

Real Life Options

Real Life Options - Newcastle and Durham

Inspection report

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Newcastle Upon Tyne
NE3 3PF

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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 Newcastle and Durham is a supported living service. At the time of our inspection there were 26 people using the service. Support was provided in flats, houses and bungalows. Some people shared houses and some lived alone.

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 this service and what we found

People and their relatives spoke positively about the care they received. Care plans were detailed and included risks assessments. Medicines were managed safely. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

Care was personalised and responsive to people's 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; the policies and systems in the service supported this practice.

Staff received regular training, supervision and appraisal. Staff worked with external professionals to ensure people received the support they needed.

The registered manager and provider had effective governance systems in place. Feedback was regularly sought and acted on. Lessons were learnt and shared with staff.

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. The service maximised people's choice and control over their lives and supported them to increase their independence. Care was person-centred, people said staff treated them with dignity and knew them well. The service's culture was person-centred with additional training in person-centred care and themed supervisions. People were involved in recruitment of staff and the running of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 November 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by the length of time the service had been registered.

Follow up

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?

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 - Newcastle and Durham

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 team consisted of one inspector and an 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 provides care and support to people living in a number of '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we were completing some parts remotely and we also needed consent from people and relatives to allow us to

contact them.

Inspection activity started on 14 April 2022 and ended on 17 June 2022. We visited the location's office on 14 April 2022 and attended a community event on 27 May 22.

What we did before the inspection

We reviewed information we had received about the service. We used information gathered as part of monitoring activity that took place on 27 October 2021 to help plan the inspection and inform our judgements. 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 used all this information to plan our inspection.

During the inspection

We requested and reviewed care records, training and medicines records remotely. We visited the office and spoke to the registered manager and deputy manager. We attended a community event to observe staff interactions with people, and to speak with people. We spoke to three people who use the service and four relatives of people who use the service. We spoke to three support workers in person and contacted one via email.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse. One person said, "I feel very safe, having the same staff keeps me safe."
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. Staff had completed safeguarding training.
- A relative said, "My brother is safe without a shadow of a doubt ... the staff know what they are doing and always consult us if needed."

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

- Risks were assessed, and actions were put in place to keep people safe. Care plans included detailed information about risks to people and how they should be managed. This included risks around skin integrity, nutrition, visits out from home, and using transport.
- Systems and processes were in place to learn from accidents and incidents. Lessons learnt were shared with staff in regular team meetings.

Staffing and recruitment

- Staff had been recruited safely, in line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitably trained staff to provide support to people who use the service. The registered manager acknowledged that recruitment had been challenging recently.
- People were involved in the recruitment process for new members of staff, including being part of the interview panel.

Using medicines safely

- Medicines were managed safely. Medicine records clearly detailed what medicines people needed to take and when.
- 'As and when required' medicine documentation did not always include enough detail. We raised this with the registered manager who confirmed this would be addressed immediately.
- Medicines audits were carried out regularly and had identified issues around the documentation of medicines. The registered manager had started additional training with staff to stop this happening again.

Preventing and controlling infection

- The provider had procedures to promote safe infection control practices. Staff had recently received refresher training.
- The management team carried out spot checks on staff which included checking whether their PPE was appropriately used.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in assessing their needs and deciding how their care was provided. Advocates, relatives and health care professionals were involved when needed. People's social, religious and cultural preferences were included in their care documents.
- People had control over choices in their lives. One person told us, "They involve me in my care and ask me what I want ... I talk to staff about my care."
- Care was delivered appropriately; feedback was very positive from people, relatives and staff.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. New staff received a detailed induction and regular refresher training was carried out for all staff. One staff member said, "The classroom-based training is very good, but the online training could be more comprehensive."
- Staff knew the people they cared for. A relative said, "The care is excellent, all staff are trained in the right way."

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

- People were supported to maintain a healthy diet. Some people were being supported to become more independent with preparing their own food. People who needed specific diets were supported to eat and drink appropriately.
- One person was regularly supported to bake. They said, "I love making cheese scones." One person was recently featured in a video about how they had become more independent in many aspects, including learning how to cook different meals.

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

- The management team worked effectively with other agencies. People were referred to services such as occupational therapy and the speech and language therapist in a timely manner.
- People's health care professionals were involved in planning their care. Support was provided to people to access dentists, have regular inoculations and attend specialist appointments.

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 MCA 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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team was working within the principles of the MCA. All DoLS applications were current and appropriate. Staff had received training around MCA and DoLS.
- For people who did not have capacity to make their own decisions, mental capacity assessments were completed and 'best interest' decisions were made. Appropriate professionals and family members were involved in making these decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People were supported in a caring way. We observed lots of positive interactions between staff and people. Staff told us how much they enjoyed working with the people they supported. One staff member said, "I have worked with [person] for three years, I really enjoy supporting them."
- One person said, "I love Real Life Options." A relative said, "[Staff] treat [person] with respect, they always knock and ask before giving support."
- The cultural needs of people were respected. Information about people's lives was included in their care plans. Staff demonstrated they knew people well during the inspection.

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

- People were supported to make choices about their care. Care plans were detailed and included people's preferences for how they were cared for. Where people were unable to communicate their views relatives, advocates and health professionals were involved in decisions.
- One person said, "Staff listen to me."
- When recruiting new care staff people were involved in interviewing staff who were going to be caring for them. One person was part of a national focus group for Real Life Options influencing how the organisation provides services to people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and relatives all said that people's dignity was put at the forefront of care. A relative said, "They treat [person] with dignity and respect."
- People were supported to increase their independence. One relative said, "They have supported [person] to develop his independence safely."
- Lots of people were being supported to become more independent in food preparation and housework tasks. A staff member said, "[Person] did not want to do ironing, we found out this was because they were afraid of the steam. We got a travel iron with no steam function and [person] will now happily do their own ironing."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care was personalised to people's needs and preferences. Detailed care plans were in place to enable staff to provide person-centred care. The care plans included information in relation to people's choices, for example their communication, how they preferred to eat, and where they liked to go on trips out.
- Staff knew people well and had a good understanding of their individual personalities, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care. Most staff worked with the same people all the time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.
- A relative said, "[Person] cannot read questionnaires but he is able to give his opinions verbally instead."
- Care plans and documents such as the complaints policy were available in an easy read format.

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

- People were supported to go out, keep in touch with their friends and family, and spend time doing hobbies they enjoyed.
- The registered manager had acted on feedback from people asking for regular get togethers. Staff had asked for feedback on what people wanted at the events which included karaoke, games, crafts and afternoon tea. Events were held in a community hall. Observations during one event showed that it was a very positive experience for all who attended.

Improving care quality in response to complaints or concerns

- The management team handled complaints appropriately. The service had a complaints procedure which was given to people and relatives.
- A relative said, "If I had a problem, I would know who to talk to." Another relative said, "I can always ring and discuss anything [with staff]."

End of life care and support

- The provider had end of life plans in place for people who required them. At the time of the inspection no one was receiving end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

- The registered manager had created a positive culture focused on providing person-centred care. Staff felt there was a positive culture and that the registered manager was supportive.
- One person said, "The [service] is well managed, they ask my views."
- The registered manager and staff worked effectively with other healthcare organisations when needed.

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

- Staff understood their roles. Staff at all levels spoke warmly about the people they cared for, working for the service, and providing good quality care.
- The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Where issues were identified, prompt action was taken to address them.
- Staff understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- The management team engaged with people and staff to gather their views. Quality assurance calls were made to people and their relatives to ensure the care they received was appropriate and effective.
- People's equality characteristics were considered when care was planned.
- A relative said, "[Person] is encouraged to speak at meetings and they can put over their views." The management team provided a training day for one relative so a person could go home to visit their relative safely.

Continuous learning and improving care

- The provider had systems to monitor the care people received. A range of areas were checked including care planning, medicines and spot-checks on staff. Any issues that were identified were shared with staff in team meetings as lessons learnt, to reduce the risk of reoccurrence in the future.