Real Life Options

# Real Life Options - Yorkshire

## Inspection report

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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 29 June, 4, 10 and 13 July 2018 and was announced.

This was the first inspection carried out by the Care Quality Commission (CQC) for this provider at this address.

The service provides care and support to people with learning disabilities living in seven 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also provides a domiciliary care service. It provides personal care to people with learning disabilities living in their own houses in the community. It provides a service to younger adults.

Not everyone using the service 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 consider any wider social care provided. At the time of this inspection 24 people were receiving a service from this provider.

The service was divided into three teams and there was a manager for each team. Two of the three managers were registered managers. 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.

Overall, people and their relatives told us they or their family members felt safe using the service. One person told us they did not always feel safe due to the challenging behaviour of others who used the service. A relative also raised similar concerns on behalf of their family member. We raised this with the management team and a social care professional who provided assurances this was being addressed.

People received care which protected them from avoidable harm and abuse. Staff had received appropriate safeguarding training. Risk assessments had been developed when needed, to reduce the risk of harm occurring. People were protected by safe recruitment procedures which helped to make sure only staff suitable to work with vulnerable people were employed.

Systems for managing medicines safely were overall, effective. The management team responded swiftly to some issues we identified with medicines support to ensure safe medicines management. Staff were trained in medication administration and their competency was checked regularly.

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. We saw people were asked to consent to the support they received. Staff had completed training on the Mental Capacity Act 2005 (MCA) and were able to discuss the importance of supporting people with their independence and choices. The management team and majority of staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were encouraged to eat a healthy, balanced diet of their choice. However, two people's relatives thought more encouragement was needed. People had access to a range of healthcare professionals in order to meet their health needs.

Staff received appropriate training, supervision and appraisal to support them to carry out their roles. This included positive behaviour support (PBS) training. Staff spoke highly of the training they received. Staff said they felt well supported by a management team who were open and approachable.

Staff supported people with kindness and compassion. Staff knew people well, respected them as individuals and treated them with dignity. People and their relatives, were involved in decisions about their and their family member's care needs and the support they required to meet those individual needs. There was a positive culture at the service that valued people, relatives and staff.

Care records were person-centred and contained all relevant information to enable staff to provide personalised care and support. Support plans and risk assessments were updated as people's needs changed to ensure staff were fully aware of people's needs. People were supported to pursue social interests relevant to their needs, wishes and interests.

There was an effective complaints procedure for people to raise their concerns. The majority of people were confident they would be listened to and action would be taken to resolve any complaints they had. Information on raising concerns was available in accessible formats.

The provider and management team monitored the quality of the service and looked for continuous improvement. Any outcomes and actions were recorded and these were reviewed for their effectiveness in improving the quality of the service. There were systems in place to make sure managers and staff learnt from any incidents such as accidents and incidents.

The provider worked effectively with external agencies and health and social care professionals to provide consistent care.

## 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.

Sufficient skilled staff were safely recruited to meet people's individual needs.

People were protected from abuse and there were risk assessments in place which showed specific areas of risk, and the measures put in place to minimise those risks.

Some improvements were needed to fully ensure the safe management of medicines. The management team took prompt action to ensure the concerns were addressed by the end of the inspection.

### Is the service effective?

Good

The service was effective.

Staff told us they received training and support to carry out their role. Records we looked at confirmed this.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

### Is the service caring?

Good

The service was caring.

People were supported by kind, caring staff who respected their privacy and dignity. The majority of people and relatives we spoke with said independence was promoted.

Staff were familiar with people's preferences and needs.

Care and support was individualised to meet people's needs.

### Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their or their family member's care and support needs. There was a sensitive approach to the consideration of people's end of life care.

People enjoyed the activities they participated in. Care plans contained sufficient and relevant information to provide consistent, person centred care and support.

The majority of people felt confident raising concerns or complaints and these were listened to and acted upon.

## Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place. The service had two registered managers and the management team fully understood the responsibilities of their role.

Effective quality assurance procedures were in place which checked the safety and quality of service provision and ensured continuous improvement in the service.

The provider worked in partnership with other services to help ensure people received effective care.

# Real Life Options - Yorkshire

**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 29 June, 4, 10 and 13 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the managers are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection process included contacting people and their relatives and staff for feedback by telephone on the 13 July 2018. We visited the office location on 29 June and 10 July 2018 to see the management team and to review care records and policies and procedures. We visited people in their own homes to discuss the care and support they received, to review their records and to talk with the staff on duty on 4 July 2018.

The inspection team included one adult social care inspector and one assistant adult social care inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority commissioners, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in January 2018. We used information the provider sent us in the Provider Information Return when planning the inspection. 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.

During the inspection, we spoke with the area manager, two registered managers, a team manager and two team co-ordinators. We visited two houses where six people received care and support from the provider.

We spoke with two people who used the service during these visits and spent time observing people's care and support. We spoke by telephone with one person who used the service, five relatives, a social care professional and four staff.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at five people's support plans and three people's medicines records.

Good

# Is the service safe?

## Our findings

Overall, people and their relatives told us they or their family members felt safe and well supported. Comments we received included; "I feel very safe; staff check I'm okay but I can do what I want" and "Yes he is absolutely safe, they look after him well." One person's relative did not think their family member was always safe as they did not get on with another person they lived with. We discussed this with the management team and were provided with assurances this matter was under review. A social care professional told us the person they supported was cared for safely. They said, "I feel [name of person] is very safe but enabled to be as independent as they can be through risk management."

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Medicines were stored securely in people's rooms and houses. Some people were prescribed 'as and when required' medicines or creams. We found some guidance for these medicines was in place but this needed more personalisation regarding people's individual needs for these medicines. The registered managers took immediate action to rectify this and we saw action had been taken by the time we completed the inspection.

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff said MAR charts were used to safely record medicines given and they were aware of what to do in the event there was a MAR administration or medication error.

One person was prescribed psychotropic medicines because their behaviour was at times, seen as challenging. Psychotropic medicines are drugs that are capable of affecting the mind, emotions and behaviour. The provider ensured there was no over reliance on this medicine and the person was supported to manage their behaviours that challenged through positive behaviour support (PBS) interventions.

Support plans for some people, included a PBS plan. PBS is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. It focuses on creating physical and social environments that are supportive and capable of meeting people's needs. It may involve teaching people new skills to replace the behaviours that challenge and therefore enhancing people's quality of life. Senior staff had been trained in PBS and had cascaded this knowledge to the staff teams. Staff had also completed 'What's the Message' training. This was a training programme matched to individual people's behaviours that challenged. There was a focus on prevention but if needed, safe physical interventions were included.

There were personalised risk assessments for each person to give guidance to staff on any specific areas where people were more at risk such as epilepsy, choking, skin integrity, and mobility. They had been reviewed and updated regularly or when people's needs had changed so people received the care they required. Staff were able to describe the risks people faced and what they did to minimise risk. This included the need to provide support in a consistent way to reduce people's anxieties. People we spoke with confirmed their freedom was respected. One person said, "I can do as I like but I keep staff informed of my

whereabouts just in case. I like to keep them informed."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "Safeguarding and Whistleblowing policies are in place, there's a poster up in the sleep room, with the number on and a confidential helpline whenever we need it. Safeguarding and CQC number are up in office for us to ring. I'd ring the manager first if I suspected abuse, and go higher if not responded."

There were sufficient staff to meet people's needs. People received continuity of care from regular staff who they knew them well and understood their needs. We saw agency staff were occasionally used to cover any staffing shortfalls. The management team told us they always tried to ensure any agency staff were 'regulars' and known to the people who used the service. Records showed agency staff were checked to ensure their suitability and that they were properly trained. Staff and relatives were confident that there was enough staffing for the people using the service, and the service had appropriate contingencies. People and staff told us staffing issues were addressed promptly and people's preferences and continuity of care was taken into account.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the provider to make safer recruitment decisions. Some recruitment records were not immediately available at the location office as they were held at the provider's head office. They were obtained during the inspection and we saw there was an action plan in place to review all staff files at the location to make sure a full set of recruitment records were available.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. When needed, the management team had completed their duty of candour by responding to people to share outcomes of investigations and to provide apologies where necessary. The area manager explained a new system was in place to provide overview of accidents, incidents and safeguarding concerns. This had not been fully embedded but would provide reports to identify any patterns and trends to reduce the risks of re-occurrence of events. The provider's health and safety team currently maintained this overview and kept the management team informed.

People were protected from risks associated with infection. Staff had been trained in infection control and prevention procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE and hand washing. People had personal emergency evacuation plans in place so staff were aware of the level of support people required should they need to be evacuated from their homes in an emergency.

Good

# Is the service effective?

## Our findings

Overall, people were supported by staff who had the skills and knowledge to meet their needs. People told us staff provided good care and support. One person said, "They are spot on (the staff)." A relative said, "Generally most of the carers are really, really good." They went on to describe several of them as "fantastic" and "amazing". One person's relative did not believe staff were adequately equipped to deal with challenging behaviour from their family member. The management team told us and records indicated that all staff had received training to manage people's behaviour in a person- centred way.

Staff told us they felt well supported by colleagues and the management team. They said the quality of training was good and covered areas that were relevant to their job role. Staff told us they received regular supervision where they had opportunities to discuss their role and responsibilities. We reviewed the supervision and appraisal matrix which showed staff were supervised and received an annual appraisal in line with the provider's policy.

New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff completed their induction before they worked alone with people. This included shadowing (working alongside) more experienced colleagues. We reviewed the training matrix which showed staff had received a rolling programme of training which included nutrition and hydration, safeguarding, first aid, health and safety, autism, epilepsy, and manual handling. If any refresher training was needed; this had been identified and plans were in place to ensure staff undertook their required training.

We saw the management team completed spot checks and observations on staff to ensure they were competent whilst they completed their role. Team co-ordinators worked alongside staff to observe practice and provide feedback on staff's performance. We saw if any improvements were needed these were discussed with staff and reviewed during supervisions. For example, the need to complete further training.

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's mental capacity had been assessed for some decisions. Where people were found to be unable to make decisions for themselves a best interest process had been followed. This was in line with the MCA code of practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in domiciliary care services must be made to the Court of Protection (COP). We checked and found the service was working within the principles of the MCA and appropriate referrals had been made through the COP to deprive people of their liberty when this was in their best interests. The provider had systems in place to ensure renewal of these when they had expired. We saw the provider was working with social care

professionals to request renewals through the COP. We did note that one member of staff was unsure if the people they supported had capacity to manage their own money. However, they told us what was in place to ensure finances were managed safely.

People told us they were involved in making decisions about their support and we saw staff routinely involved people in decisions and sought their consent. Comprehensive communication support plans were in place to enable people to be supported to make their own decisions.

People's needs were assessed prior to them using the service to ensure their support needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. A person who was at risk from poor posture had been assessed by a physiotherapist for the use of equipment to maintain posture.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's support plans.

People told us they had enough to eat and drink. One person said, "I do my own shopping and cooking; I love cooking and we have a regular takeaway which is great." Support plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information such as the need to have blended food was highlighted.  One staff member and two relatives did not think people always had varied diets. They said they felt healthy eating was not encouraged enough. Another relative said, "They encourage him to eat his vegetables and how to cook his food properly."

Good

# Is the service caring?

## Our findings

People and their relatives told us they or their family member received a service from caring staff. One relative said, "The carers are really nice and supportive."

We observed staff treated people with kindness and were respectful of their wishes and preferences. People looked comfortable engaging with the managers and the staff. Lots of friendly conversation and laughter was heard between the staff and people who used the service. People were supported by a staff team who had genuine warmth and affection for people. It was clear from our conversations and observations that staff knew people well and cared about their welfare. Staff told us they 'loved' working with the people they supported and found their role rewarding. We saw staff treated people as equal partners which showed how much they valued people who used the service.

People had 'one page profiles' and other information in their care records that detailed their background, history, personal preferences and cultural and spiritual needs. This helped staff to get to know people. Staff told us people were well cared for and the service was person centred. One staff member said, "People are treated as individuals with individual needs."

People's independence was promoted. Support plans guided staff to support people to remain independent. Staff showed a good awareness of the importance of supporting people to maintain and achieve as much independence as possible. One staff member said, "Just to try and keep them as independent as they can and offering support when needed, and encouraging them. Just helping them to make their decision. Give them all the information to make their own decisions."

We saw a person involved in doing their own laundry and another person told us how they liked to cook for themselves. We saw one person was encouraged to put their own topical creams on. However, one relative told us they did not think their family member was encouraged to be as independent as they could be. We discussed this with the management team and a social care professional who gave examples of how this person had been supported to develop their independence skills. This included being able to use public transport alone.

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support. We saw evidence of the staff and management team's commitment to giving people as much choice and control as possible. People made their own day to day decisions such as what they wanted to wear, where they wanted to be and what activities they wanted to do.

Staff were trained in, and understood the importance of maintaining people's dignity and privacy. People's records were stored securely and access was limited to staff who required the information to carry out their roles. Language used in support plans was respectful.

Staff received training in effective communication and specific communication methods such as Makaton

and the use of Picture Exchange Communication Systems (PECs) to enable people to communicate effectively and be understood. Staff understood the importance of communication for people to be able to express themselves and their wants and needs.

The management team told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed and had done so in the past. An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.

Overall, people told us they were treated equally and respectfully. One person told us they felt they had been spoken to in a disrespectful manner by a staff member. We discussed this with the management team who informed us of a recent incident where a person had displayed behaviours that were challenging and had responded negatively when the positive behaviour support response was used. The management team said this incident had been recorded, reviewed and analysed for any learning outcomes.

Good

# Is the service responsive?

## Our findings

People had their care and support needs assessed prior to using the service. Assessments included the people who used the service, their family, if appropriate, and the local authority. Assessments were comprehensive; and detailed support plans were drawn up from this information.

Records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences. Support plans showed what people could do on their own and what areas they required support with. Support plans had been regularly reviewed and updated when changes had occurred. Daily records showed people received their support as planned. We saw there was a positive approach to encouraging people to live fulfilling lives. One person was supported to maintain a specific hair style that was important to them. Staff had found a local barber who could maintain this to the person's satisfaction.

People understood and had contributed to their support plans. They told us they chatted to their key workers about the care and support they wanted. One person said, "I go through things with them, discuss things I want to do." Reviews were held with people who used the service, family members and other social care professionals to ensure people's needs were met and they were satisfied with the service. The provider discussed the sensitive issues concerning end of life care with people and their families. We saw some people had completed support plans to show what their wishes were for end of life care.

Staff we spoke with said the support planning process was effective and assisted them to understand how to provide appropriate care to people. One staff member said, "Good support plans mean people get good consistency of care and that is so important to people who need routine." Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe the support provided for each person. This included individual ways of communicating with people. Where people who used the service did not use words to communicate, there was guidance for staff on how best to communicate with the person. Staff received training in equality and diversity and how to support people with diverse needs. One staff member said, "People are all individuals and treated as such."

During the inspection we spoke with people who used the service and staff about activities and lifestyles, and reviewed people's activity plans. We found people had individual activity programmes which were person centred. People participated in a variety of community activities. This included attendance at specialist day service support, cycling, days and meals out. This helped to avoid social isolation for people.

The provider was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A number of easy read and pictorial documents were available. This included information on complaints, safeguarding and the MCA.

The provider had a complaints policy and guidance was available to help people raise their concerns. We

looked at the complaints procedure, which informed people how and whom to make a complaint to. Staff were aware of the process to follow should someone raise a complaint. Any complaints were recorded and evaluated. We looked at some individual complaints and saw complaints were investigated and responded to appropriately. The records indicated apologies were given where appropriate and action was taken to prevent re-occurrence of events. One person's relative was not happy with how their concerns had been handled. They said they did not feel listened to and no action was taken to rectify their concerns. We saw evidence these concerns were being managed by the provider's management team and their liaison with other agencies.

There was no overview of complaints in the service; however, individual records did show actions taken to prevent re-occurrence and any lessons learned. Each registered manager and manager had good knowledge on the outcomes of complaints and concerns for their own area of responsibility. The area manager told us the new computer system which was yet to be fully embedded, would in the future provide an overview of reports so any trends and patterns could be more easier identified.

Good

# Is the service well-led?

## Our findings

The service was led by an area manager. Homes where people lived and received a service were individually staffed and were grouped into three teams. There was a manager for each team; two of whom were registered managers. 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 area manager informed us the third manager would be applying to the CQC for registration in the near future. The registered managers and manager told us they received good support from the provider and senior management team. Each of the managers were also supported by a team co-ordinator.

We received positive feedback about the management team. Staff told us the service was well- led. They said it was well organised and communication was effective. They said meetings were held regularly and they discussed things that were relevant to the service. Our review of records confirmed this. Staff's comments included; "The manager is very good, very supportive" and "[Registered manager] is good, they communicate well".

People living in homes that were shared with other people held meetings where they discussed aspects of service delivery. This included menus and activities. A person who used the service told us they felt able to 'speak up' at these meetings and any suggestions they had would be listened to and acted upon.

People who used the service were asked to provide feedback on the service through a survey in January 2018. The results had been analysed and we saw the responses were positive and there was an overall high degree of satisfaction with the service. Any negative responses received had been responded to and we were shown work was on-going to resolve any dissatisfaction.

Overall, relatives told us they had confidence in the management team and felt the service was well run. One relative said, "[Name of team co-ordinator] goes above and beyond I can text them and they will get back to me straight away I can't fault them whatsoever." Another relative did not have confidence and felt there was poor communication from the management team.

We found there was a positive culture in the service that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit the management team and staff were keen to demonstrate their practices and gave good access to documents and records. The registered managers and manager spoke openly and honestly about the service and the challenges they faced. All the management team shared their service action plan with us; showing where any shortfalls had been identified and what they were doing to improve the service. Action plans identified who was responsible and timescales for completion.

The provider and management team monitored the quality of service and showed a commitment to continuous improvement. We saw the provider monitored the service through a range of quality

management systems. Audits of medicines, care records, health and safety, finances and staff performance were carried out and any actions transferred to the individual service manager's action plan. Weekly checks were completed to check medicines management and administration followed best practice guidance and to make sure people received their medicines as prescribed. Senior managers completed compliance reviews linked to the CQC domains; safe, effective, caring, responsive and well-led to ensure quality standards were maintained.

The service worked well with other agencies and services to make sure people received their care in a joined- up way. This included working with the commissioning team, the safeguarding team, community mental health teams, GPs and occupational therapists. This meant people were supported with continuity of care should they need to transfer between services.