Options Autism (6) Limited

Options Malvern View

Inspection report

The Rhydd
Hanley Castle
Worcestershire
WR8 0AD

Tel: 01684312610
Website: www.optionsgroup.co.uk

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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

The inspection took place on 2 March 2017 and was unannounced.

The service provides a residential service for up to 33 people with learning disabilities requiring personal care. There were 25 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with 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 and associated Regulations about how the service is run.

People appeared at ease and comfortable in the company of staff and responded positively to staff. Staff understood what it meant to protect a person from harm and to keep them safe and had received training and guidance on the subject. Staff recruited to work at the home underwent checks of their background to ensure the registered manager had enough information to make a decision about their suitability for working at the home. People were supported to take their medicines as they needed and regular checks were made to ensure people received the support they needed.

Staff had access to training and supervision to enable them to support people. The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. People were offered choices in the meals prepared for them and supported to maintain a healthy diet. Where people required the support of additional health professionals to support their wellbeing, people were helped to access this support.

People were supported by a team that understood the registered provider's expectation of care. We saw systems that had been embedded to review and monitor people's care. Where action was required by either staff or the management team, this was highlighted on the computer system so that all necessary tasks were completed. People's care was also reviewed to check for trends, so that if adjustments were needed to people's care, these could be made.

People told us they were happy living at the home and supported by caring staff. People's independence was promoted. Visitors were welcome to see their family members or friends when they wanted.

Quality audits were undertaken by the registered manager and the provider to develop people's care further. The provider and registered manager took account of people's views and suggestions to make sure planned improvements focused on people's experiences.

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 appeared at ease in the company of staff. Staff understood how people needed to be protected from harm and to promote their wellbeing. Staffing was monitored regularly and recruitment was ongoing so that people had access to enough staff. People were supported with their medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff whose training was monitored to ensure that it was up to date and who had access to supervision. Staff understood how to care and support people that were not able to make decisions for themselves. People were supported to make choices in their meals and had access to healthcare professionals.

Is the service caring?

Good

The service was caring.

People liked staff and staff understood people's individual care preferences. Staff demonstrated caring for people with empathy and dignity.

Is the service responsive?

Good

The service was responsive.

People's individual needs were known to staff and staff helped support people to progress their interests. People were encouraged to highlight issues they were not happy with. Complaints were recorded and the results of complaints were shared with staff for their learning.

Is the service well-led?

Good

The service was well led.

People's needs were known to the registered manager who

worked with staff and other professionals to review and improve people's care. Systems were in place to improve people's care and monitor the quality of care delivered.

Options Malvern View

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.

There were two Inspectors in our inspection team and the inspection took place on 2 March 2017.

Before our inspection we looked at and reviewed the provider's information return. This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We asked the local authority if they had any information to share with us about this service. The Local Authority is responsible for monitoring the quality and funding for some people who use the service.

During the inspection, we spoke with four people who lived at the home. We also spoke with four care staff, a deputy manager, the registered manager and the care co-ordinator.

We looked at four records about people's care, newsletters, minutes of staff meetings, two staff files, care plan audits as well as computer based records for monitoring applications to deprive someone of their liberty.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us they liked the staff. We observed how people interacted with staff in communal areas and saw that people were comfortable and at ease around staff.

Staff we spoke with understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training and were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety including reporting incidents of potential harm or abuse.

We saw in people's care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. These were very detailed and staff told us they gave them instruction to follow. For example where people may display anxiety there was information for staff to identify possible triggers and solutions, to help de-escalate the situation. Staff were trained in PRICE (Protecting Rights In a Care Environment. This is specialist training for staff which assisted them using specialist training which assisted staff to keep themselves and the people they support safe.

Staff understood how to report accidents and incidents and knew the importance of following the provider's policies and procedures to help reduce risks to people. We saw the registered manager had looked at each accident and incident which had involved people who lived at the home, for trends, to try to prevent them from happening again.

The registered manager told us staffing levels were based on the assessed care needs of people. They confirmed if there was an increase in the amount of support needed then the staffing levels would be changed to respond to this. The registered manager explained that each person living at the home had their staffing levels assessed before moving into the home. In some instances people required two staff to care for one person in order to maintain their safety. We saw this occurred when one person went to do the weekly food shop two staff accompanied them.

The provider had arrangements in place to ensure people were supported by staff who had received appropriate checks prior to starting work with them. Staff did not work at the home until previous employers had provided references for them and criminal checks on their background had been completed. These checks are called Disclosure and Barring service checks (DBS). These checks helped to make sure potential new staff were suitable to work with people who lived at the home.The registered manager told us they were in the process of trying to recruit more staff and was looking at different initiatives to attract more candidates to fill the vacant posts. Whilst there were some staff vacancies at the home, the registered manager was recruiting new staff and had arranged interviews for the vacancies.

We saw that medicines were administered and managed safely. There were appropriate facilities for the

storage of medicines. For example peoples medicines were stored in locked medicine cabinets. We saw that written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw medication counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines and so action could take place promptly if necessary to reduce risks to people's health and welfare .Staff administering medicines had been trained and their competencies checked to ensure they followed the provider's medicine policy and procedures.

Good

Is the service effective?

Our findings

People we spoke with told us they were happy living at the home and with the staff who cared and supported them. One person told us, "Staff are fantastic."

Staff told us about their induction when they started work at the home. This included a number of classroom based sessions discussing the specialised needs of working with people who have autism. They had spent time, getting to know people, shadowing established staff and learning safety procedures. One member of staff told us they had benefitted and been able to apply their knowledge in supporting people. For example they told us, "I learned it was important to give one person I support, two choices and encourage them to decide which café they preferred to visit so they did not become obsessed and upset if it was closed. This had helped reduce their anxieties."

Staff told us they were given opportunities to reflect and discuss their performance and training requirements through regular supervisions and staff meetings. One staff member told us a suggestion box was available for staff to share ideas of improvement for the service. One staff member told us, "I have suggested they look into the idea of providing a mini bus to transport staff to and from Worcester. This may help with staff recruitment and retention as there isn't any public transport out here after six." The registered manager told us this was being considered by the provider.

We saw how staff used their knowledge and understanding of people's individual needs. At the lunchtime café club we saw staff sat next to people offer them choices of what they would like to eat. The café had a relaxed informal atmosphere and on the day of our inspection was themed as an American diner. People came and went when and where they wanted. Menus were in a pictorial format so people could choose what they preferred for their meal. We saw staff knew which people needed support and encouragement to eat and drink. Staff noticed where people needed some encouragement and/or prompting to finish their drinks.

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 saw staff cared for people in a way which involved them in making some choices and decisions about their care. One person told us, "I can go to bed when I want, get up when I want. I choose what I do during the day. I like colouring and going shopping." We heard from staff where people lacked the mental capacity to consent decisions about their care they were confident decisions were made in each person's best interests. We saw these decisions were recorded in people's care files. For example we saw a best interest decision had been made for one person to receive dental treatment.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The provider had employed a care co-ordinator to make sure DoL applications and their renewals were recorded and made. We saw 23 DoL applications had been made to the local authority. For example they had been requested because some people wanted to leave the grounds unsupervised but it had been risk assessed as unsafe for them to do so without staff support.

Staff told us how they helped people to maintain good health and well-being. One staff member told us how they supported people to access health professionals if their physical or mental health condition changed. People were encouraged to have regular health care checks, including dental checks. Each person living at the home had a health action plan. A health action plan is used for people as a way of recording people's health appointments and outcomes. People were supported by an onsite clinical team consisting of a speech and language therapist, occupational therapist and clinical psychologist to help maintain people's physical and mental health and well-being.

Good

Is the service caring?

Our findings

People liked the staff supporting them. We saw throughout the inspection staff demonstrate a caring approach to staff. We observed staff a number of times in communal areas to see how people engaged with staff.

People knew the staff supporting them and staff demonstrated a detailed knowledge of people's care needs. For example, staff knew about people's behaviours and triggers that might upset people. For example, one staff member explained the best way to communicate with people as some people might become upset by the manner in which they were spoken to. Staff knew which people required physical prompts to help them make choices. We saw examples of this throughout the inspection when people were shown items to help them decide what they needed.

People were supported by staff they liked and responded positively to. We saw people approach staff for tactile reassurance and hugs. Staff responded positively. People knew the names of staff and looked pleased to see them. We saw where people had difficulty communicating staff leaned forward and moved close to the person so that they could see and hear them clearly and communicate with them more easily.

We saw that people were encouraged to make decisions about their care. People were asked what they wanted to do. We saw people respond by indicating that they wanted to listen to music or wanted to go out. Staff responded by supporting people to undertake these activities.

People's individual levels of independence were understood and promoted by staff. For example one person had required a lot of support with personal care, but after some time staff had understood that the person preferred their independence. We saw in the persons care plan how staff gradually encouraged the person to become more independent and improve their confidence.

Staff explained to us what they meant by supporting people with to promote their dignity and independence. Staff gave us practical examples they used when supporting people with personal care. For example, ensuring people's door was closed or they had access to clothing to cover themselves up. They also told us that training included supporting people's dignity and this training was revisited periodically.

People were encouraged to maintain links with friends and supported to spend time away from the home with their family. We saw when people visited their family; they were supported with medication and transport so that they could visit their family. People were encouraged to keep in touch with family by telephoning family members and encouraging their participation in their care.

Good

Is the service responsive?

Our findings

People that moved to the home were gradually introduced to other people living at the home and who they shared a flat with to help them settle into their new home. People and their families were involved in contributing how best people needed support. We saw evidence of how people were supported. People's living arrangements were also changed in accordance with their personal circumstances. For example, one person's level of independence had improved and the person was supported to gradually move to accommodation that required a higher level of independent living.

People's care was reviewed by updated regularly by a multi-disciplinary team working at the home. People's care was reviewed on a monthly basis and issues that were highlighted were discussed so that solutions could be identified. For example, if a person's behaviour had changed, the team would discuss the changes and identify way of trying to manage the behaviour. The registered manager had also sought the additional help of a psychiatrist to help contribute to people's care.

The registered manager explained that people's care was regularly reviewed and updated based on people's changing circumstances. We reviewed four care plans and saw evidence of how people's care had been adapted to meet their needs. We saw examples of risk assessments and changing in staffing support. For example, one person no longer needed as much help as they had previously received and the number of staff needed to support them was reduced.

We saw people were involved in a number of different activities that reflected their interests. One person told us about their pets and how they cared for their pets with staff support. They talked with pride when telling us about their pets. We saw another person going out shopping and looked pleased to be going out. Another person showed us their hair and explained they had just had their haircut at a local salon. Staff explained that they worked with people and their families to understand people's needs. They did this by getting to know people and understanding what people liked and disliked. For example, staff understood which food people liked, which activities they liked so that they could support them appropriately.

We saw that people had access to complaints. We reviewed complaints raised and saw that people were encouraged to report feelings of unhappiness with their care if they experienced these. We reviewed the complaints and saw that they were recorded and analysed so that the management team could understand people's feelings about their care. We saw that if people were not always able to complete a complaint form for themselves, staff supported people. Complaints and the action taken as a result of the complaint were shared with the management team so that they could understand care at the home and trends to avoid similar incidents happening again.

Good

Is the service well-led?

Our findings

The registered manager of the service had been in post for a number of years and was a familiar face to people. People told us that they knew the registered manager.

We saw that the registered manager had worked with a number of staff to develop areas of the services to improve care at the home. During the inspection, we saw that refurbishment was taking place to make it easier for staff to access the management and clinical teams at the home. One staff member told that it easier for staff to develop team work and discuss and access feedback from clinical staff.

A number of initiatives at the home had been developed, this included a number of professionals at the home working together to improve life for people at the home. We saw that a clinical newsletter had been developed for staff in order to update staff working at the home. The information referred to in the newsletter helped staff understand what was planned for people living at the home. We asked one staff member about the newsletter, who told it was helpful. Another staff member told us communication at the home was "Good." Information for staff to refer to was listed on a staff notice board that was accessed by staff. Staff were also invited to staff meetings to discuss the home.

A new IT based system had been implemented at the home in order to support quality assurance processes at the home. We saw that within the system, a number of areas affecting people's care could be reviewed. The system also highlighted for the registered manager the details of internal audits the registered provider had completed. Actions that arose as a result of those audits were then transferred to the system, so that the registered manager could complete what actions he had taken. One of the actions highlighted, included encouraging the involvement of people in their care planning. We saw how the registered manager was meeting this action.

We saw that complaints and actions the registered manager was expected to complete had all been logged onto the system so that the registered provider was aware of the complaints and the action taken. Trends in complaints could also be monitored so that if particular staff were involved, these could be pinpointed.

We saw that accidents and incidents were also monitored to identify any trends. For example, one of the things reviewed was whether the accidents were happening more frequently on a particular time or day. We also saw that accidents and incidents were shared with the clinical team in order to obtain their feedback about whether any input from them was needed.

We saw a number of different types of surveys that had been completed by people, staff and relatives of people living at the service. All were positive in the majority in their responses. We saw that results of the surveys were also circulated so that the results of the surveys were known.

The registered manager had tried to address some of the issues staff had identified. For example, transport had been identified as a barrier to some staff working at the home. The registered provider was now working to improve access by working with staff to source alternative transport arrangements.