

## Real Life Options

# Real Life Options - Tyneside Domiciliary Service

### Inspection report

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25 January 2019

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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 - Tyneside Domiciliary Service is a domiciliary care agency which provides care to people living in their own homes. Most people lived in supported living style accommodation because they required care up to 24 hours a day. It also provided an outreach service to adults and children. At the time of our inspection 31 adults and 5 children with learning disabilities and/or autism used the service throughout Newcastle, South Tyneside and Durham.

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

### People's experience of using this service:

- Staff knew how to recognise the signs of abuse and reported their concerns in line with the providers safeguarding policy and procedures.
- The service was safe and the risks people faced were assessed and reduced wherever possible.
- The service has 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 with learning disabilities and/or autism using the service can live as ordinary life as any citizen.
- Staff focussed on giving people opportunities to become more independent.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- The service was flexible and provisions were changed and adapted to meet people's needs and choices. Good communication with external professionals ensured services achieved positive outcomes for people.
- People were very well cared for in the comfort of their own homes. Staff knew the people they supported well and they treated people with kindness, patience, dignity and respect.
- People participated in pastimes that were motivating and meaningful to them. Staff arranged activities to maintain people's links with their local community and those which provided opportunity for social interaction with family and friends.
- The provider ensured the quality and safety of the service through regular checks and audits.
- The service met the characteristics for a rating of good in all the key questions we inspected. Therefore, the overall rating for the service after this inspection remained good.

### Rating at last inspection:

At our last inspection the service was rated good. Our last inspection report was published on 9 August 2016.

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received based on the last rating.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

## 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 remained safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our Well-Led findings below.

**Good** ●

# Real Life Options - Tyneside Domiciliary Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was conducted by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day. This included multiple supported living settings, where up to five people shared accommodation. 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 their wider social support.

The service had two managers 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:

We gave short notice of the inspection visit because we needed to be sure that staff would be available to assist us to access the records.

Inspection activity started on 23 January 2019 and ended on 28 January 2019. We visited the office location

on 23 January 2019 to see the managers and office staff; and to review care records, policies and procedures. We contacted relatives by telephone on 24 January 2019. We visited two people in their own home on 25 January 2019 with prior permission. We reviewed post-inspection information on 28 January 2019.

What we did:

Prior to the inspection, we reviewed any evidence we already held about the service. We asked for feedback from the local authorities who commission services and the local safeguarding teams. We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 four people who used the service and six relatives. We spoke with staff which included the two registered managers, a service manager and two care workers. We emailed all care staff for their feedback and to ask questions about their skills and knowledge. We received seven responses. We reviewed five people's care records, four staff personnel files and records related to the safety and quality of the service.

After our inspection, we requested additional evidence to be sent to us. This was received and the information was used as part of our inspection.

We also emailed 10 external community professionals for their feedback on the service. We received three responses from a social worker, a psychologist and a speech and language therapist.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they thought the service was safe. One relative said, "I think my relative is very safe in this organisation, and I have no worries whatsoever."
- Systems and safeguarding procedures remained in place and staff were knowledgeable about what action they would take if they suspected people were at risk of harm.
- Incidents of a safeguarding nature were thoroughly investigated, recorded, reported and monitored.
- The provider encouraged the use of a confidential hotline for people and staff to report concerns, misconduct or poor practice. We saw some anonymous information provided to the hotline had been shared with the registered managers to investigate. Action was taken to address this.

Assessing risk, safety monitoring and management

- Risk assessments in place helped to reduce the risks people faced in their daily lives, such as, behaviours which may challenge staff, epilepsy and diabetes. Preventative measures and instructions for staff helped to keep people safe.
- Staff were aware of potential risks in people's homes and took positive steps to avoid harm.
- Accidents and incidents continued to be monitored and analysed. Records were made of the actions taken to improve working practices or prevent further occurrences.

Using medicines safely

- Medicines continued to be safely managed. People received their medicines as prescribed and at an appropriate time. A good system was in place for the receipt, storage, administration and disposal of medicines.
- Medicine administration records were completed accurately.
- Staff were regularly assessed to ensure their competence.

Preventing and controlling infection

- Staff protected people from the risks of infection and cross contamination by following best practice guidelines. This included wearing personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

Recruitment and staffing

- A safe staff recruitment process continued. The provider continued to ensure staff were of good character and suitable to work with vulnerable people.
- The provider recruited staff with a mix of skills, knowledge and experience to meet people's needs. People and their relatives were encouraged and supported to participate in the recruitment process by contributing to interviews.

- We considered the service employed enough staff to operate safely. However, staff had a mixed opinion about staff shortages. A small minority of staff felt shortages sometimes caused problems covering shifts effectively and consistently. We fed this back to the registered managers who told us they would address this.
- One person said, "I feel there are enough staff there to oversee my needs. I get out and about a lot and carers are beside me to keep me safe at all times."

#### Learning lessons when things go wrong

- The registered managers reviewed accidents and incidents to identify themes and trends.
- Lessons learned from incidents were shared with staff to continually improve the service.
- The registered managers also shared any lessons learned from other services within the provider's organisation with staff.

## Is the service effective?

### Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs and choices were assessed before they started to use the service to ensure staff could support them effectively. One relative said, "In all the time my relative has been (with Real Life Options - Tyneside Domiciliary Service), I've never had anything negative to say about it in regard to delivering effective care."
- Staff reported any changes, issues or concerns to their line manager regarding people's needs.
- Staff demonstrated a sound understanding of their duty to promote and uphold people's human rights.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who had the appropriate skills and knowledge.
- Staff held health and social care qualifications.
- Staff training was up to date and it included key topics as well as specific topics to meet individual people's needs. We saw training certificates and assessments of learning in staff files.
- New staff completed an intense induction programme and a probationary period.
- All staff attended supervision meetings and had an annual appraisal to ensure they remained competent for their role. However, a small minority of staff felt supervisions were not a meaningful process and sometimes action was not taken to address the issues they had raised. We fed this back to the registered managers who told us they would address this.
- Staff told us they were supported by the management team and had good opportunities to enhance their skills and knowledge.

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

- Staff made sure people had enough to eat and drink in line with their choices, likes and dislikes.
- Staff gave people the necessary support to manage a balanced diet. Endeavoured
- Where people were at risk of malnutrition or dehydration, staff followed plans created by professionals such as dietician's and speech and language therapists.
- Staff monitored people's needs and proactive action was taken. One person who had been significantly underweight through self-neglect had achieved a very positive outcome through the dedication of staff who attempted every option available until good health was restored.

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

agencies to provide consistent, effective, timely care

- Staff supported people to sustain or improve their general health and wellbeing and ensured people's changing needs were continually met.
- Staff communicated well with external professionals and together they encouraged people to strive for and achieve positive outcomes.
- A psychologist gave us an excellent example of a positive outcome. They said, "Real Life Options engaged with the community learning disability team (CLDT) to ensure that they had all relevant information, and staff attended a workshop we facilitated about the client. They approached the case with a positive person centred approach and almost immediately we saw improvements in engagement. They have not given up despite the challenges, and have worked with the social worker, CLDT, and family to ensure that this client receives appropriate care and support. The progress that has been made means that this client can continue to be supported in their own tenancy and has a vastly improved quality of life."

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

- The registered managers ensured staff complied with court orders where applications had been made to the Court of Protection.
- The registered managers also ensured relatives who acted on behalf of people had the legal right to do so. For example, through a Lasting Power of Attorney.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise.
- Some people lacked the capacity to consent to care and treatment. In which case, there was evidence of mental capacity assessments, and their outcomes.
- Staff were aware of the need to ensure people were involved in any decision making.
- We saw staff asking for consent before carrying out any tasks for people.

Adapting service, design, decoration to meet people's needs

- Staff encouraged people to make their home comfortable, personal and homely.
- Staff were aware of how the design and decoration of people's homes could impact on their health and well-being.
- In one supported living service, staff had requested dementia care training as the person they supported was displaying signs and symptoms of this condition. Through training, they recognised that the carpets and flooring in the person's home may have been causing disorientation. Plans were in place to redecorate the home and staff were able to provide valuable information to the person about a dementia friendly environment.

## 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives gave consistent positive feedback about the service. Their comments included, "Staff are very caring indeed."
- One relative told us, "Once my daughter went to the shop and one of her carers went with her to keep her company and it nearly made me cry. As a Mother, the way the carer never left her side, she was just like a member of my family. I was overwhelmed with her commitment to my daughter."
- Staff demonstrated a good knowledge of people's likes, preferences and routines. They knew people extremely well which showed they had spent time in getting to know people.
- The service continued to receive numerous compliments and 'Thank you' cards. We were shown multiple examples which showed people and relatives were happy with the service.
- Equality and diversity policies were in place to ensure that staff treated people with respect regardless of the sex, age, disability or beliefs.
- Equality and diversity training encouraged staff to promote individualism and ensure people's preferences, wishes and choices were respected. Support plans were created with people's input to ensure their needs were met in a way which reflected their identity and individuality.

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

- Staff developed positive and caring relationships with people and their relatives. This gave people confidence to express their views and tailor a service that met their own individual needs and wishes.
- Staff continued to support people to make decisions about their care and recognised when people may need help and support from their relatives or external advocates.
- A relative told us, "I found questionnaires very helpful for allowing me as a mother to air my views and needs. For example, arranging my daughter to be with older carers which has been delivered successfully by staff."
- A social worker said, "The staff team are very person-centred and within a short space of time have got to know the two clients well. They have appropriately challenged others, if they have felt something was not in the persons best interests."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity and respected their privacy. Collectively, relatives told us they felt their family members were respected and their dignity was protected. One relative said, "Staff really respect my relative's dignity and staff have a very positive caring relationship with her."
- Staff described examples which showed they had encouraged people to be independent and had respected people's wishes to do things themselves. Wherever possible, positive risk taking was promoted to encourage people to become more independent.

- Staff promoted people's rights and ensured people were not discriminated against in any way.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A social worker told us, "Real Life Options have been very responsive to guidance and support plans. They are also responsive to expectations which can be difficult to manage. I have found them to be responsive and pro-active regarding any recommendations I have made. If they feel something cannot be achieved, they have been honest in explaining the reasons for this and tried to offered alternatives."
- Staff involved people, relatives and external professionals in creating and developing a plan of care. A new electronic system was in the process of being implemented. A person-centred approach was visible in assessments, support planning and reviews.
- Each person had a small core team of support workers who ensured assessments and support plans were kept up to date. Routine reviews were planned to check support plans met people's current needs.
- A registered manager gave us an excellent example of how the use of technology had positively impacted on a person's ability to have control and make choices. They told us, "We encouraged (person) to buy an Alexa Echo (A smart speaker device connected to a voice-controlled personal assistant service). We connected it to the lights, the karaoke and the TV. Staff showed (person) how to use it. They love to ask it about weather or tell jokes. We linked it to her online music account to play her favourite music. (Person) loves it as she has total control of it, it reacts to her voice. She can switch her own lights off now at night."
- People were offered choice and given control of their day to day lives. Staff afforded people opportunities to spend their time as and where they wished.
- People were involved in a range of activities. A social support plan was developed to meet each person's individual needs, wishes and choices, which enhanced their lives.

Improving care quality in response to complaints or concerns

- Relatives we spoke with had no complaints about the service. They all knew how to complain.
- A relative told us, "I often have meetings with staff where we raise concerns and try and reach a plan of action that's best for my relative's needs. There have been issues with certain staff in the past, but management have changed the rotas to prevent a personality clash."
- A complaints policy and procedure was in place and had been shared with people. The provider's website encouraged people to leave feedback about the service.
- We saw complaints made to the service were handled properly and in a timely manner.
- Staff shared mixed opinions about their confidence in raising concerns about the quality of care to the management team. Whilst some staff were extremely positive, others shared what they perceived to be a negative experience. We fed this back to the registered managers to address.

Accessible Information Standard

- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people or their relatives with a disability or sensory loss can access

and understand any information they are given. The service had taken steps to meet the AIS requirements.

- People's communication needs were assessed and recorded. The provider had produced easy-read and symbol-based communication aids to help people to understand their own care plans and other information which was important to them.

#### End of life care and support

- The service supported adults with a learning disability and/or autism. There was no current need for end of life care. The provider had the necessary arrangements in place to offer this level of care (if it was required) as training was widely available, most staff teams were consistent and the staff were proactive in liaising with external professionals.

## 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

Good: 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

- There were now two well established registered managers in post at the service. They were knowledgeable about people and familiar with their needs
- The registered managers were aware of their regulatory responsibilities.
- A solid staffing structure remained in place. The staff team were aware of their responsibilities and what they were accountable for.
- The provider employed regional compliance managers. Where services fell short of the provider's high expectations, a service improvement plan was developed and monitored by the compliance team and the registered managers. The service was making good progress with the actions in their improvement plan.
- Policies and procedures were embedded throughout the service to ensure people received the high standards of care which the provider strived to achieve.
- The relatives and external professionals we spoke with told us this service was well-led. One relative said, "I think the managers are right on the ball and lead the service very well indeed." A psychologist told us, "Real Life Options have made progress (with a client) because they have been well supported by their organisation to maintain a person-centred and focussed approach."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A relative told us, "I would recommend this service to any newcomer, because they match you with staff you can make good friends with. I'm very pleased with the support I received for my son. I can't fault anything."
- There continued to be a strong culture of governance at the service. Regular checks and audits of the safety and quality of the service were carried out by care staff, the management team and the provider to ensure staff delivered high quality, person-centred care.
- Audits were comprehensive and detailed. Audits contained action plans to address any issues identified.
- Regular management meetings took place to review incidents, audits, staff issues, health and safety, recruitment and training. Senior management meetings were held throughout the provider's organisation to continually check and monitor quality and compliance.
- The provider had maintained a culture which promoted candour, honesty and openness. The registered managers acted in a transparent manner when investigating matters and followed the correct procedure for reporting their findings and if necessary, apologising when things had gone wrong.

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

### characteristics

- The provider had sustained regular engagement with people and relatives. An annual survey was in progress. The results from the last survey carried out in 2017 were positive. Changes to the service had been implemented following suggestions made.
- Office staff facilitated 'service user forums'. They invited key speakers such as the police, who had spoken about hate crime and the fire service, who had spoken about staying safe at home. A registered manager told us, "People really enjoy those meetings."
- Care staff held meetings with people to discuss their satisfaction with the service they received. The registered manager told us that 'house meetings' didn't really work in the majority of supported living settings. Instead they found that people preferred to come out with their support worker to the office to provide feedback and engage with the office staff.
- The provider had continued to publish a regular newsletter for people and staff. The most recent issue included news from the director, fundraising stories, information on promoting healthy living and information on a confidential hotline for people and staff to report poor practice or misconduct. The provider encouraged people to contribute to the newsletter.
- Team meetings were held with each core team of care staff to discuss the service they provided. Operational information and messages from the provider and management team were also cascaded to staff through emails and the newsletter.

### Continuous learning and improving care

- During the inspection, we highlighted an error in relation to the submission of two notifications to the Care Quality Commission. The provider and registered managers acknowledged that the quality assurance process had not been entirely robust. The provider's nominated individual told us, "I will ensure a review is undertaken to fully understand how this error occurred and more importantly to ensure it does not happen again. As a provider, we foster an approach of transparency, and work to ensure our systems, processes and practices protect the needs and safety of the individuals we support."
- The matter was rectified immediately during the inspection and there was no impact on the good support people had received. A registered manager told us there had been "a massive lesson learned" and, "moving forward, all safeguarding, complaints and concerns will be signed off by us as the registered managers."
- A relative told us, "I think the service is well-led. There have been a few issues outside the care package itself with finances, but management are learning from their mistakes and putting a more robust system in place to alleviate these problems."

### Working in partnership with others

- The service worked successfully in partnership with local authorities and they had maintained their presence in a local network of social care providers.
- The registered managers had forged new links with the emergency services which has enabled them to arrange for personnel to attend the 'service user forums'.
- The provider was involved with relevant national campaigns such as STOMP (stopping the over-medication of people). STOMP is a NHS England campaign to stop the over-use of medication to manage people's (with a learning disability, autism or both) behaviour.