

Real Life Options

Real Life Options - Yorkshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Summary

Real life options- Yorkshire provide support to people with learning disabilities living in 7 supported living settings, so that they can live in their own home as independently as possible. The service also provides domiciliary care to people living in their own houses and flats. At the time of our inspection, 37 people were receiving a regulated activity. Not everyone who used the service 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 the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported in having choice and control over aspects of their lives, for example people living in supported living settings had personalised their bedrooms. Risks to people were recognised, assessed and managed safely. Systems were in place to protect people from abuse and improper treatment. People were encouraged to be as independent as possible.

Right Care

There was not always enough staff to support people. Staff were knowledgeable about the people they supported and had established good rapport however, the service relied on agency staff who did not always know the needs of people.

Right culture

Recent changes in management had improved the service. People were supported to regularly identify, or review, on-going individual aspirations and life goals. Management supported staff in improving practice. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and recommendations

We have identified breaches in relation to staffing and good governance at this inspection.

This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Real life options- Yorkshire on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Real Life Options - Yorkshire

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

This service is a domiciliary care agency and supportive living service. It provides personal care to people living in their own homes and to people living in 7 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 5 January 2023 and ended on 1 February 2023. We visited the location's office on 9 January 2022, 11 January 2022 and 16 January 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 staff members, including the registered manager. We looked at 5 care record, 4 medicine record and 5 staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and policies.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels varied at different supported living houses. The service used a rota to ensure the correct level of staffing was achieved however some sites relied on high use of agency. The provider tried to use regular staff however this was not always achieved.
- The provider did not monitor late calls to people living in their own homes. Therefore, we could not be assured people were receiving care as planned.
- Staff and relatives felt staffing levels were poor. Feedback we received included "It will be better if there were regular staff who knows what [person] likes and dislikes. Agency staff don't know [their] specific likes" and "we are firefighting, the priority has to be keeping staff and service-users safe."

We found no evidence people had been harmed. However, systems were not in place to demonstrate staffing levels were safety managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Pre-employment checks included a criminal record check (DBS), employment history and references from previous employers.

Using medicines safely

- Staff provided support for people to take their medicines safely. People had medicine support plan and protocols describing when they should be offered some of their 'when required' medicines in place however we found some documentation lacked details.

We recommend the provider reviews their medicine documentation to ensure paperwork contains all the relevant details.

- The provider ensured people's behaviour was not controlled by inappropriate use of medicines. Staff understood the principles of STOMP (stopping over-medication of people with a learning disability and/or autism).
- Staff provided information about medicines in a way people could understand. Feedback from relatives regarding medicines was positive, one relative said "[person] receives their medication on time, we have no concerns."
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines audits were in place and actions were implemented in line with the audit findings.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the hygiene practices of the premises. One of the supported living houses we visited was unclean and although we saw evidence of cleaning records there was not enough time allocated to ensure all the house was clean. Since the inspection the provider has evidenced how they have increased cleaning.

We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because regular staff knew them well and understood how to protect them from abuse. Staff received safeguarding training.
- There were appropriate systems in place to safeguard people from the risk of abuse. The service used a safeguarding log to ensure oversight of safeguardings and actions taken.
- Safeguarding issues were regularly discussed with staff in team meetings. Staff were able to explain how they would appropriately identify and raise any concerns.

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

- Risks to people were assessed. There were plans put into place to manage and mitigate any risks identified. Risk assessments provided staff with clear guidance on actions they needed to take to promote people's safety.
- Risk assessments were reviewed on a regular basis, or whenever there was a change in people's needs, to ensure they remained effective.
- The provider had systems in place to identify lessons to be learnt and held meetings with staff to share these.
- Staff informed us lessons learnt were shared. Staff we spoke with could give examples of how information was shared to improve care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

- Staff obtained people's consent prior to providing support. Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. This was documented in people's care records.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principles.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The provider had monitoring and quality and assurance policies and processes in place however these were not fully embedded and had not addressed all issues we found on the inspection.
- Recent management changes meant there were gaps, for example with supervision and surveys however there was evidence these were being addressed. The registered manager worked with another manager to monitor all locations.

Systems were not yet robust enough to demonstrate good governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider undertook a range of different audits and had a good oversight of the service. They ensured improvements were made in reflection of the audit findings.
- The service completed an internal action plan to ensure improvements were made. The new manager demonstrated awareness of areas that needed to be improved and plans were in place to achieve this.

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

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff. We found gaps in survey records for example under previous management surveys were not always completed regularly.
- The provider valued and listened to the views of staff. Staff stayed in touch with management through individual supervision and team meetings, we found supervision was not completed regularly however this had improved with recent management changes.
- The provider worked in partnership with various community health and social care professionals and external agencies, this was evidenced in care plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 enabled staff to be empowered and voice their opinions. Staff told us management encouraged open discussions in meetings and supervision.
- The registered manager demonstrated a good understanding of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- Staff told us they enjoyed working at the service and felt valued. One member of staff told us, "I'm a big believer of management giving praise, management are always looking out for my interest."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvement to systems were not yet robust enough to demonstrate good governance.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not in place to demonstrate staffing levels were safety managed.