

Options for Supported Living

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Inspection report

1st Floor, St Nicholas House
Old Churchyard
Liverpool
Merseyside
L2 8TX

Tel: 01512360855

Website: www.options-empowers.org

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Options for Supported Living is a supported living service offering care and support to people living within their own homes. The service supports children and adults, most of whom live with a learning disability and/or autism. 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. 96 people were being supported with personal care at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good for the safe, effective and caring domains. There has however been a change of rating for the service to Outstanding based on our findings for the responsive and well-led domain.

The culture of the service ensured the provision of support as individual as the person receiving it. Management and staff displayed a clear vision and, consistent values in relation to the provision of care and support. People were supported and empowered by staff to control their own lives and live a life which was meaningful to them.

People were treated with the utmost dignity, respect and empathy and empowered to make choices to live a life of their choosing.

People had a say in who they wanted to support them, and took an active part in staff recruitment processes. Staff completed a thorough induction and undertook regular training to meet the requirements of their role. Some staff had undergone additional training to meet the specific needs of the people they supported.

Care and support requirements were recorded in a truly person-centred way, with strong emphasis on how people wished and needed to be supported. Staff fully involved people and/or relatives with support plans and reviews. People were actively encouraged to make decisions about how their support was provided and staff were respectful and understanding of people's rights and choices.

Support plans and risk assessments were detailed, reflected people's individual needs, preferences, daily

routines, and were regularly reviewed to ensure the most up-to-date information was available for staff to follow. People's individual communication needs were recorded and understood, and information provided in a format appropriate for them, which meant they could participate fully.

People participated in activities and occupations of their choice. Staff encouraged people to lead healthy and active lifestyles and supported people in trying new things. People were supported and encouraged to maintain contact with friends and relatives and be a part of their local community.

People and their relatives were very complimentary regarding the supportive and caring nature of the staff team. Staff went out of their way to build up close supportive relationships with the people they supported, that were based on trust and the promotion of people's independence and self-worth.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

People were protected from the risk of harm and abuse. Clear policies and procedures were in place, staff had received training and felt confident to raise any concerns they had.

Medication was managed safely. Staff had access to medicines policies and procedures as well as best practice guidelines.

The service had a designated health lead with vast experience of supporting people with learning disabilities. They worked closely with other health professionals to ensure the delivery of effective care.

People's privacy and dignity was respected, and their independence promoted. Without exception, relatives spoke positively about the staff and management team.

People, relatives and staff views were regularly sought. The service often implemented change as a direct result of people's feedback.

The service used innovative methods, such as assistive technology, to help improve the quality of people's lives.

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 (report published 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?

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Options for Supported Living

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

The inspection was carried out by one inspector.

Service and service type

Options for Supported Living has offices based in Liverpool city centre. The service provided support to people living in the Wirral, Liverpool and Sefton area.

The service provides care and support to people living their own homes, 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 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 the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and two relatives. We spoke with the organisational innovation manager, development manager and four support workers.

We undertook two home visits, so we could observe the delivery of care and talk to people in their own homes. We also looked at the support documentation kept in people's homes.

We reviewed a range of records. This included eight people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We visited two people in their own homes and spoke with three members of staff. We spoke with three people on the telephone. We also spoke with two professionals who had regular contact with 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and had regular refresher updates. They were familiar with the reporting procedures and felt confident that any concerns they had would be acted upon.
- There was a safeguarding policy and procedure in place.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people were assessed and mitigated.
- Risk assessments were regularly reviewed and updated to ensure staff had access to the most up-to-date information.
- Some of the people supported by the service live with behaviours that challenge. Risk assessments were detailed and gave clear descriptions to staff of the behaviours and how they were to be managed. Staff had all received training in the safe management of people's behaviours.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.
- Appropriate numbers of staff were employed to meet the needs of the people supported.

Using medicines safely

- Medicines were managed safely, and people were encouraged to be responsible for their own medicines according to assessed risk.
- Medication was administered by trained and competent staff. Staff had access to policies and procedures, as well as good practice guidance.
- Medication administration records (MARS) were in place and had been fully completed. Regular medication audits were undertaken to ensure people received their medicines safely.
- Staff were required to seek guidance from team leaders before administering PRN (as required medication), this was good practice as it reduced the risk of people being given medication unnecessarily.

Preventing and controlling infection

- All staff had received infection control training and had access to personal protective equipment (PPE).
- Systems were in place to safely manage and control the prevention of infection being spread.

Learning lessons when things go wrong

- There was a system in place for the recording and monitoring of accidents and incidents. These records

were reviewed by the registered manager and provider. This ensured action was promptly taken to identify trends and patterns and reduce future risk. One person had displayed behaviours that challenge, the service responded and provided extra care, the effect of this was to drastically reduce the number of incidents.

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. 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's needs were fully assessed, taking in to account their physical, mental and social needs prior to being supported by the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.
- Support plans reflected people's individual needs, preferences, personal choices and routines. They included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- Staff had undertaken training to meet the requirements of their role and to meet people's individual needs. A relative commented, "Staff are well trained which inspires me with confidence."
- Staff applied learning effectively in line with best practice, which helped lead to positive outcomes for people and supported a good quality of life.
- Staff received an appropriate amount of support and supervision for their role.
- People were supported by regular staff that knew them well. Staff had a good understanding of people's needs and knowledge of the person. This helped to promote the development of positive relationships. One relative told us, "[Person] has a fantastic staff team in place who knows them, it works so well, we feel very lucky to have this."

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

- People were supported to plan their meals, shop for their own foods and prepare food and drink wherever possible. This not only promoted choice but helped people develop important life skills.
- People's dietary requirements were met in line with their assessed needs. Staff encouraged people to make healthy choices.

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

- The service had a designated health lead with experience of supporting people with a learning disability. They acted as a 'bridge' between people using the service and external health care professionals, such as GPs and learning disability nurses. The health lead acted as a source of guidance for professionals, this in turn helped to develop a greater understanding of the specific needs of people living with a learning disability and better care. One person told us, "[Health lead] is very helpful and gives people a chance to be healthy and active, they are a good access for advice."
- Records showed that people were supported to attend healthcare appointments. Clear records were held

of all healthcare visits to ensure staff had access to the most up-to-date information. One relative told us; "I am contacted with updates all the time, I am kept well informed."

- Positive feedback had been received from healthcare professionals and included; "Staff work very hard to put in place things people want to do and at the same time, consistently encourage and motivate them."
- People had access to local advocacy services to ensure their views and wishes were represented.

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 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.

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.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed and they were not unlawfully restricted.
- Staff had received training and understood the principles of the MCA.
- Staff fully understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us they always sought consent from each person before offering support.

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. 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 treated with kindness, respect and compassion by staff. Their comments included; "[Staff] are very good and helpful" and "I like the staff, they help me do the things I want to do."
- Staff spoke passionately about the service and it was evident they cared deeply about the people they supported.
- Relatives told us staff knew people well and their comments included; "Staff go above and beyond their role. [Person] thinks the world of their staff, " "[Person] likes their support staff, they know them really well" and "Staff know [person] well and how to manage them, this is so important."
- Staff had completed equality and diversity training and understood the importance of treating people as equals. Staff told us they considered the people they supported as members of their extended family and enjoyed spending time with them.

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

- People were regularly asked for their views. Questionnaires were presented to people in a way they could understand.
- Relatives told us people were involved in making decisions about their care and support at every opportunity. Reviews of the care and support people received were regularly undertaken.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and respect by staff. One relative commented, "Staff empower [person] and promote their independence, they work within [person's] limits."
- People's independence was respected and promoted. One member of staff told us, "We don't provide care for people here, we support people instead, we empower people to make their own choices and live a life as unique to them as possible."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation

- The service had identified a need amongst the people it supported, for education and support with relationship advice and gender identity. In response, they had developed a relationship course in conjunction with Mencap. Some people had been supported by staff with transitioning gender. Staff attended national gender identity groups to provide direct support for people who wouldn't have had the courage to access such groups independently.
- The service had created an annual festival called 'One Wirral.' The festival was the first of its kind and completely accessible and inclusive to all. People being supported had a direct input in arranging the festival. There were sign interpreters on stage and on site, workshops for all abilities and ages, ramps and wheelchair access, accessible sports and accessible facilities such as changing places. The festival was led by both people supported by the service and Mencap, and was a real celebration of inclusion and diversity. One person told us, "I get directly involved with organising events and helped plan One Wirral!"
- Both the management and staff team had developed positive relationships with the people they supported. We saw how the service had a profound effect on people's lives. One person who had spent 40 years in a care home, were now being supported to live independently in the community, and had recently celebrated a landmark birthday in the Mediterranean. They told us, "In recent years I was supported to fly for the first time. I went on holiday to Majorca. I feel more independent and have more choice in my life since Options started supporting me."
- Close relationships with a sports academy had been forged, to encourage people to participate in sports and leisure pursuits of their choosing. The aim of these sessions were to provide an enjoyable social event in conjunction with promoting a healthy lifestyle. One person commented, "I get to try new sports and activities, I really enjoy it." Another told us, "As well as trying different things, it gives us the chance to be healthy."
- Staff rotas were drafted to allow enough flexibility for last minute changes to adapt to people's needs, for example, if there was an event they wished to attend.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service actively ensured that people's needs, choices and wishes were upheld. When a person's care package was comprised, the service maintained a package of care during the appeal process. This enabled the person to continue to live the life they wanted to lead and prevent, what would have been, a negative impact on the person's life.
- People's support plans were detailed and contained information and guidance for staff to meet people's preferred needs. Staff spent time with people discussing how they wish to be supported and recorded how

people should be approached around decisions about their support. It was evident people were at the heart of any care and support plans and their individual wishes, needs and choices were taken into account. Emphasis was placed on support being given in the least restrictive way and from the person's perspective. A relative commented, "[Person] has an excellent team who support them make decisions that improve their health and well-being."

- Staff had an exceptional understanding of people's support and behaviours. This was aided by staff having a key worker role which enabled them to provide one-to-one support for people and oversee their plan of care. Staff were matched to people based on shared characteristics and interests, this helped staff build strong relationships with the people they supported. This demonstrated the services commitment in respect of continuity of care. One person told us, "I have the same staff, its fantastic!"
- Positive attitudes to risks were adopted so the person wasn't simply told they couldn't do something they wanted to because it was too risky, staff took the time to manage the risk. This helped to ensure people's freedom was respected, and that they were able to live their life as they chose. One person had expressed their wish to visit Lourdes with members of their church, staff supported them to plan and attend this trip. This meant a great deal to the person. One person told us, "Staff support me so I get to do the things I like to do."
- Staff told us how much job satisfaction was achieved when they saw people meeting their goals and empowering people to lead a more independent life. Staff comments included, "It's such a rewarding job, the people I support are like family to me" and "We do everything we can to empower people and help them make their own choices in life."

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 understood how people communicated and used appropriate methods when communicating with them.
- Information was available in easy read and pictorial formats. Staff communicated using pictures, Makaton (This is a language programme using signs and symbols to help people to communicate), 'talking' boards and sign language.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats. People and their relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team.
- People and their relatives were actively encouraged to share their views through regular contact with the management team.

End of life care and support

- The service was committed to improve the health and well-being of people with learning disabilities. Any profound illnesses and deaths were reported to LeDeR, this is a government led initiative to review inequalities in health of people with learning disabilities.
- At the time of our inspection nobody was being supported with end of life care.
- Staff were able to describe how they would support people at the end of their life to be comfortable and have a pain free and dignified death.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service's mission was for every person to live life to the full and that everyone has the power, authority and resources to control their own life. This was emphasised from the Trustees to the newest staff member. The Chief Executive of the service delivered 'Purpose and Beliefs' training to all new staff so that they understood and worked in line with the missions from the beginning of their career. Staff were recruited as 'enablers', to support people to live a life of their choosing and make it happen.
- There was a clear strategy in place to promote person centred care and support, and to achieve the best possible outcomes for people. There was an open and inclusive culture as staff embraced and practiced the provider's philosophy of care. Empowerment of the person to live an independent, fulfilled life and choice were the cornerstones which underpinned the service. One member of staff told us, "We want people to have truly meaningful and fulfilled lives."
- One person had been supported to vote for the first time. Staff talked about the things which mattered to the person, and then helped the person choose an electoral party which matched the things that the person thought were important. The person attended their local polling station and was delighted to exercise their right to vote for the first time.
- Staff helped to build on people's self-confidence and self-worth by supporting people to secure work. One person was employed in the service's office one day a week doing administrative tasks, they told us, "I enjoy my job, I'm so happy, I wouldn't change a thing."

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

- Management showed a commitment to providing high quality care by engaging with everyone supported by the service, their relatives, staff and other stakeholders. People and staff spoke positively about the management team. One person told us, "It's ran very well, its an exceptional service." A member of staff told us, "It's the best company I have ever worked for, it fits in with my own values."
- People were actively involved in the running of the service. People were invited to tell the service what qualities their 'dream support worker' should have, they were then invited (along with their relatives) to form part of the interview panel when recruiting new staff to support them.
- The service held quarterly 'Voices R Us' meetings with an independent facilitator. This acted as an opportunity for people to express their views about their support. One person told us, "We are invited to meetings and asked for our ideas on how to improve [the service]."
- The service had set up a Funding Steering Group in response to people's feedback. People attended to

discuss and generate ideas for things they would like to happen and how it could be funded. This allowed people to have a direct say in activities and events that they would like to do and helped combat any feelings of social isolation.

- In direct response to relatives feedback, a 'Family Charter,' had been devised, the document sets out what families can expect from the service, and what the service expects from families. This was in response to recognition that differences of opinion can occur and focuses on the most effective way to manage them. The charter helped to ensure that the best interests of the person were continually at the heart of their support.

Continuous learning and improving care

- The service showed a commitment to continuous and sustained improvement in care. Monthly team lead meetings were held where new ideas, outcomes and best practice was discussed. Away days for staff were also held to discuss and share such ideas.
- The service utilised extremely innovative methods to improve people's lives and had recently implemented 'assistive technology.' New technology was being introduced into people's homes in the form of 'robots' which performed tasks such as vacuuming, opening blinds, automating lights and opening doors. The idea was that support staff had more time to support people in doing more meaningful activities and spending time within their local community.
- Regular audits were undertaken across all areas of the service. Areas identified for development and improvement were addressed through action plans.

Working in partnership with others

- In order to further improve people's experience of using the service, the Chief Executive regularly met with other person support providers to share learning, best practice and policy (to ensure that people were supported in ways that they themselves define), challenge barriers, facilitate best practice and assist an exchange of learning. The service was part of STOMP (Stopping the overmedication of disabled people) which is a national campaign. This helped to ensure that people were not overprescribed medication.
- The service worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.

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 and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.