

Real Life Options

Real Life Options- Hartlepool

Inspection report

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14 August 2017

17 August 2017

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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

The inspection took place on 8, 14 17 and 18 August 2017. We gave 48 hours' notice to the provider as we needed to be sure someone would be available to help with our inspection. This was the first inspection since the service was registered.

Real Life Options - Hartlepool is a domiciliary care service and runs support lived services. The service covers Hartlepool and at the time of our inspection there were over 54 people using the service, of which 16 people were receiving personal care.

Real Life Options previously operated care homes in the Hartlepool area. But over the last 13 years they have altered their model of care and now deliver 24 hour care packages for people living in their own home, short visits to provide personal care and services for people with learning disabilities who require support to live independently in the community.

There was a registered manager in post at the time of our inspection who registered with us on 14 February 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.

Within this vibrant service there was the strong sense of leadership, commitment and drive to delivering a service which improved people's lives. The culture embedded in the service was one where all the staff were committed to deliver a service that was focused on each person and was responsive to their needs. Relatives and people described the service as being 'fantastic' and it delivered a really person-centred approach to care. Person centred is when the person is central to their support and their preferences are respected.

Staff were devoted to the people they supported and we heard they would go the extra mile to ensure people felt valued. Relatives explained how they found their family members' lives were enriched by contact with the service.

Individual risk assessments were in place to support people with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments. People's support plans were specific and centred around their individualised support needs. Support plans were up to date and were regularly evaluated. Staff knew people and were knowledgeable about people's care and support needs.

Each person had a care package which set out how many hours support they needed per day. For most people the hours were for staff to support them to learn budgeting, cooking cleaning skills and to join in community activities. For 16 people the level of support included providing personal care.

We found that the provider and manager had encouraged staff to constantly think about improvements and how to make the care delivery more effective. The management style had led to constant constructive review of the service and continuous improvement.

We found that in the supported living services small teams of staff worked with people provided sufficient cover for holidays and absence. The people who received care packages of periods of time during the day reported that on the whole staff turned up on time. People told us the office staff were very approachable and committed to providing an excellent service.

Staff knew people well and understood how to support them and maximise their potential. The service's vision and values ensured people's rights to make choices were promoted. Staff told us they were committed to ensuring people lived a dignified and fulfilled life. They were flexible in adapting the way they provided care ensuring they were person centred. People told us that staff treated them with dignity and respect and supported them to be as independent as possible.

The service had safe systems in place to ensure people were supported with managing their medicines appropriately. People were supported with promoting their health and nutrition.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Staff were supported with regular training opportunities that linked to the care and support needs of people living in the service.

Staff received mandatory training in a number of areas, including food hygiene, which assisted them to support people effectively. Staff were supported with regular supervisions and appraisals. None of the people lacked capacity to make decisions about their care but staff understood how to ensure people's rights under the Mental Capacity Act 2005 were protected.

People who used the supported living services were assisted to carry out health and safety checks within their own homes.

Staff had a comprehensive understanding of safeguarding and how to whistle blow. The service had emergency plans in place and took action when they became aware someone was at risk. Staff safely managed medications. People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. People using in the service and their relatives were provided with information to support them to raise any concerns or complaints they may have.

The manager closely monitored the performance of the service. The service had a quality assurance system which included a range of internal checks and audits to support continuous improvement. Action plans were put in place to address any shortfalls in service provision and to demonstrate how areas of improvement were addressed.

We found there was a culture within the organisation of striving for excellence and assisting all to reach their maximum potential. The provider routinely praised staff and ran carer of the year awards, which the people who used the service voted on. They also ran regular competitions such as the 25th anniversary competition, which people who used the service participated in.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs.

Staff reported any concerns regarding the safety of people to the manager.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and personalised care plans produced.

People were supported to lead very active lives.

The complaints procedure was accessible. Relatives were regularly contacted to check if they were happy with the service.

Is the service well-led?

Good ●

The service was well led.

The service was well-led and the manager was extremely effective at ensuring staff delivered services of a high standard.

Staff told us they found the manager was supportive.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

Real Life Options- Hartlepool

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.

We carried out this inspection on 8, 14 17 and 18 August 2017. We gave 48 hours' notice to the provider as we needed to be sure someone would be available to facilitate our inspection. The inspection was carried out by one inspector and an expert by experience who spoke with people using the service via the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR) before this inspection, which we reviewed. We also reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales. We also looked at the information local authority commissioners had shared about their experience of the service.

Over the course of the inspection we spoke with 16 people who used the service and six relatives. We spoke with the manager and eight care staff. We looked at six people's care records and medicine administration records (MARs). We also looked at four staff files, which included recruitment records and documents relating to the management of the service.

Is the service safe?

Our findings

People told us that they were happy with staff and they thought the service met their needs.

One person said, "The staff do arrive on time. Sometimes if they haven't turned up at all I phone my [relative] and she sorts it out." The person's relative told us, "A couple of times they've been late and we've had to phone to see where they are. But that was a while back." Another person said, "The staff have worked with me for a long time and are never late." Another person said, "We get on well and we go to the pictures and do things like that." A relative said, "[Person's name] always goes out once a week and they never cancel. [Person's name] has a little job two days a week and his carer goes there as well."

We found that all of the risk assessments were up to date and clearly detailed the responsibilities of the staff and others. Clear information was available for staff to detail how and when they would, for instance, assist people with medication and support people with health conditions.

People told us they liked Real Life Options - Hartlepool staff and felt comfortable raising any issues. One person told us, "I have no worries but if I did I would tell the staff." Another person said, "[Manager's name] always asks if I'm ok and really cares."

Staff said they felt confident that the management team would follow up any safeguarding concerns properly. Staff told us, "We would not hesitate to contact the manager if we had any concerns." There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse and how to respond to any concerns people may have.

We looked at staff rotas and found there were sufficient staff with appropriate skills and knowledge to meet people's needs. Each person's care file identified the amount of staff support needed and when this was needed. We saw that there were always enough staff on duty to cover the care packages and alongside this there was always office available to respond to any queries. All staff we contacted said there were enough staff. One staff member said, "We have no problems and there is always enough staff around to meet people's care hours."

Policies and procedures were in place in relation to recruitment. Staff told us about the checks that were carried out before they started their employment and staff files demonstrated recruitment checks were carried out. These checks included employment and reference checks, identity checks and a Disclosure and Barring Service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. This meant the provider had followed safe recruitment practices.

The service had a system in place to monitor accidents and incidents. All accidents and incidents were inputted electronically, investigated and discussed with the relevant social worker. The service leader also said they would discuss any incidents with the psychiatrist and safeguarding if need be. We found medicines were being managed safely, as staff were regularly trained and assessed to ensure they administered them appropriately.

Is the service effective?

Our findings

People told us that the staff understood them and knew how to effectively support them. People said, "They [staff] are excellent and have really helped me." Another person said, "I work in the office on a Thursday doing the filing and that. I really enjoy it."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations and as the people live in their own home this would be via an application to the Court of Protection.

Where people lacked capacity, we found that the care records clearly detailed how staff were to work with people and who had the legal right to make decisions on behalf of the individuals. The care records clearly detailed the staff responsibilities for supporting people to manage any associated risks, for example, having one-to-one support throughout the day. Where appropriate, staff had obtained copies of Court of Protection authorisations for workers to adopt practices that would deprive people of their liberty.

Staff regularly attended several MCA and DoLS training courses. They had used their learning in this area to inform the way they worked with people who may lack capacity to make decisions. The staff were very clear that even when people had a learning disability, this did not automatically mean they lacked capacity and all of the records reviewed showed they used all available mechanisms to enable individuals to make their own decisions. We saw evidence in care files to show that staff regularly checked with the people who used the service that they were still happy with the support being provided.

People we spoke with were happy with the care the service provided. One person told us, "There is nothing they could do better." Another person said, "Most of the staff are good and if we don't like someone the manager makes sure they don't visit."

People were supported by staff who had the right skills and knowledge to care for them. Staff had been trained to meet people's care and support needs in topics such as working with people who had a learning disability, epilepsy and how to administer rescue medicines in an emergency. Records showed all staff had received training in subjects that the service deemed to be mandatory, such as moving and handling, health and safety, safeguarding and first aid. Mandatory training is the training and updates the provider deemed necessary to support people safely.

The manager monitored this and we saw all of training was up-to-date. Staff spoke positively about the training they received. One member of staff told us, "We get lots of training and I find that it is all very useful."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

The registered provider required new starters to complete the Care Certificate as a part of their induction. 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. The induction process lasted 12 weeks with two weekly performance reviews. New staff also shadowed existing staff providing the care packages they would deliver.

When appropriate people were supported to make meals and encouraged to eat healthy meals. People were also supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as community nurses and GPs in people's care.

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff, their attitude and dedication to delivering a good service. One person said, "I think the staff really do a good job." Another person said, "I love living here and the staff, as they are great." Another person told us, "I have my own team and they are all lovely."

A staff member said, "I have worked with the company for ten years and have worked in this house all that time. The house used to be care home and it is much better as a supported living service because we now provide one-to-one support, which means [people's names] can go out much more and to different activities." Another staff member said, "I love my job. We are a good team and really do provide a good service."

Staff we spoke with knew the people they cared for really well. Staff explained how they supported people who used the service to live as independently as possible. Staff we spoke with said, "We always encourage people to do as much as they can."

The service supported people to express their views and be actively involved in making decisions about their daily care and support. We found staff made sure the care and support was tailored to each individual's preferences. We found staff worked in a variety of ways to ensure people received care and support that suited their needs. Support plans clearly recognised potential challenges and provided clear guidance for staff about how best to support people.

Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening and took time to help people feel valued and important. We saw that staff understood the needs of the people and knew when they needed assistance or were getting frustrated.

People were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

The service continually reflected on their practice and sought to make improvements for the people they supported.

No one at the time needed palliative care but we found that the staff understood what would be needed should anyone need this type of support.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs and provided an extremely personalised service. A relative told us, "Staff always do more than expected and go the extra mile." One person said, "They always listen to me and do what I ask." Another person told us, "I like [carer's name]. She's my best friend."

The manager told us they were always looking at how they could make the service as personalised as possible and in response to people's requests. They told us that two of the people who used the service worked one day a week in the office and the staff were always looking for ways to broaden people's experiences. When we were in the office one person visited to tell the manager what they were doing that day and all of staff were keen to hear their news.

We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. During the inspection we spoke with staff could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the service meet their individual needs and to reach their goals.

People had a care plan written based on information gathered through an assessment of their needs. We found that the care records were comprehensive. They clearly set out people's needs and what Real Life Options- Hartlepool staff were expected to do at each visit. Mechanisms were in place to manage all risks. Some people who used the service needed support to manage their emotional responses to everyday activities and stress. We found the support plans clearly outlined how staff were support people during these times.

People's care and support was planned in partnership with them. People who used the service told us they were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs.

People we spoke with knew about the service's complaints policy and procedure which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. The provider's complaints records were clear and showed that appropriate action had been taken to investigate and respond to complaints.

Is the service well-led?

Our findings

We found people were routinely engaged with the running of the service and their opinions taken on board. We found people spoke highly of the staff. Some relatives were a little unclear about who was the manager but explained this was because they rarely needed to contact the office. However they found the office staff were approachable. They thought the service was well run and met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently.

One relative said, "The staff are very supportive and really improved [person's name] quality of life." One person told us, "I think that the staff really care and are great at helping me out."

The staffing structure meant people had stable support teams, which allowed them to develop good relationships as there was consistency of care. Staff told us they could not be better supported. One staff member said, "I think the company is fantastic and the changes within the supported living services have really benefitted the people." Another member of staff said, "I can't speak highly enough of the manager and feel I can always approach them with ideas."

Staff said they were confident to question practice and this would be welcomed and discussed. They told us they received appropriate training, supervision, appraisal and they were encouraged to develop their skills and attributes. Staff knew exactly what was expected of them in their roles.

We found that the staff were committed to working in partnership with others in order to develop a responsive and effective community service for people. Over the years the provider had redesigned the service so had moved from operating care homes to providing support for people living in their own home. These were developed following feedback from people in the local community and commissioners. We found that staff had wholeheartedly adopted the ethos of supported living environment and this underpinned their practice. This resulted in positive outcomes for people and fulfilling lives. For example, two people shared a house and got on well but did not want to do everything together. The one-to-one support they now received meant they could lead very different lives and do things that the other person might not enjoy. We heard that when the house had operated as a care home this had not always been possible because the staffing structure was different so one-to-one support was not available.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found that the manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their leadership the service had developed and there was a strong emphasis on continual improvement. We found that the manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the manager had effective systems in place for monitoring the service, which were fully implemented.

Monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff were completed. They took these audits seriously and used them to critically review

the service. We found the audits routinely identified areas they could improve upon. We found that the manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the service was well-run.

The provider produced a quarterly newsletter, which was sent to all of the people who used the service and the staff. This outlined developments in practice, local events and any developments both locally and nationally such as what the provider was doing to celebrate their 25th anniversary and who had won carer's awards. Each year the provider ran competitions for people who used the service to participate in such as for 'The best Christmas decorations'.

The registration requirements of this service were met. The providers were fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations. We found that all incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been.