

## Real Life Options

# Real Life Options- Hartlepool

### Inspection report

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20 March 2020

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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

### About the service

Real life Options - Hartlepool is a domiciliary care agency. The service provides personal care to people living with learning disabilities in supported living arrangements. At the time of our inspection 21 people received personal care.

The care service had 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's experience of using this service and what we found

People received support from caring and committed staff. Staff knew what was important to people, respected their choices and promoted their independence. People were supported by a consistent, suitably trained and skilled staff team.

Individual and environmental risks had been identified and mitigated. The provider had systems to learn from a range of information, analysing the information for trends to enable them to reduce future occurrences.

The provider followed safe recruitment processes to ensure suitable staff were employed. Training was designed around people's specific needs. The service supported staff with regular supervisions and appraisals. Staff understood their responsibilities in relation to protecting people from the risk of harm. People received their medicine as prescribed.

People had access to health care professionals when required and supported with any ongoing care and support needs. Information throughout the service was available in an appropriate format for people to understand the care and support they received. People were supported to take part in activities and encouraged to develop new interests.

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

People told us they were happy and appeared comfortable with their staff team. Staff knew people well and were knowledgeable about their backgrounds and care and support needs. The service had established partnerships with healthcare professionals to ensure people received joined up care. One healthcare professional told us the service was responsive to people's care needs.

The registered manager had a strong oversight of the service. The provider had a range of quality assurance systems to monitor the quality and safety of the service. People, relatives and staff were regularly asked to

provide feedback about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 15 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Real Life Options- Hartlepool

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we wanted to obtain people's consent to a home visit from an inspector and it is a small service and we needed to be sure that the provider's representative would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted

professionals in local authority commissioning teams and safeguarding teams. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and one relative. We spoke with four staff, including the registered manager, a support worker and two co ordinators. We emailed a sample of staff to gain their experience of the service. Eight staff provided feedback.

We reviewed two people's care records as well as other records relating to the running of the service, such as medicine records, complaints and training records. We emailed a sample of external healthcare professionals, one provided feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staffing levels met the needs of the people using the service. People were supported by a regular staff team.
- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to reduce the risk of harm and abuse. Safeguarding issues were fully investigated and referred to the appropriate agencies.
- Staff had completed safeguarding training. Staff were knowledgeable about what action they would take if abuse were suspected.

### Using medicines safely

- Medicines were managed safely. The provider followed safe protocols for the receipt, storage, and administration of medicines.
- People were supported by well trained staff. Staff had completed medication training and received regular competency reviews.
- Medicines were regularly reviewed and staff adhered with STOMP guidelines. STOMP is national project to stop the over-use of psychotropic medicines in people with a learning disability, autism or both.

### Assessing risk, safety monitoring and management

- Individual and environmental risks had been identified and managed.
- The service promoted positive risk taking. There was a positive approach to safety and risk which was not restrictive for people.
- The service planned for continuity of care in the event of an emergency. The registered manager had developed a specific Covid 19 emergency plan and recognised individual issues for people and offered solutions.

### Preventing and controlling infection

- People were protected from the risk of infection. The service had processes in place to support both staff and people.
- Infection control measures were promoted. The service had created Covid 19 guidance to support people to understand the issues and how to remain safe. Staff had access to protective personal equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager used information from a range of sources to learn and improve the service.

Information from accidents and incidents, complaints and safeguarding issues were regularly analysed to identify any trends and lessons learnt.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional and hydration needs were met by the service.
- Staff promoted a healthy balanced diet. One staff member told us, "We encourage trying healthy foods and making healthy meals with a balance of fruit, vegetables, staple carbohydrates, meats & fish and dairy. Explaining the benefits of eating well and being creative in meals is a key part of this."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA. MCA assessments, best interest decisions and consent forms were completed by the appropriate people.

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

- People's care and support needs were assessed prior to them using the service.
- Information gathered was used to create comprehensive support plans. People were fully involved in discussions about their care and support.

Staff support: induction, training, skills and experience

- People were supported by well trained and experienced staff. New staff completed a comprehensive induction and training was designed around each person's specific needs.
- Staff received regular support through supervisions and appraisal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to have access to a range of healthcare professionals. One healthcare professional told us the service was quick to identify changes in people's needs and seek additional support when required.
- Care plans had been created to support people to maintain their general health and wellbeing. These included oral health.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke warmly and affectionately about the people they supported. Staff clearly knew people well.
- People were supported and promoted to be individuals. The provider had an equality and diversity policy in place to protect people and staff against discrimination.

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

- People and those important to them were fully involved in the decision making about their care and support. Reviews were regularly conducted.
- Staff supported people to express their views.
- The service ensured people's human rights were upheld. People were supported to access the services of an advocate when required. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. One relative told us staff were always respectful and had a great understanding of their family member's care and support needs.
- Staff encouraged and promoted people to be as independent as they were able and wished to be. One staff member told us how they supported people to remain independent, they said, "Letting individuals do as much as they can, go places and do activities they choose."
- People's confidential information was held securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was focused on individual needs, preferences and what was important to them. These were written in a positive manner, highlighting the person's attributes and skills.
- Positive behaviour plans were in place to support staff to deliver a consistent approach when supporting people to manage their anxieties and promote their wellbeing.
- People were in full control of their care choices. Care plans were personalised and developed around the person's needs. These clearly outlined how people wished to be supported.
- The service was responsive to people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had detailed communication plans. Staff worked with people to create systems to assist in their communication skills.
- The provider offered information about the service in various formats, such as easy read and pictorial. The registered manager had sourced an easy read Covid 19 guidance to support people to understand the situation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of activities and maintain and develop new interests. Staff worked with people to explore and take part in new activities.
- Staff supported people to maintain relationships and to engage in social pastimes in the local community.

Improving care quality in response to complaints or concerns

- Information about how to raise a complaint was readily available to people.
- The provider had systems to record and investigate complaints. The information was also analysed to identify any learning points.

End of life care and support

- The registered manager told us no one was currently supported with end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team were passionate about providing inclusive, personalised care. People were at the heart of the service and were fully involved.
- Staff told us they felt supported by the registered manager and provider.
- Staff worked well together and had a strong team ethos.

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

- The provider and registered manager understood their duty of candour. The service had an open and transparent culture.
- The registered manager was open with people and relatives when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was committed to continuous improvement. Information was reviewed from a range of sources to learn and drive improvement.
- Staff understood their roles and responsibilities. They were enthusiastic about ensuring people received great care and support.
- The provider had effective systems to monitor and assess the quality of the service provided.
- The registered manager had submitted the required statutory notifications to CQC following significant events in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and their relatives were encouraged to express their views. The service sought regular feedback. The service had created a service user's forum to gather ideas from people on how they wish the service to work.
- The provider was committed to protecting people's rights with regard to equality and diversity.
- Staff had opportunities to express their opinions in supervisions and team meetings.

Working in partnership with others

- The service worked with healthcare professionals to ensure positive outcomes for people.

- Staff worked together to ensure that people received consistent, coordinated care and support.
- People were supported to remain part of the local community. The registered manager was developing a day centre facility to support people and the wider community.