

Real Life Options

Real Life Options - South Tyneside

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?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Real Life Options – South Tyneside is a 'supported living' service providing personal care to people with a learning disability and/or autism living in a bungalow with six bedrooms. The service was supporting six people with personal care at the time of our inspection.

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

Right Support

- People felt comfortable, settled and able to do what they wanted to do. They were encouraged to try new things. Staff helped people enjoy a good quality of life through personalised support and good planning.
- Staff advocated well for people and were proactive in identifying their changing needs.
- People experienced good health and wellbeing outcomes. Staff supported this through working with external health and social care professionals. Staff understood the principles of safe medicines administration and people benefitted from the registered manager's understanding and application of STOMP (Stopping the Over-Medication of People living with Autism and/or a Learning Disability) principles.

Right Care

- Staff had the right skills and experience to help people live the life they wanted. Staff were given the time to understand people's differing needs and levels of independence.
- People got on well with each other, and staff. People were protected from the risk of social isolation, having strong bonds with people they lived with and accessing the community much more following the pandemic.
- Staff communicated well with people, using body language, picture cards and other means.
- People achieved their goals. Support plans and risk assessments were person-centred and detailed.
- Staff worked well with external professionals to keep people safe. They had regular training on safeguarding and how to report concerns. The provider had additional oversight of incidents and accidents to ensure lessons could be learned.

Right culture

- The culture of the service was in line with the key principles of guidance such as Right Support, Right Care, Right Culture and STOMP. The registered manager led the service well. They were not on site full time as they were also leading another nearby service, but people received a consistency of support. Staff knew their roles well.

- There were good levels of staff continuity and a team approach in place to support people. People and those who knew them best were involved in decisions about their care.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, Right care, Right Culture. This was a planned inspection based on when the service first registered with us.

Follow up

We will 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?

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 section below.

Real Life Options - South Tyneside

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

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in '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.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 July 2022 and ended on 28 July 2022. We visited the service on 26 July 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives. We observed staff interacting with people. We spoke with the registered manager and two support staff. We contacted four more staff via telephone, and four more health and social care professionals via email and telephone.

We reviewed a range of records. This included three people's care and support records and two people's medication records. We looked at two staff files. A variety of records relating to the management of the service, including auditing, training data, photographs, policies and procedures were reviewed.

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.

Assessing risk, safety monitoring and management

- Staff helped people remain safe and settled. Risk assessments were detailed and appropriately person-centred. They factored in what people could do as well as what challenges they may need help with. One relative said, "I have no concerns at all – they would let us know if there was anything wrong and the staff are great."
- Staff had access to detailed risk assessment information, as well as one-page headlines about people's core risks and what good and bad days might look like. They demonstrated a good knowledge of these and interacted with people confidently and calmly.
- Staff completed a range of checks to ensure people's environment was safe. This included regular fire drills and updating personal emergency evacuation plans (PEEPS).

Using medicines safely

- Medicines were managed safely. There were good examples of staff acting in line with the principles of STOMP to reduce unnecessary medicines use. The registered manager worked well with the GP and pharmacy to ensure people's medicines needs were met. We reviewed a sample of medicines records and found no errors.
- Staff received regular medicines refresher training and competency assessments. Staff were confident and knew about people's medicines. One external professional said, "They used to have a lot of medicines errors at the service but they really did improve and it's not an issue now."
- The registered manager completed regular medicine audits to check the accuracy and standard of record keeping. They had implemented changes following a visit and advice from the local commissioning team. Where we identified the need for one record to be updated, they did this promptly.

Staffing and recruitment

- Staffing levels were safe and well managed. The service had very rarely used agency staff and strived to maintain high levels of continuity for people. The registered manager was aware of the importance of this in terms of people feeling safe and confident.
- New staff were recruited safely. There were pre-employment checks to reduce the possibility of unsuitable staff working with people. The registered manager held regular supervisions and meetings with staff to ensure they were safe to work with people.

Preventing and controlling infection

- The provider had effective infection, prevention and control measures in place to keep people safe, and staff supported people to follow them. People's rooms were clean. Staff had clearly defined cleaning roles to help ensure high standards were maintained. The regional manager conducted quarterly visits and

recommended improvements, for instance increasing the regularity of checks of the service's Control of Substances Hazardous to Health (COSHH).

- Effective measures were in place to help prevent the spread of infections such as COVID-19. These included the use of Personal Protective Equipment (PPE) and following government guidance around staff testing for COVID-19.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff had received safeguarding training and were confident in how to report concerns if needed.
- The manager used an online reporting system to record and incidents, accidents or safeguarding matters. These were automatically shared with regional management, which helped ensure appropriate action could be taken quickly and lessons could be learned to help reduce incidents in the future.
- The registered manager had acted promptly and in line with the provider's policies when any incidents occurred. These were rare and records demonstrated they had been investigated thoroughly and openly.

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 of 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 had their needs and choices assessed and supported well. Staff acted in line with the principles of Right Support, Right Care, Right Culture. This is a guidance document for services supporting people with a learning disability and autistic people and providers must have regard to it. The provider and registered manager were aware of this, and other relevant guidance (such as recent guidance on heatwaves).
- Care and support plans were focussed on what people could do and how they liked to do it. The registered manager had reviewed and updated care plans to include more detail about what day to day activities people were enjoying and gaining more skills in. There was a balance of having routines in place for people who valued them, and flexibility.
- Staff worked with people, their relatives and others to complete assessments of people's needs prior to them using the service. This smoothed the transition into the service and made for more effective care. One external professional told us, "I was really impressed with how they handled the move – it could have been really difficult but they communicated really well with all sides."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to have their healthcare needs regularly assessed. They arranged appointments with various health specialists and kept detailed records. People received annual health checks and accessed services such as dentists, GPs, opticians and health screening check-ups.
- People had experienced positive wellbeing outcomes since using the service. Relatives had confidence in staff awareness of people's needs and taking the right action to support people. One said, "They are always on top of any changes and they make sure they go to all the appointments." One external professional said, "I have found the staff to be very knowledgeable about the residents. The advice and guidance I give is put into practice."

Staff support: induction, training, skills and experience

- Staff were well supported. They received an initial induction and a range of ongoing training. The registered manager ensured compliance with the provider's training programme was extremely high. This was a significant improvement on the previous year. One staff member told us, "There's something different every month to keep you on your toes. We always get reminders and we get the time to complete training."
- Staff received training core training and training specific to people's needs. This included health and safety, learning disability and autism, fire safety. Staff gave good feedback about their training and support. Training topics and core policies were discussed in team meetings to help ensure a consistent approach by staff.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff worked within the principles of the MCA. They worked hard to ensure people had choice, and that any limits on people's freedom were the least restrictive option. One best interests decision did not clearly enough demonstrate the involvement of a relative; the registered manager reviewed this document and we were assured the relative had been involved. Where needed, independent mental capacity advocates (IMCAs) had been used to help ensure specific decisions were in people's best interest.
- Staff helped people plan and make day to day choices. They communicated respectfully and subtly to help people decide. People had routines and plans in place but people could change their minds and were supported in how they wanted to spend their time. Staff demonstrated an attention to detail in helping people make choices, for instance recognising the importance of a person choosing the colour of their car.

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

- People were encouraged to eat and drink healthily. Where people wanted to and were able, they helped make drinks and food. The kitchen/dining area was an active, vibrant space on a morning with people playing their own part.
- People enjoyed going out for meals and being in control of their own shopping and meal planning. Staff helped people plan their shopping and maintain a balanced diet.

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 of 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 partner in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were patient and upbeat with people. There was a good rapport between people and support staff. The atmosphere at the service was jovial and welcoming, with people excited to go out with their support staff. One person laughed and joked about how much they liked staff. One relative said, "The best thing is, it's homely but every person is treated as an individual, not just as a group. The staff are lovely."
- The registered manager helped staff encourage people to reach new levels of independence through the detailed planning and accurate recording of some daily tasks. One person was motivated to become more independent in the kitchen and staff positively encouraged this and provided help when needed. One external professional said, "They feel completely at home and in a good place in terms of emotions. Staff deserve a lot of credit for how they have supported people."
- People were comfortable and their rooms were personalised. They had access to lounges and a sensory room. They got on well with people they lived with and regularly accessed local shops and activities.
- Staff were respected by the registered manager and worked hard for each other, as well as people who used the service.

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

- People and their relatives were involved in their care planning and review. Care plans were extremely detailed and started from the perspective of what each person liked to do, and the positive character traits they wanted people to know about. This came across in how staff interacted with people. One person had their own 'rota' in which they put photographs of the staff who would be helping them – they really enjoyed this part of the day.
- People trusted staff as they had worked with them for a number of years in some cases. Relatives and external professionals felt this level of continuity had a positive impact on people's wellbeing and confidence. One relative said, "I can't think of them being anywhere else – it is their home and the staff are part of that."

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 of 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; 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

- Staff supported people in line with their needs and preferences. People were encouraged to maintain relationships to avoid social isolation. Staff demonstrated an understanding of what was a good or more difficult day for people, and how they could react to those. Care plans were detailed, regularly reviewed and updated.
- People enjoyed good levels of independence. Staff helped them try more household tasks and each person chose their own outings in their cars. There were some regular routines in place, such as a going to day centres and discos, with people choosing to do their own things as well. The registered manager had arranged for a 'Pets As Therapy' dog to visit. Staff respected people's differing levels of independence. One relative said, "They're getting back to a level of normality now and it's nice to see – they're out and about a lot more."
- The provider used agency staff extremely rarely. Staff worked hard to cover any unexpected gaps to ensure the impact on people was minimised.

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 communicated well with people. They understood and acted on body language and other prompts effectively. They spoke with people in line with people's assessed communication needs. Staff anticipated people's needs well. Where people liked to use pictures to help plan their day, staff supported well with this.
- People's support plans contained person-centred information about how best to communicate with them (and how they liked to communicate with others). Handover information and daily notes were detailed so that staff could be updated on any subtleties of communication or mood on a given day. The registered manager had planned refresher training for all staff in a two-day face to face course focussing on communicating with people with autism.
- Policies and procedures were available for people in different formats, including easy-read.

Improving care quality in response to complaints or concerns

- The provider had effective complaints policies and processes in place. Staff meetings had 'complaints' as a standing item to ensure lessons could be learned. There had been no recent complaints.

- Staff worked openly and proactively with external professionals to help ensure people had a voice. Relatives and staff felt comfortable raising any issues with the registered manager. One relative said, "They are really approachable and happy to look into any queries." Relatives had confidence in the registered manager would look into any concerns openly and fairly.

End of life care and support

- Nobody in receipt of care required support regarding this aspect of care. The registered manager ensured people had the opportunity through conversations and easy read documentation to make plans for the future.

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 of 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.

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

- The registered manager led the service well. They were clear about the standard of person-centred care and record keeping they expected and staff ensured this happened. Staff shared these values and worked hard to maintain high standards. Outcomes for people were good and achieved by staff who acted in line with good practice guidance. For instance, STOMP and Right Care, Right Support, Right Culture.
- Auditing was effective and ensured standards of record keeping were high. The provider's online system meant the registered manager was accountable to regional managers and there was increased oversight over core information such as risks, accidents and incidents. The registered manager played a hands-on role in the service and had made some recent improvements to care planning to help ensure they documented increased independence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager created and maintained a positive culture. Staff valued their roles and the impact they could make. They worked well together and took pride in helping people enjoy a better quality of life. One said, "I love coming to work, it's not like work sometimes, but like being with your family. I love supporting the people we do."
- The registered manager had effective systems in place to ensure staff acted consistently. Team meetings were well structured with important standing items such as safeguarding, COVID-19 and wellbeing. People and relatives found the manager approachable and open. One relative said, "I've seen managers come and go and this is a good one. In terms of being open, they come to us, not the other way around. It's how it should be."

Working in partnership with others

- Staff worked proactively and openly with other health and social care organisations to ensure people could move to the service seamlessly and that standards of care remained high. One told us, "They know people really well and couldn't have done more working alongside us. The whole team worked well together and deserve credit."
- The service was outward looking and there were links with the local community. The registered manager understood the service well and had a comprehensive knowledge of people's needs. They and staff had worked to build relationships with neighbours and in local shops, so that people felt at ease in their own

community.

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 recognised that errors were an opportunity to learn and there was a supportive culture within which to do this.
- The registered manager understood their legal responsibilities, for instance notifying CQC of specific events. The registered manager was responsive to feedback and keen to continually improve the service. They were responsive to feedback during the inspection.