Real Life Options

Real Life Options- Nottingham

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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care and support to adults with a range of needs.

This inspection took place on 13 June 2018 and was announced. This was the first inspection of the service under its current registration. At the time of our inspection visit 12 people were using the service. At this inspection we found evidence to support the rating of good.

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.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to help ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

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. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

People were involved in their care as far as possible and people were encouraged to remain independent. Care plans were regularly reviewed and updated as people's needs had changed. Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were responsive.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships.

People, relatives and staff were encouraged to provide feedback about the service which was used to assess

the quality of the service and to make any required improvements to the service. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.

The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong and improvements made to prevent it happening again. People's health and well-being was continuously monitored at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks associated with the delivery of people's care and support had been adequately assessed and planned for. People felt safe with staff who provided their care and support.

Staff were safely recruited at the service and there was sufficient numbers of trained and skilled staff working at the service.

Medicines were safely managed and people were protected from the risk of infection.

Incidents were being responded to ensure people's safety.

Is the service effective?

Good

The service was effective.

People's consent was sought before staff provided care and support and the principles of the Mental Capacity Act 2005 were being followed by the provider.

People were cared for by staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's health and well-being was continuously monitored and people's home environment was checked to ensure it was safe and suitable for people.

Is the service caring?

Good

The service was caring.

People were involved in planning and delivery of their care and support.

People's privacy was respected.

People were supported by kind and compassionate staff who maintained people's dignity.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed.

People and their relatives had information on how to make complaints.

People would be supported to plan and make choices about their care at their end of life.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and their performance was regularly assessed.

There were systems in place to monitor the quality of care and support people received and care plans and risk assessments were regularly updated.

Incidents were logged and acted upon as required.

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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 checked 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 13 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the provider and used to inform our judgement. We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us.

During the inspection we spoke with three people who used the service and the relatives of someone who received care and support from the service. We spoke with seven staff who delivered care and support to people, a care co-ordinator, an area manager and the registered manager.

We looked at the care records of four people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at four staff recruitment files and staff training records. We looked at records related to how the quality of the service was monitored. These included quality audits and checks, minutes of meetings, and feedback provided by people who used the service and their families.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care provided and staff who supported them. One person said, "Yeah I feel safe." A relative told us, "I think they do care for him well." Staff we spoke with felt people were safe and well cared for.

The staff team were trained and understood their responsibilities in relation protecting people from the risk of abuse. There was a safeguarding in place which included information about external agencies who could be contacted if people had concerns about their safety. There were systems in place for recording and reporting safeguarding concerns. The registered manager had taken appropriate action when any allegations of abuse had been made or identified and had a good understanding of their responsibilities in this area.

Assessments had been completed prior to people using the service which identified any potential risks associated with the delivery of their care and support. The written risk assessments provided staff with information about the risks people faced and how to mitigate them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Risk assessments were regularly reviewed when people's needs had changed to ensure their safety and well-being.

Care plans provided detailed information and guidance about how best to support people. Staff had been trained in moving and handling people and their practices had been checked before staff were able to support people. Some people using the service had health tasks carried out and these had been signed off by the relevant, qualified health professional to ensure staff were trained to do this safely. Staff had received training in managing behaviours which may have been challenging to protect both themselves and people using the service.

Staff recruitment processes protected people from being cared for by unsuitable staff. Staff files contained evidence that the necessary employments checks had been completed before staff commenced work at the service. For example, Disclosure and Barring Service (DBS) checks, employment history and references to show that staff were suitable to work with vulnerable people. Staff all confirmed that these checks were carried out before they commenced work.

There were enough staff working at the service to ensure that people received the support they needed. We spoke with two staff members who told us that consistency of care staff was very important to people to make them feel safe and secure and we saw that this was something the service worked towards. One person using the service had displayed some behaviour which had been difficult for staff to manage in the past. Staff told us that due to them working with this person over a long period of time, they had been able to minimise these behaviours and they now felt that this person was much happier. One staff member said, "It's all to do with consistency."

There were robust systems in place to ensure medicines were managed safely. Care plans provided

guidance for staff on how and when people needed their medicines and outlined any risks associated with this process. Staff made a record when they gave people their medicines and these records were checked regularly by staff and management to ensure people were getting what they needed. Staff were trained in administering medicines safely and competency checks were regularly completed to ensure that staff practice remained staff. Medicine stock was checked and storage arrangements for people's medicines were monitored to ensure that people's medicines were safe to be given to them.

Incidents which took place in people's homes were fully documented and we saw that any action taken as a result was carried out to make sure people were safe. Incidents were monitored by the management at the service. For example, body maps were completed and any patterns and trends in incidents and accidents were recorded and followed up to minimise the risk of these happening again.

Good

Is the service effective?

Our findings

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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments took account of people's capacity and their consent had been sought about their care and support. We saw that some mental capacity assessments had been carried out and that best interest decisions had been made and documented as required. The registered manager and staff team understood their responsibility in relation to the MCA and staff had received training in this area of care. Staff we spoke with described obtaining people's consent when offering support to them, told us they offered people choices and respected their decisions.

People had access to advocacy services should they need these as some people using the service did not have any family. We saw details of advocacy services which the registered manager told us they would access should this be required.

Staff had received adequate training to support people safely and effectively. Some people using the service could, at times, display behaviours which may have been challenging for staff to manage. The service delivered training to staff in this area where needed. Staff we spoke with all felt that they received enough training to support people safely, although some staff mentioned that they would benefit from more face-to-face training, rather than on-line courses. One staff member told us they did, "Quite a lot of e-learning." Other staff felt the training was sufficient.

Records confirmed that staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. The training was based around current legislation and best practice guidance. New staff completed an induction into the service and staff we spoke with told us that this was in-depth and that it had equipped them to carry out their role.

The staff team felt supported by the registered manager. They received regular supervisions and annual appraisals. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. One staff member raised that they felt the supervision sessions were too short. We raised this with the area manager during the course of our inspection.

People's needs were assessed prior to them using the service. Assessment processes were in line with

current legislation and standards. This enabled the provider to be assured that they could meet the person's needs and had the staff with the right skills mix to provide the care and support. People's personal preferences, their social interests, cultural wishes, as well as physical and emotional needs were documented.

People were supported to have enough to eat and drink to stay healthy. Staff who provided meals for people understood the importance of a daily balanced and healthy diet. Any special dietary requirements and support required such as portion size, allergies or food intolerances were clearly documented within care plans.

People were supported to live healthier lives and were supported to maintain good health by attending regular health check and medical appointments. People's well-being was continuously monitored by the service and daily records we looked at confirmed this. For example, one person using the service had diabetes. Health checks and appointments were arranged and attended with support from staff at the service and changes in people's well-being was documented in daily records as well as staff responding to changes and concerns as and when needed.

Staff ensured that people's home environment was suitable and safe and any risks associated with this was documented in people's care records. Equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence.

Good

Is the service caring?

Our findings

People and their relatives told us the staff team were kind, caring and treated them with respect. Nobody we spoke with raised any concerns about the staff team and described them delivering care to meet people's individual needs and preferences. One relative told us, "I think they care for [service user] well. They take him out, take him shopping and to church. I think they're very good actually."

We saw from daily records that people had developed positive relationships with consistent staff who knew them well. We met one person with two of their carers. The person clearly felt very comfortable with the care workers who had worked with the person over a number of years. The care workers understood how the person communicated and were kind and compassionate in their approach to the person, for example asking them if they were OK and recognising what the person wanted. They described how the person's behaviours had changed over time and felt that this was due to the care and support which had been provided. We were told that consistency in their approach to the person's support had resulted in some positive changes for the person. The registered manager spoke with the person and was kind and caring in their approach and offered to show the person around the office.

People were involved in making decisions about their care as far as possible. Decisions made were documented and reviewed regularly. When people were unable to make decisions for themselves, these were made in their best interests following the correct processes and in consultation with the person's representative. The registered manager had a good understanding when people may need additional independent support from an advocate. Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. One example where this was used was with a person who had moved from one property to another and we saw that this support had been provided and that it worked well in practice.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. They were able to describe people's needs, preferences and interests, which showed they understood people well. Care plans included information about the person's wishes and preferences and their life history and included how they preferred to communicate. This helped staff to ensure they supported and respected people's individual needs.

People were treated with dignity and their privacy respected by staff who provided personal care. The language and descriptions used in people's care plans referred to them in a dignified and respectful manner. The feedback we received confirmed the information in the PIR and assured people that their privacy and dignity was maintained at all times.

People using the service were provided with a handbook about the service in an easy read format. This clearly described the aims and values of the service which centred around respect, trust and a person centred approach to care.

Good

Is the service responsive?

Our findings

People could choose how they spent their time and the service considered people's individual needs and preferences in the planning and delivery of their care. People were encouraged to remain as independent as possible and this was evident in their care records. For example, one care plan we looked at said, "Staff to encourage [Service users name] to make his own cup of tea as he is capable." There were lots of examples like this which showed how the service worked to assist people lead as independent a life as possible whilst providing support when they needed it.

People had networks of friends, family and people they engaged with in the community and the service acknowledged these links and worked with people to maintain them. Some people undertook activities out in the community and people were able to spend their time in ways they enjoyed.

There was a person centred approach people's care and support and how the service was run. People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices.

People's needs were assessed before they used the service to ensure that the service could meet them. Staff created people's initial care plans which were updated as their needs changed. People and their families and friends provided information about their lives which helped staff to relate to them; staff talked to people about their interests and their families.

People expressed their likes, dislikes and preferences in their care and support plans. Staff told us this enabled them to provide care that met people's preferences. Care records acknowledged people's goals as well as their strengths. One person's care record stated as their strengths, "Smile. Ability to adapt to change, sense of humour, ability to learn new skills." The service had a positive approach to enabling people to live positive and fulfilling lives.

Staff were able to describe using communication methods to make sure people could express their views and we saw that methods for this such as Makaton were used. Staff we spoke with all felt that people received care to meet their individual needs and to suit their preferences. One staff member told us they thought the service was, "Really good. The values are key. It's all about person centred care and independence." Another staff member told us, "I can't believe the quality of care people get. You've got time for them. Whatever they want they can have." The service worked to ensure people had a consistency in their care team so that they felt comfortable and at ease with the support being provided.

The service ensured people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We found that people were given information in ways they could easily understand, for example the guide to the

service, details on how to whistle-blow, and information on how to complain were provided to people in easy read formats.

People felt confident that they could make a complaint or raise any issues should they need to. The provider had procedures in place to record and respond to people's concerns. There were no formal complaints for us to review at the time of our inspection.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was strong and visible leadership at the service. The management of the service knew people well and understood each person's individual needs and personal preferences. Some staff did report that, at times, it could be difficult to contact the manager and office staff. Care staff felt that this was due to their workload and availability. We raised this issue with the area manager at the service who assured us that this issue was being looked at to ensure that staff had enough time to do their jobs and to ensure they were accessible to care staff when needed.

Staff told us they felt supported in their roles and felt that they could approach the management with any issues they may have. We saw that staff performance was regularly assessed to ensure that staff were happy in their roles and that they felt supported at the service. Regular staff meetings were held and it was clear from staff meeting minutes that staff would be able to raise issues as needed. Staff training was monitored and updated as and when necessary and was designed to meet the needs of people using the service.

People who used the service were involved in how the service was run. People made choices wherever possible about how they spent their time and how they wanted their care and support provided. We raised one issue about a person using the service who was awaiting suitable equipment to assist them in mobilising. We discussed this with the area manager who assured us that this was in hand.

The registered manager monitored the service regularly to assess the quality of the care and support provided, for example they carried out audits of medicines, care records and staff performance. Care plans and risk assessments were regularly reviewed to check people were getting the care and support they needed to keep them safe.

People and their relatives and representatives were regularly asked for their views on how the service was being run and we saw that the responses were collated and used to consider how the service could be improved on. There were regular keyworker check-ins where staff could raise any issues and the management of the service was in regular dialogue with staff, people who used the service and their families.

We found that incidents were logged when these took place and that the appropriate authorities were notified as and when needed. Records showed that incidents were fully reviewed and that action was taken to minimise the possibility of them happening again.