

Real Life Options

Real Life Options - Oxfordshire

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Real life Options is a domiciliary care agency (DCA). The service provides personal care services to people living with learning disabilities in supported living arrangements. At the time of our inspection eight people received personal care as the regulated activity.

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

The service was not always well led. The service did not have a registered manager. 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 received compassionate support from caring and committed staff. Relatives told us staff were kind and respectful and treated people with dignity and respect. Staff knew what was important to people and ensured people's confidentiality and privacy were respected and their independence was promoted.

People were supported to access health services when required. People complimented the continuity of care provided by skilled and competent staff. Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

People received support that met their needs and was in line with care plans and good practice. People were supported to maintain good diet and hydration. People's rights to make their own decisions were respected.

The provider followed safe recruitment processes. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, assessments were in place and action had been taken to manage these risks. People received their medicine as prescribed.

Staff and the manager shared the visions and values of the service and these were embedded within service delivery. There were systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

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 10 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Safe findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Safe findings below.

Requires Improvement ●

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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 carried out by one inspector.

Service and service type:

Royal Mencap Society - Oxford are a domiciliary care agency (DCA). The service provides personal care services to people with learning disabilities in supported living arrangements. This service provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a registered manager. 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.

What we did before inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 12 June 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection:

We contacted two people and four relatives to gather their views about the support received. During the office site visit we looked at records, which included six people's care and medicines records. We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. We also spoke with the manager, two coordinators and three care staff.

After the inspection:

We contacted commissioners to obtain their views about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessment included areas such as their mobility, behaviour that may challenge others or medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One staff member said "First I would try and make any abusive situation safe and then contact my team coordinator immediately."
- The provider had safeguarding policies in place and copies of both the local authorities' (they worked with) safeguarding procedures were available in the office. , tThe team reported concerns accordingly.

Staffing levels:

- People were supported by consistent, reliable, punctual staff and praised the continuity of care received. One person said, "Staff are punctual".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely:

- People continued to receive their medicines safely and as prescribed. One person said, "Staff are good (at making sure I take my medicines)".
- People's care records contained lists of people's current medicines.
- The register manager ensured people's medicine records were completed accurately.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. People told us staff washed their hands and use disposable gloves and aprons where required.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to enhance the service for people and for 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 good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People's rights to make their own decisions were respected. One relative said, "They give me choice".
- People were supported by staff that knew the principles of The MCA Mental Capacity Act 2005. One staff member said, "Just because you lack capacity in one thing, it does not mean that you lack capacity in other things. It's all about acting in a person's best interests".

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

- The provider ensured people's needs were assessed prior to the commencement of the service to ensure these needs could be met and individual care plans put in place.
- People and relatives, if appropriate, told us they were fully involved in assessment and care planning process. One relative said, "Yes we are involved".

Staff skills, knowledge and experience:

- People were supported by skilled staff that had ongoing training relevant to their roles. Any examples?
- Staff were well supported in their roles and had regular one to one meeting with their line manager. One staff member said, "We can discuss any concerns and talk about our service users, there wellbeing and our own".

Eating and drinking:

- People's dietary needs and preferences were included in their care plans.
- People were supported by staff to maintain good nutrition and hydration.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People benefitted from staff that knew how to meet people's needs well. One relative said, "They know my relative really well".
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.

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 good.

Good: 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; equality and diversity:

- All people and relatives we spoke with were satisfied with the service received and told us they were able to form meaningful caring relationships with staff. One person told us, "We get looked after". A relative told us, "Oh [person] is cared for very well, very well, we've never had issues with (this)".
- People's diverse religious, cultural, mental health and social needs were reflected in their care and support plans.
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected people's privacy and dignity. One relative said, , "They knock on the door before entering and they give privacy time when I visit".
- People were encouraged to be as independent as possible. A relative said, "They support [person] to be as independent as they can".
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

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

- Care plans were completed with people to ensure they reflected people's wishes.
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- People's communication needs were assessed and recorded in their care plan. For example, one person's care plan described certain words a person would use to describe how they were feeling.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Good: This meant people's needs were met through good organisation and delivery.

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.

- People's needs were identified, assessed and recorded. This included needs relating to protected equality characteristics, and people's choices and preferences.
- The care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

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

- People were supported in a way that met their needs and achieved good outcomes. One relative said, "The staff do a good job".
- People and relatives praised the responsive nature of the team. One relative said, " Oh yes (they are responsive) and they let me know what's happened. They phone me and always have a chat with me whenever I visit".
- Staff we spoke with were knowledgeable about the person-centred information with people's care records. For example, one member of staff told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Relatives said that any concerns were dealt with immediately. One relative commented, "I can't remember ever complaining. If I have any issues I normally just speak to the key worker and resolve it there and then".

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection. However, the registered manager was able to identify where the service would look for support to ensure people received appropriate care if the need arose.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

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 good. At this inspection this key question has deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The service did not have a registered manager. 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.
- The manager had been in post for two weeks. In the absence of a manager the provider had monitored the quality of the service provided. A range of audits were conducted by the provider and care coordinators that included, care plans, risk assessments, medication and the day to day running of the service.
- Findings from audits were analysed and actions were taken to drive continuous improvement.

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

- From speaking with staff and the manager and provider it was clear there was a positive culture at the service and staff worked with the values of person-centred care. One staff member said, "I feel that our culture is very positive."
- The manager, provider and all the staff we spoke with, demonstrated a commitment to provide person-centred, high-quality care. They placed people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager and provider understood their responsibilities.

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

- The provider involved people in various ways. People had opportunities to, complete surveys or raise any comments via an open-door policy at any time.
- Staff, the manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.
- The staff told us they felt listened to, valued and praised the team work. One staff member said "If we raise

an issue we get feedback on what's going to happen straight. They [management] do as they say".

Continuous learning and improving care; Working in partnership with others

- The manager had an action plan to take forward improvements to the service based on feedback that been gained from a variety of sources and the findings from quality audits.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider, managers and staff were enthusiastic and committed to further improving the service for the benefit of people using the service.