Real Life Options

Real Life Options - Tyneside Domiciliary Service

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 carried out an inspection of Real Life Options Tyneside Domiciliary Service on 26 May and 6 and 10 June 2016. The inspection was announced. This was to ensure there would be someone present to assist us. We last inspected Real Life Options Tyneside Domiciliary Service in November 2013 and found the service was meeting the legal requirements in force at that time.

Real Life Options Tyneside Domiciliary Service operates from an office in Newcastle upon Tyne. The service provides personal care for adults with learning disabilities, either in their own home or within supported tenancies. At the time of the inspection there were 15 people in receipt of a service. Personal care was provided to people across the Newcastle and County Durham areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. Alerts were dealt with appropriately, which helped to keep people safe. Incidents and allegations were notified to the local safeguarding team and the provider worked positively with statutory agencies, such as the police, local authority and CQC.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. There were sufficient staff employed to ensure continuity of care and the reliability of the service. Staff managed medicines safely.

Staff had completed relevant training for their role and they were well supported by their supervisors and managers. Training included care and safety related topics and further topics were planned. Care professionals commented on the skills of staff and the effectiveness of the service in meeting people's needs

Staff obtained people's consent before providing care. Staff were aware of people's nutritional needs and made sure they were supported with meal preparation, eating and drinking. People's health needs were identified and where appropriate, staff worked with other professionals to ensure these needs were addressed.

People spoke of staff's kind and caring approach. Staff explained clearly how people's privacy and dignity were maintained.

Assessments of people's care needs were obtained before services were started. Care plans had been developed which were person-centred and had sufficient detail to guide care practice. Staff understood people's needs and people and their relatives expressed satisfaction with the care provided.

Events requiring notification had been reported to CQC. Records were organised and easily retrieved.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. People's views were sought through annual surveys, meetings, care review arrangements and the complaints process. Action had been taken, or was planned, where the need for improvement was identified.

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.

People told us they felt safe and secure with the service they received. Staff were recruited safely and deployed flexibly.

There were systems in place to manage risks. Safeguarding matters were reported internally and notified to external organisations, such as the council's safeguarding adults' team and CQC.

People's medicines were safely managed and staff undertook assessments to be deemed competent to manage medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably trained and well supported.

Staff ensured they obtained people's consent to care.

Support was provided with food and drink appropriate to people's needs and choices.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude of staff. People were cared for by staff who they were comfortable and familiar with.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Good

The service had a registered manager in post. People using the service, their relatives and staff were positive about the registered manager. There were clear values underpinning the service which were focussed on providing person centred care.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

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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 checked whether the provider was 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 was announced and took place on 26 May and 6 and 10 June 2016. 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 in at the office. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with three people using the service and contacted professionals involved in people's care. We spoke with five staff including the registered manager, a team co-ordinator and three support workers.

We looked at a sample of records including five people's care plans and other associated documentation, medication records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and they had confidence with the staff provided. One person told us, "Safe? Yes I'm alright here." People said their care workers were reliable and they felt safe in their company. One person told us, "I know who to expect [staff]." Another said, "The staff are alright." People told us they were happy with the support they received from staff with their medicines and that staff were mindful of their security. One person said, "The staff are good at locking up and closing the curtains." Another commented to us, "I get help with my medicines, the staff help me with that."

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. One said to us, "We discuss safeguarding as a team." Staff were familiar with the provider's safeguarding adults procedures and told us they had been trained in abuse awareness. This was confirmed by the training records we looked at. One staff member told us, "I'm due a safeguarding [training] update." They continued by telling us about other safety related training they had attended recently, saying, "I did a medicines update last month." They were able to describe who they would report their concerns to. All staff expressed confidence that concerns would be dealt with promptly and effectively by their managers. One staff member said to us, "Concerns would be handled appropriately." Practical arrangements were in place to reduce the risk of financial abuse. A staff member talked us through the safeguards put in place and we looked through the documentation and receipts staff were required to maintain. These records balanced appropriately and were audited periodically by line managers.

To support safeguarding training there were clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the 12 alerts CQC had received in the last year had been reported promptly to the local safeguarding adults' team and had been handled in a way to keep people safe. Reportable incidents were notified to CQC and the relevant local safeguarding team.

Arrangements were in place for identifying and managing risks. Staff had recorded in care plans any risks to people's safety and wellbeing. This included areas such as bathing, self-neglect, household security and fire safety. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence and safety as much as possible. Examples included supporting people with medicines, maintaining a safe home environment and accessing the internet in a safe and responsible manner.

Staff explained how they helped support individuals in a safe manner, for example when helping people with distressed behaviours and those described as 'challenging'. Staff confirmed they received suitable training and records verified this. Staff explained how they were made aware of risks and also how they

would highlight any concerns to their managers so risks could be reviewed and managed. Staff were clear about how they would deal with foreseeable emergencies, such as people having accidents in their home. There was an 'on-call' system to provide appropriate support and advice to staff with such issues outside of normal office hours.

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. People using the service said the service was reliable. Staff indicated there were sufficient staff available to meet people's needs.

Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. One staff member said, "Our medicines training is done yearly. It's useful and gives you a good insight." Staff were clear what to do should an error occur, and one told us, "If there was a medicines error this would be reported straight away. We'd phone the GP or 111."

Before people received a service, staff completed an assessment of key needs. This included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. We looked at a sample of medicine administration records and saw no omissions or other recording errors.

Good

Is the service effective?

Our findings

People using the service told us they felt the service provided was effective and they made positive comments about the competence and abilities of staff. They told us they were happy with the approach of staff. One person said to us, "The staff? I'm happy with them, they're alright." People told us they received the supported they needed with both their health needs and with practical activities. One person said, "The carers go shopping with me for food." Another person commented to us, "I get depressed and the staff help to pick me up."

A care professional outlined how staff had engaged with the support offered to them to provide effective care which had benefited the person concerned. They told us, "My general impression is of a caring, committed service. I recently did a staff workshop regarding a complex client with a learning disability and autism whom other providers have struggled to engage with. I have been impressed by the way the Real Life Options Team have engaged with this gentleman and how they have developed a psychologically informed understanding of his strengths and weaknesses. Staff were responsive to the advice given and used the workshop time effectively." They continued by telling us, "The client is reporting positive benefits of the service provided to them – and again I would state other providers have not been successful in engaging with this client."

New staff had undergone an induction programme when they started work with the service. The provider told us, and records confirmed, that new staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff were expected to complete induction training and had the opportunity to shadow more experienced workers until they were confident in their role.

All staff were expected to undertake core training at regular intervals and were trained in a way to help them meet people's needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. They expressed the view that training was good. A staff member told us, "The training is useful, relevant and on-going." Another said, "Training; we seem to be on it all the time. We've just done forensic training … it was really good."

Staff told us they were provided with regular supervision and they were well supported by the management team. One staff member said, "Supervisions; I get them regularly. They're useful and I can ring [manager's name] any time for a supervision." Another told us, "You can get a supervision whenever you want it." Records confirmed staff had received recent supervision meetings, although these had been inconsistent in terms of their frequency in the past. Records of the meetings contained a summary of the discussion and a range of work, professional development and care related topics that had been covered These meetings gave staff the opportunity to reflect on what had gone well and focus on areas for further development.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. The registered manager was fully aware of their responsibilities regarding this legislation and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. The registered manager told us information would be available where a person had a deputy appointed by the Court of Protection and they were aware of situations where a person would be deprived of their liberty by the court. This meant staff were aware of the relevant people to consult about decisions affecting people's care. On a more routine basis, people had attended regular 'talk time' meetings to discuss their care needs and other aspects of the service important to them. Discussions and decisions agreed in these meetings were reflected in people's care plans. Staff we spoke with were clear about the need to seek consent and to promote people's independence. One staff member told us, "We're here to do what [name] wants. We can advise, but [name] is very independent."

People's dietary needs were assessed and staff supported people with their budgeting, food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area. People were also supported to maintain good health. People were supported to attend medical appointments where this help was needed. Staff were able to describe when they might work with other professionals, such as with medicine reviews. One staff member told us, "We help with medicines and work with the psychiatrist and GP to review them." A care professional told us, "I can only provide positive feedback about the service provided. They have worked with one of my service users who has a diagnosis of Autism and who has struggled to engage with previous providers, ending in failed professional relationships. Real Life Options provided a very person centred and caring approach to this case."

Good

Is the service caring?

Our findings

We received positive comments about the caring approach of staff. People told us they were treated with kindness and compassion and their privacy and dignity were promoted. People using the service told us that staff were caring towards them. One person told us, "The staff are a good help, [name] is a good help, the other ones are good too." A professional said to us, "In my professional opinion I find this service to be of a good standard. Care staff do have a genuinely caring approach and work hard to ensure my service user has the best quality of life possible." Staff had created positive and caring relationships and were aware of the expectations placed on them to do this. A staff member told us, "Privacy and dignity is uppermost to how we care for people; it's the very first thing you're taught." Another staff member said, "We ensure discreet discussions about personal care so other service users are not aware of the support given to others."

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. Care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach.

Arrangements were in place to monitor the approach of staff. Managers carried out observations and spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted.

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care.

People using the service were supported to express their views and were actively involved in making decisions about their care, treatment and support. People were provided with information about the provider, including who to contact with any questions they might have. The people we spoke with were clear about who to contact at the service and informed us they were involved in reviews of their care. We saw positive feedback had been gained through care reviews, as well as in the provider's engagement meetings, about the caring approach of staff.

Where people needed support from a third party to help express their opinions they were able to seek the support of an advocate. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted. Staff were aware of advocacy support that could be accessed to support people with any conflicts or issues about their care.

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree

to the terms of a confidentiality statement. When asked, staff were clear about the need to ensure people's confidences. The staff also told us about the practical measures they took to ensure privacy and dignity were maintained, such as knocking on doors and closing curtains and blinds when offering help with personal care.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. They were clear about who they would contact with any concerns they might have. One person said, "I'd get in touch with [manager's name] if I wasn't happy." Another commented to us, "If I wasn't happy I'd mention it to my sister." People told us the staff were reliable. People had all been included when developing their care plan and staff were always available to make any necessary changes or to give advice on sources of additional support. Staff were clear about the need to involve people in developing their care plans. One staff member said to us, "With [person's name] we talk about things on a daily basis. With [person's name] we can read non-verbal cues. We're aware of their likes; going for walks, being out in the country, etc." People using the service said their wider social life was supported. For example, one person told us, "The best thing about the staff is that they take me out. We go to the retail park and the café's nice. I go to the drama and like singing." Another person said, "They [the staff] help with my washing, take me out and take me to college."

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager or senior carers spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an on-going relationship between the managers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided. An external professional explained to us how the provider had worked with a person when initially setting up their service. They said, "A meeting was then set up with the service user and the identified support workers, which was refreshing as usually support workers are not identified at the early stages. The service was very effectively turned around to enable a timely start. Once the service had commenced the team of staff quickly built a strong bond with the service user who started to improve in their confidence and independence skills and within a four week period was doing things with staff that they had refused to do for the previous eight years approximately."

From the information outlined in people's assessments, individual care plans were developed and put in place. A member of staff said to us, "In [name's] care plan it indicates that they will make it obvious if they don't want to be involved in something." Care plans were clear and were designed to ensure staff had the correct information to help them maintain peoples' health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by the people using the service, staff and external professionals. One professional informed us, "They [staff] are responsive to needs and are aware of triggers to anxiety and change in presentation that requires a timely response to prevent a decline in wellbeing and increase in behaviours that challenge."

Care records were written in plain English and technical terms were avoided or explained. Care plans were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their

managers so a further care needs review could be carried out. The input of other care professionals had also been reflected in individual care plans. These documents were well ordered, making them easy to use as a working document.

Staff kept regular progress notes which showed how they had promoted people's independence. The records also offered a detailed account of people's wellbeing and the care that had been provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence. People were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills.

There was a system in place to record, investigate and respond to complaints. A clear complaints procedure was in place, including in accessible formats. One complaint had been received and documented since we last inspected the service and this had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

People told us they were happy with the management of the service. They told us the registered manager and team leaders were actively involved in engaging with the people using the service and monitoring the care offered. One person said, "[Manager's name] visits to see if things are okay." Another person commented, "[Manager's name] comes and sees how I am. They meet us here." An external professional was complimentary about the registered manager's approach saying, "The manager of the service provides good leadership for their staff and is supportive of them. They actively promote autism aware care practices." People and staff said to us that the management team were very reactive to any problems and this was supported by a formal 'on-call' support arrangement. A member of staff confirmed this by telling us, "There's an on-call and we have the manager's number."

Staff expressed positive views about the management and leadership of the service. Comments from staff included; "The management team work very well. They're always there if there's a problem", "The management's really good. [Name] is approachable and professional and has a really good balance. Their main priority is the service users", "As an employer they've been very good to me; very accommodating. As a care provider they are very, very person centred. Everything is geared towards the service users" and, "I would recommend the service without a doubt."

At the time of the inspection there was a registered manager with day to day responsibility for the operation of the service. They were able to highlight their priorities for developing the service and were open to working with us in a co-operative and transparent way. They were clear about their requirements to send the Care Quality Commission (CQC) notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us.

The registered manager had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service. We observed the registered manager and senior staff acted as positive role models, actively working to improve arrangements for seeking and acting on the views of others. For instance, they undertook consultation with people using the service and staff.

There were regular forums for people using the service, which aimed at empowering people to express their views about the service and other matters important to them. Forums included looking at standards people should expect from the service; asking people what they wanted from the managers of the service and seeking their views about its effectiveness.

The quality of the service was monitored by several means, including on-going consultation, spot checks, formal audits and the collation of findings from other reviews; such as commissioner's reports. This was to help identify areas in need of further improvement and to incorporate the views of those using the service. For example, feedback from forums highlighted areas of strength. One person had commented how the service had helped to improve their health and wellbeing related to their diabetes management, another remarking on how they felt safe in their current accommodation. Another person had highlighted how they had been supported to achieve their dream of a foreign holiday, with another now planned. Areas for

improvement were also identified and actions put into practice to address these. An example included ensuring people had the opportunity to engage with the service's managers, which had been followed up with people working with managers to update their one page profiles and staff matching tools.