

Real Life Options

Real Life Options - Teesside and Redcar Outreach and Supported Living

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

About the service

Real Life Options - Teesside and Redcar Outreach and Supported Living provides personal care to people living in their own houses and flats in the community. This support is provided through a supported living service and a domiciliary care service. The service supports young adults who live with physical disabilities, learning disabilities or autism spectrum disorders.

This service provides care and support to people living in three 'supported living' settings, and to one person in their own home, so that they can live 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. Under the regulated activity, the service also provides domiciliary support to one person living in their own home.

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 inspection 29 people were using the service, of which 18 were receiving personal care.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People lived in their own homes and their tenancies and accommodation was managed by a housing provider. The environment was suitable for people's needs and changes had been made where needed to accommodate people. The design of the building enabled people to have their own space but also allowed people to have social contact with one another. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Staff understood and responded to potential risks. Safeguarding procedures had been followed. Incidents were recorded and lessons had been learned when incidents had taken place. Good recruitment procedures were in place. There were enough staff to support people safely. Hours were flexible to meet people's needs.

People were supported in all aspects of their care. They had regular access to healthcare. Nutritional needs

and preferences were respected and well managed. Staff received regular supervision and training.

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 were supported by staff who knew them well. They were treated with kindness and their dignity was maintained. Staff respected people's wishes and choices. People were actively involved in their care and were supported to be as independent as they wished to be.

People received person-centred care. Records accurately reflected people's needs, and staff demonstrated good knowledge of these. People were supported to live fulfilled lives. People knew how to make a complaint. Where received, these had been dealt with appropriately. The service was equipped to support people at the end of their lives.

Managers at all levels were visible and staff were supported to deliver a good service. A continual system of improvement was in place which people were part of. The service was integrated into the local community.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (Published 31 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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 - Teesside and Redcar Outreach and Supported Living

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

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live 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. Under the regulated activity, the service provides domiciliary support to one person living in their own home.

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. We needed to be sure that the provider or registered

manager would be in the office to support the inspection. We also needed to make sure people would be available to speak with us.

Inspection activity started on 5 September 2019 and ended on 10 September 2019. We visited the office location on 5 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland, Stockton-on-Tees and North Yorkshire local authority commissioning teams. Not all provided a response. We used this information to plan our inspection.

During the inspection

We visited one of the three supported living services and spoke with four people who used the service. We spoke with two relatives over the telephone about their experience of the care provided. We spoke with the registered manager and three support workers.

We reviewed three people's care records and four staff files. We also reviewed records relating to the management of the service.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had good knowledge of safeguarding. They had followed the right procedures when concerns had been raised.
- People said they felt safe living at the service. One person said, "I am safe. Staff look after me." Relatives confirmed this, one said, "I am reassured [person] is safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood the risks to people. They had responded quickly when they had identified potential risks. One person said, "I like to do my own thing, but staff keep me safe."
- Up to date risk assessments were in place to support people. These had been regularly reviewed.
- Accidents and incidents were regularly analysed. Lessons had been learned when incidents took place.

Staffing and recruitment

- There were enough staff on duty at all times to support people. This included one-to-one hours and core staff to be available within the supported living homes.
- People had their own dedicated staff team involved in their care. Staff working hours were flexible to meet the needs of people.
- Good recruitment procedures were in place.

Using medicines safely

- People had access to their medicines. Regular checks were carried out to make sure these were safely managed.
- As and when required medicine records needed further information to make them individual to people. The registered manager had already recognised this.
- Staff had received up to date training in medicines.

Preventing and controlling infection

- Staff followed infection prevention and control procedures. Training in this area was up to date.
- Staff had access to equipment to reduce the risk of potential harm.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were continually assessed. As a result, the changes needed to people's care had been carried out. This included increased hours to people's support packages.
- National guidance was used to support people. This included guidance for supporting people with a learning disability, medicines and dementia.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles. They engaged with supervision, appraisal and training.
- People said staff knew how to support them. Staff had participated in additional training, such as dementia when people's needs had changed.

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

- People were supported with their dietary needs. For example, one person had been able to stop their diabetic medicines due to their healthy and improved diet.
- Staff supported people to plan, purchase and cook food. Staff also educated people about the importance of a healthy diet.
- People were prompted to eat and drink. People's dietary needs associated with their religion were supported and had been incorporated into their care. Staff had increased their knowledge in these areas to appropriately support people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. They attended appointments when needed. Staff supported people to understand letters about their health.
- Staff knew people well. This was important because some people did not tell anyone when they felt unwell.
- Staff responded when people's needs changed. People living with dementia had been able to stay at the service because the right support had been put in place for them.

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.

- People were supported to make their own decisions. They made their own choices in all aspects of their care. Staff respected these decisions.
- Staff understood the MCA. They sought people's consent and worked within these guidelines to provide good care.

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 has now 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 knew people very well. People were treated with kindness and compassion. Staff were respectful and empathic when supporting people. Relatives said they were, "Very happy with the care provided."
- We observed positive relationships between people and staff. Both were caring towards one another. One person said, "Staff look after me."
- People were important to staff. Staff talked about the progress which people had made to increase their social contact. This included going out more frequently. One staff member said, "I love seeing service users achieve. They are the reason I am here. It's fantastic to see how far they've come."

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

- Staff knew when people required additional support. One person told us, staff had recognised when they were no longer safe going out on their own. Staff had talked to them and had taken action to increase their one-to-hours.
- People were involved in their care. Advocacy services were used when needed. Staff worked closely with people's families. Relatives said they felt involved in decision making.
- People had a core staff team involved in their care. This had led to people, staff and families developing good relationships. As a result, all were actively involved in people's care and said they felt informed.

Respecting and promoting people's privacy, dignity and independence

- Staff acted quickly when people were distressed. Staff demonstrated good knowledge of people and described how behaviours may change. This led staff to offer the right support for people.
- People were supported to be as independent as they wished. Support was tailored to each individual. This had led to an increase in people's independence.
- People's beliefs and choices were respected. Staff supported people to be involved in the local church or visit their local mosque. People with an active interest in politics had been supported to vote.

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 now 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 exceptional person-centred care and support. For example, staff took action to change one person's support package when their health deteriorated. This included increasing care hours, moving the person to the ground floor and putting adaptations in the person's home. The support which people received supported them to live extremely fulfilled lives.
- Detailed care records were in place. These were specific to each person and supported staff to deliver the right care and support.
- People were involved in all aspects their care. People said they made decisions about the staff team involved in their care, when support was given and what to do during their one-to-one time.

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.

- Care records detailed people's communication needs. These supported staff to develop relationships with people.
- Information was provided in an accessible format. Letters from the provider to people were in an easy read format.
- Staff had developed people's environments to include pictures and words. For example, a picture of a bath on the bathroom door. These prompted people to find their way around their home.
- People had been involved in developing pictures to be used as prompts. For example, a picture of the person putting clothes in the washing machine was used on the person's activity board for that day as a prompt for doing their laundry.

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

- Each person had an individualised activity plan in place. This was updated each week and reflected the choices and interests of each person.
- People were involved in a diverse range of activities. These included an independent voices group, social clubs for people with a learning disability, visits to a local barber, dogs trust, gym and cinema.
- People also planned day trips. These included a day at a spa, day trips to local coastal areas and theme parks and visits to concerts and theatrical shows. The support people received had led to increased social well-being.

Improving care quality in response to complaints or concerns

- Information about how to complain was available in various formats.
- People said they would raise any concerns they had.
- Complaints had been addressed appropriately.

End of life care and support

- Staff had the knowledge required to provide end of life care. Care records for end of life were in the process of being completed with people and their relatives.

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 requires improvement. At this inspection this key question has now improved to good. 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

- A positive culture was in place. Staff worked together to meet people's needs. Staff were open and transparent during inspection. Staff said they were happy working at the service.
- Leaders had the knowledge, experience and integrity to deliver a good service. People were positive about the registered manager. Some people told us they had wanted to move out, but since the registered manager started at the service they were now happy living at the service.
- The person-centred approach at the service had led to people achieving extremely fulfilled lives. People told us they could do anything they wanted to and when they wanted to. This was also echoed by staff. Staff said they helped people to build their confidence to achieve their goals.

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

- A registered manager was in post. They had worked with the provider to develop the service since they came into post. People and relatives spoke highly of them. The registered manager was described as 'amazing.' Relatives said they were 100% behind the registered manager.
- Staff said the registered manager worked with them and listened to them to develop the service. This had led to changes in staffing levels and core support hours.
- The registered manager had notified the Commission about events taking place at the service. Confidential information was maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had good oversight of the service. People, relatives and staff were happy with the service provided. Staff said the registered manager listened to feedback and took action. This gave them confidence.
- Quality assurance measures were effective. They had led to positive improvements at the service.
- The person-centred approach used by staff had led to reduced risks to people. People were supported by staff to take positive risks. This included engaging in activities and taking holidays.

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

- People, staff and relatives were actively involved in developing the service. Feedback was regularly sought

from them and professionals involved with people.

- Relatives said they could talk to staff. They could share information, ideas and concerns and said they were listened to.
- People from the service had attended local schools. They talked to students about living with a learning disability. The registered manager had received positive feedback about these visits.

Continuous learning and improving care

- The service had made further improvements since the last inspection. People said they were much happier with their care.
- Staff had sought additional training when people's needs had changed. This enabled them to provide the right support.

Working in partnership with others

- Feedback from professionals was sought and used to develop people's care and the service.
- Staff had positive relationships with professionals. Information was shared when needed.