

Real Life Options

Real Life Options - Teesside and Redcar Outreach and Supported Living

Inspection report

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28 June 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26, 27, 28 and 29 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. This was the first inspection since the service was registered at this location in January 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with physical disabilities, learning disabilities or autistic spectrum disorders and older people.

Not everyone using Real Life Options – Teesside and Redcar Outreach and Supported Living receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 16 people were receiving personal care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Staff received the training needed to provide effective support but the provider did not have effective systems in place to monitor and record this.

People and their relatives said staff at the service kept people safe. Risks to people were assessed and plans developed to reduce the chances of them occurring. The provider had contingency plans in place to provide support in emergency situations. Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. Effective infection control policies and procedures were in place.

People were safeguarded from abuse. Medicines were managed safely. The registered manager and provider monitored staffing to ensure enough staff were deployed to support people safely. The provider's recruitment processes reduced the risk of unsuitable staff being employed.

Staff were supported with regular supervisions and an annual appraisal. 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 the support they wanted and

needed to manage their food and nutritional health. People were supported to access external professionals to monitor and promote their health. An assessment of people's support needs was carried out before they started using the service to ensure the service could provide the support people needed.

People and their relatives spoke positively about the support they received from staff. People were supported to maintain their independence by using and enhancing their independent living skills and living as full a life as possible. Relatives we spoke with said staff promoted values of choice and independence. Support plans contained guidance to staff on how they could include people in the care they received and encourage them to do as much as possible for themselves. Staff told us they were committed to empowering people when delivering support. People told us they were treated with dignity and respect. Procedures were in place to support people to access advocacy services.

People and their relatives told us they received personalised care based on how they wanted to be supported. Support plans were based on people's assessed needs and preferences. Some people received support to access activities and maintain and strengthen links with their local community. Policies and procedures were in place to investigate and respond to complaints. Procedures were in place to provide end of life care where needed.

People and their relatives spoke very positively about the registered manager and said the service had improved under their leadership. Staff also said the service had improved since the registered manager joined and that he was constantly driving improvement. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Feedback was sought from people and staff and was acted on.

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.

Risks to people were assessed and addressed and people were safeguarded from abuse.

Medicines were managed safely.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider did not have effective systems in place to monitor and record training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain a healthy diet and to access external professionals to promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively staff and the support they received.

Staff treated people with dignity and respect and their independence was promoted.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good ●

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

Policies and procedures were in place to deal with complaints.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance process had not addressed issues with training records and other documentation.

Staff spoke positively about the leadership provided by the registered manager.

Feedback was sought from people using the service and their relatives and was acted on.

Requires Improvement



Real Life Options - Teesside and Redcar Outreach and Supported Living

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.

Inspection activity started on 26 June 2018 and ended on 29 June 2018. It included telephone calls to people, their relatives and staff. We visited the office location on 27 June 2018 to see the registered manager and to review care records and policies and procedures. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Real Life Options – Teesside and Redcar Outreach and Supported Living.

We spoke with three people who used the service and two relatives of people using the service. We looked at

three care plans, three medicine administration records (MARs) and handover sheets. We spoke with four members of staff, including the registered manager and support workers. We looked at three staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People and their relatives said staff at the service kept people safe. One person told us, "I feel safe. They keep me safe." Another person told us, "I'm happy with them and they make me feel safe." A relative we spoke with said, "I know I can trust them. [Named person] is safe with them." Another relative told us, "I trust the staff. I'm quite happy."

Risks to people were assessed and plans developed to reduce the chances of them occurring and to keep people safe. For example, one person liked to wash themselves but could not always safely manage this. Guidance was in place for staff to support the person to wash themselves safely. Another person was at risk of exploitation and had a risk assessment and control measures in place to help keep them safe. We did see that some risk assessments were based on a standard template produced by the provider and did not reflect actual risks to the person. We spoke with the registered manager about this, who said risk assessments were being reviewed and replaced where they were not specific to the person.

Though the provider was not responsible for people's accommodation staff carried out visual checks of people's surroundings and any support equipment they used. People and their relatives were advised of any issues identified. The registered manager said staff would support people to raise these with their landlords should this be needed. Personal emergency evacuation plans (PEEPS) had also been produced. PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations.

The provider had contingency plans in place to help ensure people received continuity of support in situations that disrupted the service, for example loss of access to documentation or staffing shortages through illness.

Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. The registered manager reviewed these on a monthly basis, and records confirmed that prompt action was taken when issues arose. For example, following one person having a fall when out with a member of staff medical advice was quickly sought and their minor injuries dealt with.

Effective infection control policies and procedures were in place. Some people received support to clean their properties, and where this was the case their support plan contained detailed information on how it should be done. Staff had access to supplies of personal protective equipment (PPE) such as gloves and aprons.

People were safeguarded from abuse. Staff had access to the provider's safeguarding policy, which contained guidance on the types of abuse that can occur in care settings and advice on how this could be reported. Staff received safeguarding training and said they would not hesitate to report any concerns they had. One member of staff told us, "I'd report any concerns straight away and we have a whistleblowing number." Whistleblowing is where an employee reports concerns about their employer. Another member of staff we spoke with said, "I'd ring [the registered manager] and report it. I would intervene to protect people." Records showed that where issues had been raised they had been dealt with promptly and

appropriately reported to local safeguarding authorities.

Medicines were managed safely and people told us they received them when needed. One person we spoke with said, "They help me with medicines before bed and in the morning. They're good. They always make sure I have them." A relative told us, "They give [named person] her medicines. She gets the support she needs." Staff had access to the provider's medicines policy. This contained guidance on areas including the management of 'when required' (PRN) medicines and medicine administration and recording.

Support plans contained information on the help people received with medicines. People receiving medicine support also had medicine administration records (MARs). A MAR is a document used to record when people's medicines have been administered. MARs we looked at had been correctly completed without unexplained gaps.

The registered manager and provider monitored staffing to ensure enough staff were deployed to support people safely. Staffing levels were based on the assessed level of support people needed. Decisions on this were taken by people's social workers in discussion with people, their relatives and staff at the service. The registered manager was able to give us examples of situations where staff felt more support was needed for a person, which led to meetings with people's social workers and an increase in staffing to support them. Rotas we looked at confirmed that support calls were covered. Arrangements were in place to cover staff absence through sickness or planned annual leave.

People and their relatives said they were supported by a stable staffing team. One person told us, "I have different staff but I know them all." Another person said, "They are on time when they come to see me." A relative we spoke with said, "They turn up when they need to be there. If someone phones in sick they let us know on the telephone and tell us how it will be covered. It's generally the same staff going in, faces [named person] knows. They have a good team." Staff said there were enough staff at the service. One member of staff told us, "We have enough staff here. Everyone is really flexible so we get it all covered." Another member of staff said, "We definitely have enough staff" and then told us about how staffing had been increased for one person they assisted after their support needs increased.

The provider's recruitment processes reduced the risk of unsuitable staff being employed. Applicants were required to complete an application form or submit a CV setting out their employment history and were asked questions about their experiences and motivation at interview. Before staff were employed proof of identity and written references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

Staff usually received the training needed to ensure they could meet people's support needs but this was not always effectively planned or recorded. This included training in safeguarding, positive behavioural support, moving and handling, first aid and epilepsy awareness. However, we saw that training records were unclear and it was not always possible to see when staff had last completed mandatory training or refresher training. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively.

Training was planned and monitored by the provider's training department using a training chart. When we looked at this we saw gaps in recorded training for several members of staff. For example, only 14 out of 42 members of staff were shown as having completed equality and diversity training. 10 staff were recorded as having overdue fire safety refresher training, some of which had expired in February 2017. 13 staff were recorded as having overdue medicine refresher training. We saw that gaps in training had been identified by the provider during a quality audit of the service in March 2018 however this had not been resolved by the time of our inspection.

We spoke with the registered manager about this, though they were not themselves responsible for planning training. Following our inspection the registered manager sent us a 'training action plan' produced by the provider. We saw this contained plans to review and arrange staff training though noted it did not include overdue equality and diversity, fire safety or medicine training.

Staff we spoke with said they received training and found it useful. One member of staff said, "The training is pretty good. We do online and classroom training. It's regular and always coming up and we get asked if we want to do any extra, optional training." Another member of staff said, "I think the training is good." Our judgment was that staff received the training needed to provide effective support but that the provider had not properly recorded this.

Staff were supported with regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review staff knowledge, skills and performance. Staff were also encouraged to raise any support issues they had. Staff said they found supervisions supportive and would be confident to raise any issues they had. One member of staff said, "We get supervisions and appraisals, and we can also request them if you have an issue."

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. We checked whether the service was working within the principles of the MCA.

People's support plans contained information on their capacity to make decisions and any Deputies or

Powers of Attorney appointed to assist with this. Where appropriate best interests decisions were recorded. For example, one person had a Power of Attorney in place to manage their finances and this was clearly detailed throughout their support plans. Where it was suspected a person lacked capacity a mental capacity assessment had been carried out. However, where this had occurred support plans were not always updated with the result and it was not clear whether the person has capacity or not. Where people had capacity their consent to their support plans had not always been recorded. We spoke with the registered manager about this, who said support plans were being reviewed and updated and would be improved in this area.

People and their relatives confirmed that people were given choices over their support and that staff asked for permission before offering it. One person we spoke with said, "They give me lots of choice."

Some people received support with managing food and nutrition as part of their support package. Where this was the case people's dietary needs and preferences were recorded in their support plans, including details of diets based on cultural or religious preferences. People were involved in choosing and preparing their own meals. For example, staff supported one person to make a packed lunch that they took out with them the following day. Another person was involved in preparing ingredients by chopping soft foods with a blunt knife.

An assessment of people's support needs was carried out before they started using the service, often in partnership with the person's social worker or other professionals involved in their care. This was designed to ensure the service could provide the support people needed. These assessments included reviewing the person's physical and mental health and their social care needs. Assessments contained evidence of the service working with other professionals involved in people's care and following best practice.

People were supported to access external professionals to monitor and promote their health. Staff helped people to manage and attend appointments with professionals including community nurses, ear, nose and throat (ENT) consultants, dentists, opticians and GPs. This meant people were supported to access the professionals needed to secure their health and wellbeing.

Is the service caring?

Our findings

People spoke positively about the support they received from staff, who they described as kind and caring. One person we spoke with said, "I'm happy with them and wouldn't change anything" and, "They're kind." Another person told us, "They're great. They help you a lot" and, "I have kind carers, the best."

Relatives also spoke positively about the support provided by staff. One relative told us, "They're really good. They really deserve a pat on the back." Another relative we spoke with said, "They really do care for [named person]. I'm relaxed now as she's happy."

People were given a copy of the provider's handbook when they started using the service. This set out their rights and what they could expect from their support, and was made available in an accessible easy read format. The handbook also contained photographs of the service's staff team, including the registered manager, and offices so people could familiarise themselves with how Real Life Options - Teesside and Redcar Outreach and Supported Living worked.

People were supported to maintain their independence by using and enhancing their independent living skills and living as full a life as possible. People said they felt as though they were in control of the support they received and that it was structured in the way they wanted. One person told us, "They do things that I ask them to do. I feel like I am the boss. Well, I am the boss!" Another person said, "They give me a lot of choice." A third person we spoke with told us, "They do everything I want them to do."

Relatives we spoke with said staff promoted values of choice and independence. One relative told us, "[Named person] gets a lot of choice and freedom over her life. They treat her like an adult." Another relative we spoke with said, "They're doing exactly what [named person] wants them to do."

Support plans contained guidance to staff on how they could include people in the care they received and encourage them to do as much as possible for themselves. For example, one person's finances were managed by an appointee but they enjoyed counting money and knowing how much they had to spend. Because of this they had a support plan in place that gave them access to their money so they could count their notes and coins with the supervision and support of staff. Another person's support plan detailed the things they would like to do themselves when receiving support with personal care and tasks they wanted staff to help with. Their support plans also had information on how they could be supported to maintain relationships with their relatives and others who were close to them.

Staff told us they were committed to empowering people when delivering support. One member of staff we spoke with said, "We try to encourage people to go out and do things for themselves. We get them involved in cooking, for example, and support them with that."

People told us they were treated with dignity and respect. One person we spoke with said, "They're polite and kind. They look after me. They're very polite." Another person told us, "They're polite." Relatives we spoke with also said people were treated with dignity and respect.

The service had received many compliments from people and their relatives, which were recorded and shared with all staff. A recent compliment from a relative thanked staff for the way they worked with a person and for adapting to their routine.

One person at the service was using an advocate and details of this were included in their support plans. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to support people to access these services, and this information was made available to people and their relatives.

Is the service responsive?

Our findings

People and their relatives told us they received personalised care based on how they wanted to be supported. One person we spoke with said, "They help with whatever we want." Another person told us, "They ask me about what I want and if I want any changes. I don't." A relative we spoke with said, "They (staff) adhere to the plan in place."

The registered manager said that when they joined the service in December 2017 they had reviewed all of the support plans and found that some of them were not personalised or focused on the type of support people wanted. They had worked with staff to update and replace support plans to ensure they reflected people's wishes for the support they received. This work was still ongoing but everyone's support plan had been reviewed and plans were in place to update them where needed.

We looked at support plans that had been rewritten and found they contained lots of detail on the support people needed and wanted. Plans were in place in areas including personal care and communication, and contained detail on the support people wanted. For example, one person's support plan contained information on how they wanted to be supported with personal care and emphasised the importance of involving the person in this. Another person's communication plan contained detailed guidance to staff on how the person sometimes used non-verbal communication and how they could engage with this.

Support plans also contained information on people's life history, family and personal relationships and hobbies and interests. A 'one page profile' presented a summary of this information – including photographs of the person – and more detail was provided later in the support plans. This helped staff who had not worked with the person before to find out what was important to them and to see beyond their support needs. Staff also completed a 'one page profile' and this was given to the people they were supporting before they met so people could learn more about them and recognise them when they saw them.

Staff told us support plans had been improved by the registered manager and contained all of the information they needed to support people. One member of staff said, "The support plans have a lot of information in them. We're in the process of updating them all." Another member of staff said, "Before [the registered manager] took over we had a number of relief managers who didn't really get involved with support plans. [The registered manager] is working really hard to get them up to date. Support plans get reviewed all of the time, for example if staff bring a new issue up."

Support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives said they were involved in reviewing and planning the support people received. One relative we spoke with said, "I was involved in the package development. There was a really good assessment."

Daily records were kept of the support people received and any other issues of importance. This helped to ensure staff had the latest information on the support people wanted and needed. People, relatives and

staff said communication at the service was good and that they were always given the information they needed. A relative we spoke with told us, "They're always informing me of any issues which means we can use that information during care reviews, for example."

Some people received support to access activities and maintain and strengthen links with their local community. Where this was the case details of people's hobbies and interests were set out in their support plans. Records showed that people were encouraged to participate as fully as they wished to with their local community. For example, one person had expressed an interest in cooking and they were supported to attend a cookery course. Another person liked to have the freedom to decide what they wanted to do on a day to day basis, so their support plan contained a list of activities they might be interested in that staff could suggest.

People were also supported to maintain their rights as active citizens of the community. One person who was previously non-practising in their religion had started to express more interest in it. Their support plan contained information on how they now liked to attend their place of worship more and how staff could support them with food that was sensitive to their faith.

People and their relatives spoke positively about the support people received to access activities that met their needs and interests. One person told us, "They help me to go to activities. They sort things out for me. I like to go out." A relative we spoke with said, "[Named person] likes [named activity] and lots of other activities. They help her to go out and keep her interest in things." Another relative told us how staff had taken one person out for lunch on a recent sunny day and said, "She really enjoys things like that."

Policies and procedures were in place to investigate and respond to complaints. The provider's complaint policy set out how issues could be raised and would be investigated. The policy was given to people and their relatives when they started using the service, including in an accessible easy read format. The service had not received any complaints since it was registered but people and their relatives said they knew how to raise issues should they wish to. One person told us, "I'd speak to [the registered manager] if I had any concerns." A relative we spoke with said, "I could always contact them with any questions or issues."

At the time of our inspection nobody who used the service was receiving end of life care. Support plans contained evidence of discussions between people and staff where people wished to do so. Some people had a 'When I die' plan in place containing their end of life wishes, including any religious or cultural matters they wanted to be taken into consideration.

Is the service well-led?

Our findings

The service had a registered manager, who had been in post since December 2017. 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.

The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of medicines, health and safety and support plans. The provider carried out 'practice improvement visits' twice a year to review all aspects of the service's performance. We saw there were actions plans in place when issues were identified. However, the provider's quality assurance systems had not identified or resolved the issues we found with training records, risk assessments or support plans being unclear regarding people's mental capacity.

People and their relatives spoke very positively about the registered manager and said the service had improved under their leadership. One person told us, "I've met the manager. He's nice." A relative we spoke with said, "They are better than they were. Since [the registered manager] took over he's pulled it up and there's not much room for concern now. [The registered manager] is very approachable and you can always ring him with any issues. I'm happy with them at the moment and can ring [the registered manager] with any concerns."

Staff also said the service had improved since the registered manager joined and that he was constantly driving improvement. One member of staff told us, "[The registered manager] is the best manager we've had. He's really good. He involves us all and brings us with him. The staff and people using the service really like him. He's so involved." Another member of staff told us, "[The registered manager] is good. He's really supportive and is always in and out. He's always on the end of the phone, asks how I'm getting on and asks for feedback." A third member of staff said, "It's good to have someone who is supportive and helpful. We were chasing our tails constantly before but things get done now."

The registered manager was passionate about the service and committed to ensuring people received high-quality support. They told us about all they had achieved since they started in post, and had set themselves realistic plans for further improvement. The registered manager was a member of local provider forums, which were used to share ideas and best practice. They had also involved people at the service in fundraising for a local hospital, which helped people form links with the wider community.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Feedback was sought from people and staff and was acted on. People were offered a 'person centred review' of their support, which involved a meeting with them, relatives and any other professionals involved in their care who the person wanted to attend. We saw records of one such review and saw they were used to allow people to comment in detail on their support. The provider carried out an annual questionnaire with people using the service, and sent any specific issues raised to the registered manager to take action.

People and their relatives said they were regularly asked for feedback on the service and felt involved by it. One person told us, "[The registered manager] is nice and pleasant. He will do anybody a good turn. He always pops in to ask how we are doing." A relative we spoke with said, "I feel really involved with it. They consult me about things and there is lots of communication between us."

Staff also told us they were regularly asked for feedback, both informally and at regular team meetings. Staff said they found these meetings useful and would be confident to raise any issues they had. One member of staff we spoke with told us, "We have team meetings, where we can unload anything we want."