

Real Life Options

Real Life Options - Nottingham

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 

Overall summary

We inspected this service on 21 April 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived.

Real Life Options – Nottingham provides personal care and support to younger adults and older people living in

their own homes or in care settings in Derbyshire and Nottingham. This includes people with learning disabilities, mental health or autism. At the time of this inspection there were 29 people using the service.

There was no registered manager in post. There were two managers at the service who were covering this position. A registered manager is a person who has registered with

Summary of findings

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.

At our previous inspection during February 2014, the service was meeting the regulations that we checked.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. People who used the service told us they felt safe.

We had received information during February 2015 which suggested that sufficient staff were not available to meet people's needs. We looked into these as part of our inspection and found that there was currently sufficient staff to support people.

Recruitment procedures ensured that suitable staff were employed to work with people who used the service.

People and their relatives told us that staff treated them with dignity and respected their privacy.

Staff understood people's needs and abilities and were provided with training to support them to meet the needs of people they cared for. People's needs and preferences were met when they were supported with their dietary needs.

People were supported to take part in community activities of their choice, so that they were able to maintain and develop their hobbies and interests.

The provider's complaints policy and procedure were accessible to people who used the service and their relatives. People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement.

Staff told us that they received support from the management team. The management of the service were open and transparent.

Summary of findings

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm.

Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans.

There were sufficient staff to support people and recruitment procedures ensured the staff employed were suitable to support people.

People were supported to take their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff felt confident in their role because they received the right training and support.

Staff had an understanding of the principles of the Mental Capacity Act

2005 to enable people's best interests to be met.

People were supported to eat and drink enough to maintain their health.

Staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

People were treated with respect and dignity.

People were involved in discussions about how they were cared for and supported.

Good



Is the service responsive?

The service was responsive.

People who used the service were supported to maintain their hobbies and interests.

People and their relatives were confident that their concerns would be listened to and acted upon.

Procedures were in place to ensure complaints were addressed.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns and felt that concerns would be dealt with appropriately.

The service did not have a registered manager post This position was being covered by two service managers, to ensure that there was sufficient management of the service.

Good



Summary of findings

Systems were in place to monitor the quality of the service provided.	
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Real Life Options - Nottingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of two inspectors 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. The Expert-by-Experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives of people that used the service.

Before the inspection, we asked the provider to complete 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. Due to a technical issue this was not received by CQC. However, we asked the provider during our inspection if there was information they wished to provide us with in relation to this.

Prior to our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with two people who used the service. We also spoke with six relatives of other people that used the service by telephone. We spoke with the two service managers, who were responsible for the day to day management of the service and seven care staff.

We reviewed records held at the service's office, which include four people's care records to see how their care and treatment was planned and delivered. We reviewed four staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and had no concerns regarding the staff that supported them. One person told us, “The staff that support me are very good, they listen to me and are able to calm me down when I am angry or anxious by talking to me.” Other people’s relatives told us that their family members were supported in a safe way by the staff.

Information within records showed that staff did not use any form of restraint when people demonstrated behaviour that presented a risk to themselves or others. Records showed that positive behavioural support was provided to people. Staff we spoke with had a good understanding of people’s support needs regarding positive behavioural support. This enabled them to support people effectively and in a safe way.

The provider had taken steps to protect people from abuse. Staff confirmed they had attended training in safeguarding and received regular updates to keep their knowledge current. The members of staff we spoke with demonstrated a good understanding of the types of abuse people might be at risk of. Staff could tell us in detail what actions they would take if they had concerns for the safety of people who used the service.

The provider had processes in place to ensure all safeguarding concerns were reported to the local authority for further investigation and monitoring. Records showed the process had been used appropriately.

Staff we spoke with were aware of their right to ‘whistle blow’ about the organisation if they had concerns about anything they observed. A whistle blower is a person who exposes concerns about poor care in an organisation. The staff confirmed that they were provided with a handbook that included policies and procedures. One staff member told us, “We have the staff handbook but the information is also available at the office.”

Staff were recruited appropriately to keep people safe. The provider had recruitment processes in place which checked staff were suitable to support people that used the service. All of the staff we spoke with told us that they provided references and completed disclosure and barring (DBS) checks before they started work at Real Life Options. The DBS provides information on criminal records for potential staff.

Incidents and accidents were monitored. We saw there was a system for analysing the incidents including any trends and the number of incidents. This enabled lessons to be learnt to reduce the risk of reoccurrence. One person had demonstrated behaviours that put them and others at risk during the staff handover between shifts. The staff had identified this and a written rather than verbal handover now took place which had reduced the risk of harm to this person and others.

People’s risk of avoidable harm was assessed. Risk assessments and management plans were in place to guide staff about the best way to reduce risks for people. One person’s management plan provided detailed information about the method of communication staff should use when this person became anxious or distressed. These ensured this person’s needs could be effectively communicated to the staff and reduce behaviours that put this person and others at risk.

We had received information in February 2015 that suggested that there had been a high turnover of staff and that the agency staff were not always familiar with people’s needs. We received further information during the same period, which suggested a person was being left in bed for a significant period of time. It was alleged that there were not enough staff on shift to support this person safely with moving and handling. This was investigated by the Local Authority under their safeguarding procedures, who concluded that some of these concerns had been substantiated.

The manager confirmed the staffing levels were determined by the hours contracted by people’s funding authorities. People we spoke with did not raise any concerns regarding the numbers of staff available to support them. Some people’s relatives felt that there was consistency in the staff group that supported their family members. However some relatives raised concerns regarding staffing. One relative said “There has not been consistency in staff lately and it has upset [name]. I feel that there has been some kind of staff reorganisation.” Another relative told us “They seem to be short staffed.”

Staff we spoke with confirmed that they were matched to people they supported according to interests and personalities. This was to ensure people were supported by staff that had common interests, to promote positive working relationships and ensure consistency was provided. Some staff we spoke with told us that staffing

Is the service safe?

levels had improved. One member of staff said “Staffing levels are getting better, we were very low on staff.” Another member of staff told us “At the moment there are enough staff, however at times we can be short staffed.” The manager told us that due to staff vacancies over recent month’s agency staff were used so that sufficient numbers of staff were available to support people. The manager confirmed that due to the complex needs of people in one supported living group agency staff were not used, which was to ensure continuity of care.

There had been errors regarding medicine administration by agency staff prior to our inspection and we had been informed of these by the provider. We discussed the actions that had been taken to minimise further medicine errors. The manager confirmed that only four regular agency staff were now employed. These four staff had received

medicines management training by the provider so that people were supported by staff that they were familiar with who had received the appropriate training to support them safely.

Relatives we spoke with told us that their family members were getting their medication on time. One relative said “I have no complaints, [Name] is looked after very well.” Staff we spoke with told us they had undertaken medicine training. The manager confirmed that no covert medicines were administered. Covert administration is when medicines are disguised in food or drink; so that the person is not aware they are taking medicine. The manager confirmed that one person often refused their medicine and discussions regarding the management of this were held with the multi-disciplinary team to ensure the risks regarding this were assessed and reduced where possible.

Is the service effective?

Our findings

People we spoke with said the staff knew how to look after them. One person told us, “The support I get from the staff is fantastic. They know what they’re doing”. Relatives told us that they were satisfied with the care and support that was being provided by the service.

Staff told us they had the opportunity to improve their skills through training and that they were encouraged to acquire nationally recognised qualifications in care. Staff we spoke with felt that they were provided with a range of training to enhance their skills. One member of staff said “The induction program was in depth, covering a lot of areas. The training which I have received has been relevant to my role. Staff told us they felt well supported by the provider and the manager. Staff confirmed that they had supervision sessions on a regular basis. One member of staff told us, “My manager is very approachable. Recently the level of support I’ve had is infinitely better.” Another member of staff told us that they all worked well together and said “We work well together, consistently and effectively.”

We spoke to the manager about how they consider mental capacity and their responsibilities within this. The Mental Capacity Act (MCA) 2005 sets out requirements to ensure, when people are unable to do so for themselves, appropriate decisions are made in their best interests. Staff confirmed they had undertaken training in relation to the MCA. The staff spoke with us about people’s capacity to make decisions and we saw that they had an understanding about the Act. Staff were provided with guidance to enable them to support people as required in making informed decisions. Records seen demonstrated that people’s capacity to make decisions was incorporated

with their support plans. Staff we spoke with recognised that some of the people who used the service could make everyday decisions but would need support with more complicated choices. The manager confirmed that capacity assessments and best interest decision were made in conjunction with other healthcare professionals. We saw evidence of this in the records we looked at.

When people needed help with shopping and preparing their meals and beverages information was recorded in their records to enable staff to do this in the person’s preferred way. We saw people who had specific dietary needs had been given information, in a format they could understand, to guide them about the best choices for them. This ensured people were supported to maintain a diet that met their needs. One person told us how staff had supported them with their diet to reach a healthy weight.

People’s health care needs were documented as part of their care plan. Health Needs assessments and support plans were in place regarding the level of support required to attend appointments, such as dentist, chiropodist and doctors. Staff confirmed that if they had any concerns about people’s health they would inform the manager. The records seen showed us that people were supported to maintain good health. However we received information from external professionals that suggested that communication with the service was not always effective. They raised this was the provider who agreed to address this issue.

Relatives said that they were kept informed of any changes. One relative said “I regularly get phone calls to keep me in touch. If [Name] is unwell, I am told about it”. Another relative said that “In the past couple of years I have been getting more involved and they embrace it”.

Is the service caring?

Our findings

People spoke highly of the staff that supported them. One person said, “The staff are brilliant. They have really helped me.” Another person told us, “The staff are nice to me.”

Relatives were complimentary regarding the staff. They told us that the staff respected people’s privacy and dignity and were caring and supportive. One relative said “I have nothing critical to say about the agency. My relative is beautifully looked after. [Name] is not the easiest person to look after, but they do a good job looking after [Name] very well and is kept well dressed.” Another relative said “My family member is well looked after. [Name] gets provided with whatever equipment needed.” Another relative said “You can’t wish for better staff looking after [name] and the other people using the service.”

People were treated with respect as the service sought people’s views and preferences to enable them to provide personalised support to people. One person confirmed they sat with staff to discuss the support they needed and

what they wanted to do. Information in the records seen confirmed this. Relatives said that they were involved with the care plan. One relative said “Yes, we are invited for our views for the care plan”.

Staff we spoke with gave us examples of how they respected people’s privacy. One member of staff said “I always ensure that whilst supporting a person the door is closed and they are covered up whilst being assisted with personal care.” This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

People were supported to maintain as much independence and autonomy as possible. One person told us that they had been involved in the recruitment of new staff that would support them. They told us, “I decided what questions I wanted to ask them and was involved in deciding who got the job.”

Records showed that the staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding what people liked and admired about them, what was important to them, what was important for them and how best to support them.

Is the service responsive?

Our findings

People using the service and relatives we spoke with were very positive regarding the staff and support they received.

To ensure people's needs and preferences could be met prior to people receiving a service the manager met with the person and their family and other professionals involved in their care such as social workers. The manager confirmed that at this meeting they discussed the support that Real Life Options - Nottingham could provide. They also undertook an assessment of the person's needs and their expectations and that of their family were discussed.

Information in people's care plans included their preference on how they took their medicine. We saw that assessments were completed regarding the level of support people needed to take their medicine so that the staff could support them appropriately and promote their independence. One person's records showed they were able to administer their own medication but preferred staff to supervise them doing this.

Staff supported and enabled people to enjoy things that were important to them. Staff we spoke with knew people's preferences for care; this enabled them to provide care that was tailored to people's choices. The care plans we looked at contained information about people's life history and their likes and dislikes. This showed that staff had information on people's preferences to enable them to provide individualised care.

Records showed that people were at the centre of their reviews of care. We saw that people decided who would attend their review and were supported to send invitations out. We saw that reviews were undertaken in a format understandable to the person so they could be fully involved.

People's method of communication was recorded with their support plan. This provided staff with information about how people communicated their preferences and

needs. The manager told us that one person who was unable to verbally communicate used an electronic device which enabled them to communicate effectively with others.

Relatives we spoke with said that they were kept involved in planning and review's of care. One relative said "last week we had a meeting to discuss the future of [Name]".

Communication plans included information regarding things the person liked to talk about and things they didn't like to talk about. It also provided staff with information on the level of support the person needed in different situations and different environments. Information regarding how people expressed their emotions, needs, well-being and choices was also provided to enable staff to support people.

Records showed that people were supported in activities of daily living such as cleaning, shopping and paying household bills. People we spoke with told us that with staff support they accessed local community facilities. For example one person we spoke with told us they were going to the supermarket with staff support that day. This person confirmed that with staff support they had decided what food they were going to buy. We saw that people were supported to follow their interests and access community facilities. One person talked about the gym they attend. Records showed that people were supported to maintain their religious beliefs.

Relatives we spoke with were aware of the procedure for making complaints. One relative said "I definitely would not worry about making a complaint. I don't have any concerns". One person using the service told us that they would speak with the manager if they had any issues. They also told us that in the past when they raised an issue with the manager it was dealt with.

There was a complaints policy in place and information was provided to people in a format that was accessible for them about what to do and who to tell if they had any concerns. The manager told us that no complaints had been received during the last 12 months.

Is the service well-led?

Our findings

People who used the service were clear about who to speak to if they had any questions or concerns. Some people's relatives we spoke with told us that they were happy with the way the service operated and the quality of the service provided to their family members. One relative said "Yes, I am asked what my views are about the service and I have nothing but admiration for them."

Some staff told us that there had been a period of instability due to changes in management together with the reduction in the hours of support some people were receiving which were made by the local authority. However staff told us that they now felt supported by the current management structure and that the service was well-led. One member of staff said that the culture of the organisation was open and fair. Other comments from the staff included "The current manager is very good, she is on the ball and makes herself available," "Management are very good, I would say 9 out of 10 things are sorted out straight away" and "There are regular staff meetings which are really helpful you are able to discuss ideas to ensure best outcomes for people using the service and meet new staff."

There was no active registered manager at the service as they had deregistered during July 2014. We were told by the two service managers who were responsible for the day to day management of the service, that they would be submitting applications to register as the registered managers.

From the records seen there was evidence to demonstrate that quality monitoring systems were in place to ensure the views of people using the service and their representatives were considered. This included an annual survey for

people who used the service and themed coffee mornings for people and their families. We looked at the service user satisfaction survey for 2014, which showed that overall people were pleased with the service.

Relatives told us that they did receive questionnaires for their comments on the service. However one relative said "I have made suggestions but they are not always actioned."

Staff had clear guidance to follow as a code of conduct was in place for staff that includes roles and responsibilities, this included information regarding staff's responsibility to treat everyone equitably irrespective of their race, creed or disability in a manner that respected their contribution to the work of the provider.

Audits were undertaken to monitor areas of support such as medicines management, personal care practices, supporting people with their finances and menu planning and food storage. We saw the results of the audits were analysed so that the provider could, where necessary, make improvements to the way care was provided to people.

An on call system was provided by the management team to support staff. Staff confirmed that if they needed support there was always someone on call to assist them. However a couple of staff felt that the on call system was not working very well. They told us due to staff shortages, the on call system is supported by managers from outside the area, who were not always aware of the needs of people being supported by Real Life Options – Nottingham. We discussed this with the manager who informed us that profiles were being developed regarding the people supported by this service, which would ensure management providing on call support would have some information on peoples needs.

At the time of this inspection visit the service were in the process of relocating offices. Records were stored securely and were in good order.