

## Real Life Options

# Real Life Options - West Midlands Supported Living and Outreach Services

### Inspection report

Citibase  
101 Lockhurst Lane  
Coventry  
West Midlands  
CV6 5SF

Tel: 02476582123  
Website: [www.reallifeoptions.org](http://www.reallifeoptions.org)

Date of inspection visit:  
27 September 2019

Date of publication:  
01 November 2019

### 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 - West Midlands Supported Living and Outreach Services provides care and support for people with learning disabilities or an autism spectrum disorder.

Real Life Options – West Midlands Supported Living and Outreach Services was supporting 10 people at the time of our inspection but only one person received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent. Staff had received training to safeguard people from abuse and knew how to report concerns.

People's care was person centred and was responsive to their individual needs. Staff had received training to understand how to support them well. Care records provided information in relation to people's backgrounds, interests and care needs.

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; systems supported this practice. The registered manager ensured care was based upon good practice guidance to help ensure people received an effective service. Promoting independence was encouraged and people were offered choices.

The manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

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 and update

The last rating for this service was requires improvement (published 05 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about this 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 - West Midlands Supported Living and Outreach Services

## **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 completed 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 homes. It also provides care and support to people living in two 'supported living' settings who require 24hour support, 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.

The service had a manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who, as well as the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 September 2019 and ended on 08 October 2019. We visited the office location on 20 September 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the provider to complete a Provider Information Return however we inspected the service before this was returned. 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. We took this into account when we inspected the service and made the judgements in this report. We spoke to the local authority who worked with the service. They did not share any concerns with us about the care provided. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the manager and we reviewed the care records for the person receiving support from the service. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### Following the inspection

We spoke with one member of staff to gain their views about the service. We asked the manager to send us additional evidence to support our judgement 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection risk's associated with people's health and wellbeing had not always been accurately recorded. At this inspection improvements had been made. Risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe.
- Risks were assessed and managed in consultation with health professionals and these were regularly reviewed.
- Risks in people's home environments were assessed.

### Using medicines safely

- At our last inspection medicines administered by staff were not always accurately recorded, in particular the use of topical creams. At this inspection improvements had been made and all medicines administered were accurately recorded on Medicine Administration Charts (MARs).
- Staff were trained to administer medication and regular competency checks were completed to ensure they remained safe to do this.

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

- Staff were clear about their responsibilities for safeguarding people from the risk of abuse and reporting actual or suspected abuse. Staff had received safeguarding training during induction and intervals thereafter.
- One staff member told us about the action they would take if a person had any injuries on their skin. They explained they would ask the person what had happened, record their findings on a body map and inform a member of the management team. Records were detailed, including the dimension and appearance of the injury and where on the body it was situated.
- The manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.

### Staffing and recruitment

- People were supported by enough staff to meet their care needs.
- Records included relevant checks to ensure all staff were suitable to work with vulnerable adults. The provider confirmed staff were unable to start work until these checks were completed.

### Preventing and controlling infection

- Staff were aware of their responsibility to prevent avoidable infections. They were trained in infection control and food safety at induction and at regular intervals thereafter.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The manager reviewed each accident and incident report to ensure all necessary action had been taken to maintain people's safety and wellbeing.
- The manager checked accidents and incidents for patterns and trends to identify if any actions could be taken to prevent future incidents. The manager had a good understanding of what was happening from day to day across the service as it was small, and they had regular contact with staff.



# 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.

Staff support: induction, training, skills and experience

- Staff were supported through training and supervision to perform their roles safely and effectively. This included an induction when they were new in post that covered key topics such as first aid and moving and assisting people.
- All staff had regular training in topics such as the safe handling of medicines and epilepsy. Training was monitored to ensure staff knowledge and skills remained up to date with current best practice.
- One staff member told us they were well supported, making comments such as, "The training's really good" and, "If there was anything I wasn't sure of, the manager would help me and arrange extra training if it was needed."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People using the service had capacity to make some decisions about their care. When people did not have capacity to make a specific decision, this was recorded in their care records and information was recorded for staff to support the person in the way they preferred.
- We saw best interest meetings had been held when decisions about the persons care needed to be made. These involved health and social care professionals who knew the person well as well as the family or friends of the person
- Staff were aware of the principles of the MCA and that consent was required before supporting people with their care.

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

- People's needs were assessed holistically before they first came to the service. Staff gathered information

from people, their families and from professionals who were involved with their care. These assessments formed the basis of their care plans, which were personalised and accurate.

- Assessments and care plans were reviewed every month, or more often if people's needs changed.
- Positive working relationships with stakeholders gave the manager and staff access to best practice guidance, which we saw being implemented throughout our inspection, such as in medicine administration, recruitment and training.

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

- People were supported to eat and drink in line with their needs and preferences.
- One person had decided they wanted to lose weight. Staff helped the person to find foods they enjoyed and supported them with this goal.

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

- Staff routinely liaised with health and social care professionals to provide updates or with queries or concerns about people's health. The management team viewed working with professionals as essential for people's wellbeing.
- Professionals provided positive feedback about the way staff communicated and worked with them.

# 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 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

- One member of staff told us, "I would be happy for my family to be supported here because I know all the staff really care about people and look after them as if they were their own family."
- The way staff spoke about people and their families showed they understood the importance of treating people kindly, respecting their diversity and avoiding discrimination.
- Staff completed training in relation to equality and diversity and understood the importance of supporting people around areas such as sexuality and cultural needs.

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

- Care records showed regular discussions with people about the they received to ensure it was in line with their personal preferences. Where appropriate, families were involved and were told about any changes in the persons care.
- Staff described to us how they involved people in the decisions about their care; "I always ask how [person] is and ask if they want support. I don't assume because their needs can change."
- The manager was aware of advocacy services and when these should be considered to support people in relation to making decisions.

Respecting and promoting people's privacy, dignity and independence

- There was a focus on supporting people to remain independent. One person told us it was important for them to continue taking care of themselves, with support from staff when needed.
- One member of staff told us it was important to keep people's information confidential and to do this they did not speak about anyone's care where members of the public could overhear, and all records were kept at the persons home.

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

- At our last inspection, care records did not always contain accurate, up to date information about people's care needs. At this inspection, improvements had been made to ensure care records were up to date and accurately reflected people's needs.
- Care records contained information about how people were offered choice in their daily lives which included how they received care, and how they wanted to spend their time.
- One member of staff told us the person they supported liked to know in advance what they would be doing and therefore staff helped the person to create a timetable of activities for their week.
- One member of staff told us about a person who became anxious when they had to visit their GP. The person had asked staff not to tell them they had a such appointment's and preferred staff to take them without them knowing where they were going. Staff did this and called the surgery to let them know when they were on their way to prevent the person having to wait in the waiting area and which reduced any anxiety.

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.

- Staff had a good understanding of people's communication needs, which were set out clearly in their care plans.
- Information was provided to people in ways they could understand. We saw information relating to people's care was provided in an easy read format. This is a way of conveying written information using short sentences and pictures. The manager told us information could be supplied in other languages and large print if it was required.

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

- The manager and staff were in regular contact with relatives where appropriate. Staff had built a positive relationship with people important to the people using the service. For example, staff supported a person to remain in contact with their family by phone.
- Care plans contained details of people's interests and activities were planned based on this. One member of staff told us, "[Person] loves animals. I let them [Person] know if any documentaries are on that I think they

would like." We saw that a person had been supported to join a local club which was related to their interests.

- One person enjoyed attending church each week. Staff supported them to attend the service and to take part in the church community.

Improving care quality in response to complaints or concerns

- People were provided with information about how they could raise any concerns in a format they could understand.
- The manager had a system to log complaints received formally so they could identify any themes. No complaints had been received in the 12 months prior to our inspection.

End of life care and support

- No one was receiving end of life care at the time of our inspection however the manager was in the process of having sensitive discussions with people or their relatives to develop end of life care plans which would inform staff of how the person wanted to be supported.

# 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.

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

At the last inspection, the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, the provider sent us details of how they planned to improve their systems and at this inspection, these improvements had been made. The provider was no longer in breach of the regulation.

- The manager had been working in this service since May 2019 and was in the process of applying to become registered with us, CQC. The manager was registered as a manager for another service owned by the provider and had a good understanding of their role. This included legal requirements such as notifying CQC of significant incidents.
- Staff had regular supervision and informal conversations with their line managers, which helped them understand what was expected of them and how they were performing. The induction process for new staff set clear expectations regarding their job role.
- Audits and checks helped the manager assess how the service was performing. They reported this to one of the provider's senior managers and identified actions needed to improve the service. For example, one improvement had been identified to move the manager's office to another area in the building to allow this room to be used for social events for people and their families.
- Accidents, incidents and complaints were seen as opportunities for learning. Learning was shared with staff through supervision or team meetings.

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 registered manager understood the duty of candour. They adopted an open and honest approach when things went wrong or did not go as planned. There had been no incidents that carried a formal duty of candour requirement.

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

- The manager frequently met with people and their families. This helped them maintain a good overview of the service.
- Staff expressed confidence in the manager. One member of staff told us, "Things have been pretty hard

this year when [previous registered manager] left. Things are getting better now, [manager] is approachable and is making improvements."

- The person-centred culture of the service was evident in the way the manager and staff spoke about their work and the people and families they worked with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager and care co-ordinator had regular informal contact with people and their families, which provided an opportunity for discussion about how the care package was working.
- The provider invited people to share their views about the quality of the service and any areas where improvement could be made through an annual 'Customer Satisfaction Survey'. The survey results were unanimously positive and no suggestions to improve the service had been made.
- Staff had regular supervision which enabled them to feed back any issues about their work.
- Regular, open communication with people's health, social care and education professionals was central to the way the service supported people.
- The provider was well known locally and liaised with stakeholders such as the local authority and health commissioners in planning developments in this service.