risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to live full and active lives. We saw evidence of positive risk taking for example people made their own hot drinks and bake cakes.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors and water temperatures. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

Fire drills and full evacuations took place regularly with both staff and people who used the service. However, we recommended that the staff member who works alone on a night simulates an evacuation on their own to emulate the night time circumstances . The registered manager booked this in for the morning after inspection. One person using the service had multi-sensory loss and so is unable to hear the fire alarm or see people leaving the building. The service had obtained a smelling pot which smells of fire. Over time by using this smelling pot they now fully understand when they would need to evacuate.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. However there were too few to highlight any patterns.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. The temperature of the room the medicines were stored in was taken daily and remained in safe limits. Staff were trained to administer medicines and had their competency checked annually with an observed practice.

We saw there was enough staff on duty to support people throughout the day and night. There were two care workers and the team leader during the day and one care worker on a night. A sleeping staff member in the service next door was continually on call on a night in case of emergencies. If an emergency was to happen staff could press a button in the service, this alerted a bed sensor in the staff member's room and the lights would flash on and off. One person who used the service suffered from seizures. If they were to have a seizure during the night they had a bed sensor that would alert the staff member as well as the sleeping staff member next door.

Staff we spoke with said, "Yes there are enough staff," another staff member said, "Yes there are enough and the extra staff member that works on both units really helps."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service (DBS) check was carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service was warm, clean and tidy with no areas of malodour. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves.

Good

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. Staff received equality and diversity training on induction; however the majority of staff had worked at the service for many years and therefore not received this training. We recommended all staff receive training in equality and diversity and the registered manager arranged for this to take place during the inspection day.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made in respect for each person living at the service and approved by the local authority in line with the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and records showed they had received training in this area.

We asked staff how they know the food they were providing was what people liked due to them being unable to communicate verbally. Staff we spoke with said that due to them having cared for the three people who used the service for many years they could tell whether they liked or disliked the food by the way they ate it. For example if they were eating quite fast it meant they were enjoying the food it they ate quite slowly it meant they thought it was okay. Another staff member explained how it is sometimes a process of elimination. If they don't like something they will move it away with their hand, for example one day they had egg beans and chips and one person moved it away, they removed the chips but they still moved the plate away, it turned out it was the egg they did not like so this person now does not have fried or poached eggs but likes scrambled egg.

People used aids to support them to feed themselves. For example, one person had a Manoy Plate which is a specially designed plate which is oval shaped with a sloping bottom and high sides to enable people to scoop up food without spilling.

On the day of inspection people were eating beef curry and through observation seemed to be really enjoying it. We noticed two staff members, sitting at the table with the three people who used the service, had a plate of beef curry and kept adding it to two people's plates. We asked why they were doing this, one staff member said, "[Person's name] went on holiday a few years back and really enjoyed being able to see vegetables etc. being served from different bowls and added to their plate, we had never seem them eat so much and enjoy their food as much, so we incorporated that way of eating into their meals when they

returned. We provide one plate with some food on but add more from a separate plate, it seems to work and they eat a lot more."

Snacks were available throughout the day such as hot drinks, fruit, biscuits, crisps, yogurts and cakes.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social workers, psychiatrist and a dentist.

We found the premises were well kept and well decorated with sensory adaptations. For example, each room had a plaque outside with tactile shapes or materials, such as a knife and fork outside the dining room, a sponge and flannel outside the bathroom and a piece of quilt outside their bedroom. This allowed one person who had a multisensory loss to know which room they were entering.

People's bedrooms were individually decorated, one person's room was full of music symbols and pictures, and another person's was all lights and sensory, tactile objects. One person's room had three light up pictures of cherry blossom and bright blue sky; this was part of light therapy, as the person suffered from seasonal depression disorder (SAD). The registered manager said, "We talked with them and discussed several ideas which have been proven to help minimise the effect the disorder can have. They chose light up wall art with summer scenes and the bright colours and we asked if they wanted to paint their room. They picked the colour and also helped paint some of the walls with staff support. This has drastically reduced their seasonal behaviours and their room hasn't been damaged since."

Good

Is the service caring?

Our findings

The three people who used the service had lived together at Frederick Street for more than 20 years and a number of staff had been there the same length of time. This meant they all knew each other really well. Through observations we saw staff demonstrated an extremely patient and kind, caring manner. This was the people who used the service's home and everything was centred on them and what they wanted.

The relative we spoke with said, "[Name] is very well supported, the staff are all kind and helpful."

Peoples' equality and diversity was respected. The relative we spoke with said, "[Name] is made to feel equal and included in everything." One staff member said, "Equality and diversity is in everything we do, I do my utmost to get every one of them to reach their potential. I always say I am no better than anyone else and no one is better than me." This staff member went on to say, "I am very passionate about the care we provide all three people. [Name of person using the service] is an inspiration to anyone who has a sensory loss, they certainly reach their potential."

There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. For example, due to not being able to communicate verbally one person had boxes around the service with communication aids in, they would choose whatever aid they wanted such as a car key meant they wanted to go out in the car, if they chose a beer mat as well they wanted to go in the car to the pub, or an arm band they wanted to go to the hydro pool.

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed when a person wanted a drink, staff did not automatically start preparing it they would involve the person and ask them to get their cup, choose which drink, get a spoon etc. One staff member said, "We use the hand over hand technique, for example [Name] loves cheese and often wants a cheese sandwich we don't just make it, together we get each ingredient out, then they hold the knife and put our hand over theirs and guide them to spread the butter and cut the cheese."

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished.

Although people were unable to communicate verbally, staff still held full conversations with them. Staff knew what each noise or facial expression meant. We observed staff sitting with people, chatting and laughing. We saw one person's face light up when a staff member said their name.

Peoples' privacy continued to be respected and consistently maintained. We observed staff did not enter people's rooms without knocking and information held about people was kept confidential.

All three people using the service had an advocate. Advocates help to ensure that people's views and

preferences are heard.

Good

Is the service responsive?

Our findings

Staff understood how to deliver person centred care. Person -centred care is care that is centred on the person's own needs, preferences and wishes.

We looked at all three care plans and assessments in detail and saw these were comprehensive and included people's likes, dislikes and preferences. The care plan included information on people's history up to moving into Frederick Street. The care plans detailed information on how a person wished to be cared for and about a person's routines, rituals and why they did certain things. For example, one person had a certain routine they went through when leaving and returning to the home. This meant staff were aware of certain behaviours and understood the reasons behind them.

Records showed that staff had worked in partnership with the individual, their relatives if they had any and professionals involved in their care to develop a support plan outlining how people needed and wanted to be supported. The relative we spoke with said, "They keep me informed about everything, they also ask my advice so they can make everything right for [name]."

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, medicines and personal safety and risk. The care plans also contained actions for staff to follow and how a person shows they were not happy or in pain.

Each person had an end of life care plan in place, detailing their wishes and preferences at this time. For example, one person wanted everyone to wear bright colours, not black.

People chose what they wanted to do on a daily basis. For example, one person wanted to go out for a coffee in the afternoon. Another person was happy sitting at the table with their own pot of tea and another was snuggled up on a chair listening to music. One staff member said, "Two people are quite elderly now so don't want to be out doing something every day, we take their lead."

Staff explained that all three people enjoyed going out for food, stating "[Name] loves McDonalds and Kentucky Fried Chicken but likes to eat them in the back of the car." Staff explained that if they go to the local pub they park as near to the outdoor seating area as possible, so one person can stay in the car and the others can sit at an outdoor table (weather permitting). One person loved sausage rolls and staff made sure they could get one every time they went out.

One person had started refusing to go out, they would get as far as the front gate but as soon as they realised there was no car waiting they would turn around and go back in. The registered manager said, "We realised this so arranged a meeting with their social worker and advocate to discuss the possibility of a mobility car and 1:1 hours. We accommodated the service users needs by amending the rota to ensure we have a driver on duty at the times they wish to go out. This is currently on trial and if successful we will arrange for a full time mobility car."

People also enjoyed aromatherapy and received hand, head and foot massages on a daily basis if they wanted. One staff member said, "We are making their [people who used the service] lives as best as we can, we are here for the service users and they are out main concern."

There was a clear policy in place for managing complaints and the service had received no complaints.

Good

Is the service well-led?

Our findings

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

Quality assurance audits were embedded to ensure a good level of quality was maintained. The results of which were analysed by the provider in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The provider's internal continuous improvement partner also completed audits. The registered manager said, "This audit ensures that good practice is displayed throughout the service and we are up to date with all current legislation."

We asked the registered manager how they keep up with current legislation and follow best practice guidelines, they said, "We have monthly managers meetings where we share good practice and discuss what's working and not working. We attend providers forums, registered manager networks ran in conjunction with Skills for Care and sessions with the CCG and local authority. We continually review the CQC website for themes and good practice guidelines. We also use NICE guidelines on the administration of medications. We treat people with respect, we meet people's needs, and we keep people safe and ensure our staff team is skilled to be able to provide excellent support."

The service had a strong emphasis on team work, communication and providing a homely atmosphere. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together as a team. One staff member said, "We are a lovely service, we have lovely service users and lovely staff, we are very lucky."

The registered manager said, "Staff retention is always a good thing and very positive for the people we support. It gives the people we support stability, continuity and a feeling of safety. We have a stable staff team and haven't needed to recruit to the service in over three years."

Staff meetings were held at which staff had the opportunity to discuss people's changing needs and the running of the service. We saw evidence of discussions where staff had shared success stories, shared knowledge and identified any training needs. The agenda focussed on positivity and morale boosting. One staff member said, "We all bounce ideas off each other and suggest things we could try." At each meeting a policy was also discussed. There was a suggestion box where staff were encouraged to make any suggestions, the registered manager said, "All suggestions are taken seriously and we will try anything out."

Meetings for people who used the service took place quarterly and usually centred around tea and cake. Topics for discussion were anything new about the service and what had happened and what people had enjoyed. At the last meeting safeguarding was discussed and everyone helped make posters about safeguarding to enable understanding of this subject. During the Christmas meeting the minutes

documented that Christmas music was playing in the background, they all had hot chocolate with marshmallow and they all decorated the trees whilst discussing plans for Christmas.

People who used the service were asked for their views via an annual survey. The registered manager said, "The results are currently being collated by our Quality Team. The positives we will continue to do more of and any negatives highlighted we will make changes locally where necessary. Whilst the people we support have limited vocal communication skills they are able to make it clear if they dislike something and staff understand this by monitoring body language and can change the way they support the individual or the activity they are doing."

Staff were complimentary about the registered manager and the way the home was run. Staff we spoke with said, "The manager is great, we all bounce off each other as a team, our team is awesome." And "They would not ask you to do anything they wouldn't do." Another staff member said, "I feel very much supported by management."

The relative we spoke with said, "The management are absolutely fine and very helpful as are all the staff. I am kept informed of how [Name] is."

We asked staff what they thought the culture of the service was and what the provider's values were. One staff member said, "We have an open and honest culture and we value our service users, we want them to be as happy as possible, provide choice, fulfilment and independence. We are like a family." Another staff member said, "Our value is to enrich their [people who used the service] lives."

We asked the registered manager what their plans were for developing the service. They said, "We use Helen Sanderson's (a consultancy company) Progress for Providers this process ensures we continue to monitor and improve the service by continually looking for ways to improve. We never stop trying to develop or create a positive environment for the people we support to live in. We agree with the staff team six pledges each year which form a service business plan. These are then implemented and monitored throughout the year. We are currently in the process of auditing the service to establish the 6 pledges for 2018-2019." The Helen Sanderson's progress for providers are a range of self-assessments to enable providers to deliver more personalised services.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.