

Options Autism (2) Limited

Options Watermill Lodge


Inspection report

Common Road
Wressle
Brigg
South Humberside
DN20 0DA

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29 January 2018

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Options Autism (2) Limited Options Watermill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Watermill Lodge is registered to provide accommodation and personal care for up to four younger adults with a learning disability, autistic spectrum disorder and associated complex needs. Many of the people the service supports had previously challenged traditional services and require bespoke and flexible support packages. There were four people living at the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability and/or autism using the service can live as ordinary life as any other citizen.

At the last inspection, the service was rated Outstanding. At this inspection, we found the service remained Outstanding.

The service has built on their previous success and sustained the outstanding model of care and was committed to personalising the services they provided and to following the recommendations outlined in 'Putting People First'. (A shared vision in transforming adult social care to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of a high quality, are safe and promote their own individual needs for independence, well-being and dignity) and the Autism Act (2009)). The service was accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.

The strong person-centred culture apparent at our previous inspection continued to be a driving force in delivering a consistent approach to support and enabled people to try new things and to make positive changes in their lives. The provider, the registered manager and staff team all had an excellent understanding of positive risk taking and positive behaviour support strategies (PBS) were in place to support people that have previously challenged services, to reach their full potential. Personalised programmes and flexible staffing arrangements continued to enable people to live meaningful and fulfilled lives. Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks

of choosing particular actions over others, in order to support people to lead as ordinary a way of life as possible.

Staff had a clear understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines were managed so that they received them safely. A robust recruitment and selection process was in place which ensured prospective new staff had the right skills and are suitable to work with people using the service.

Staff were compassionate, kind and caring and had developed good relationships with people using the service. People were seen to be comfortable in the presence of staff and relatives and professionals confirmed staff looked after people very well. People benefited from staff having exceptional skills around understanding each person's needs and aspirations. This included an excellent understanding of sensory impairment and how to support people to be as independent as possible in all areas of their life, through positive communication. Information was available in each person's preferred format including policies and procedures such as activity programmes and complaints.

People continued to be supported to access health care professionals when required and supported to have maximum control over their lives and staff supported them in the least restrictive way possible; policies and procedures supported this practice. Menus were planned with input from people, based on their personal preferences and choice.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance systems were in place and regularly carried out by both the provider and registered manager. Feedback was sought from people who used the service, staff and relatives, this information was analysed, and action plans produced when needed. The provider continues to work in partnership with other organisations and has taken part in good practice initiatives, designed to further develop the service and support other providers to develop their services.

Further information is in the detailed findings below

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 remains Good

Good ●

Is the service effective?

The service remains Outstanding

Outstanding ☆

Is the service caring?

The service remains Outstanding

Outstanding ☆

Is the service responsive?

The service remains Outstanding

Outstanding ☆

Is the service well-led?

The service remains Outstanding

Outstanding ☆

Options Watermill Lodge

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.

The inspection took place on 25 and 29 January 2018 and was unannounced on the first day. We gave the provider 48 hours' notice of the second day because the service supports a small number of people and we needed to ensure people and staff were available to carry out the inspection.

The inspection team consisted of one adult social care inspector and an expert by experience that made telephone calls to two relatives and five professionals on the second day of the inspection. 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 attending this inspection had been caring for an adult with a learning disability and autism.

Prior to the inspection, we reviewed information available to us about the service. This included information we received from outside agencies and statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service prior to our visit. The provider completed a provider information return (PIR) prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection, we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI); SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We spoke with one person who used the service, the registered manager, the deputy manager, a house manager and two support staff.

The care files for two people who used the service were looked at and we reviewed how the service used the Mental Capacity Act 2005. Other documents we looked at included documents relating to the management and running of the service. These were three staff recruitment and supervision records, the staff rota, menus, minutes of meetings, quality assurance audits and maintenance and equipment records. We also reviewed records of complaints, accidents and incidents and Medication administration documents.

Our findings

At this inspection, we found people continued to be supported in a safe way. People who used the service told us they felt safe. One relative said, "Safe? Yes I do, they are a lot happier there than they have ever been. They are more relaxed." A health care professional commented, "The staff do a good job, my client is a complex person with challenging behaviour. The staff have done a good job of monitoring their behaviour." Relatives and professionals told us they found adequate staffing levels when they visited and there was always staff available to support them and respond to their relative's needs.

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw previous incidents had been well managed. Policies in relation to safeguarding, whistleblowing and equality and diversity reflected local procedures and contained relevant contact information.

Robust recruitment processes were implemented by the provider to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for four staff and saw appropriate checks were completed before they started employment. People who used the service were involved in the staff recruitment process.

Systems were in place to identify and reduce potential risks to people; care plans seen included detailed and informative risk assessments. These included assessments to promote positive risk-taking and enable people to live 'normal lives' for example, risk planning for people's preferred holidays and trying new activities. Risk assessments were seen to be reviewed regularly and updated when changes had been identified. Staff we spoke with told us they understood people needed to be exposed to some risks as part of their development, as long as it was planned for and they were not put at unacceptable risk.

We saw the staff responded well to people's behavioural needs in their practice. Care plans contained detailed information of how staff could best support people in all aspects of their identified care, based on the principles of positive behaviour support. These were based on the least restrictive option. A PRICE co-ordinator (Protecting Rights in a Caring Environment), supported the staff team. Staff told us following any incident or accident, a de-brief always took place and discussions were held at handovers and team meetings to identify triggers and mitigate future risks.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were obtained, stored, administered and disposed of appropriately. Medication administration records (MARs) were completed correctly without omissions. Where people were prescribed medicines on an 'as and when required', such as rescue medication for epilepsy, clear plans were in place for when and how these should be used.

During our inspection we undertook a tour of the premises and we found the service was well-maintained, clean and tidy throughout. We saw the service regularly reviewed environmental risks and carried out regular safety checks and audits. We saw staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. Aprons, gloves and wipes were stored securely.



Our findings

At this inspection, we found people continued to be supported in an outstanding effective way.

People's relatives and professionals we spoke with expressed their confidence in the staff team, and felt they understood the needs of their family members well. One relative told us, "If anything happened to us we've got no worries about him. It works for him there 100%. The food, I wish I was there for some of his meals." Professionals we spoke with commented, "They have an excellent rapport with the residents" and "Everything is considered in people's best interest, in line with the Mental Capacity Act".

One health care professional told us, "I am the lead for Learning disabilities (LD) at this practice any concerns about health related issues come to me. We work with staff to ensure people are accommodated in such a way they are comfortable and supported effectively. I visit at least once a year for the annual health checks. Staff are always knowledgeable and skilled in supporting people with their health needs. Staff always ensure that all instructions from consultants or doctors are adhered to and documented. They are all extremely knowledgeable about the people they support. Best interest assessments are always prepared as needed."

Training was provided in a wide number of areas, which included safeguarding, medicines and moving and handling as well as specialist training in areas such as epilepsy, autism, least restrictive practice and positive and proactive care in a caring environment, which was British Institute for Learning Disabilities (BILD) accredited. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to support people effectively. "I had never done this type of work and when I first started I was unsure, but I am so glad I did. I really enjoy it and the training and induction were excellent. I look forward to my supervisions, they are structured, we can discuss anything and best practice is always covered. They are keen for us to develop and there are opportunities for progression."

We saw staff had continued to receive regular supervision, annual appraisals and attended staff meetings.

We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.

The registered manager told us how the service and provider continued to strive to find ways of working effectively with people to promote personal growth and independence. They gave an example of how one person who had previously experienced difficulties in maintaining relationships, had been supported by clinicians and the staff team to engage in a piece of work to develop more positive relationships. This had involved the introduction of a box. The person was able to put things in that were recognised triggers to their behaviour around relationships; they were able to control what went into the box, what was taken out and the location of the box. Initially they had asked for the box to be kept safe elsewhere in the building, but had gradually started to ask for it and began to put other objects into it. This had eventually led to them asking staff to help write a letter or contact people, where previously they had trouble maintaining any type of contact..

People continued to receive an outstanding level of effective care based on current good practice for people with autism. The service was accredited with the National Autistic Society. The provider employed a behavioural specialist in autism to train staff and participated in a wide range of forums to exchange information and best practice initiatives. Every effort was made to assist people to be involved in and understand decisions about their care and support. This greatly enhanced people's self-esteem, confidence and quality of life.

Creative and person centred communication plans seen, covered all aspects of people's individual communication needs including behaviours used for communication purposes, for example, when they wanted their own space or were expressing their anxieties about a situation. The information provided staff with in depth detail of how each person communicated and how staff could promote this effectively. During the inspection we observed staff using portable two way radios to engage one person in communication with them. They explained the person was often reluctant to speak with staff when they were in their flat or in the near vicinity, often responding with a simple one word answer to any engagement. The introduction of the two-way radios had encouraged the person to initiate conversations with staff, engage with them over longer periods, and discuss different aspects of their day, promoting not only their communication, but also their relationships with staff.

Care files contained clear guidance for staff on how to meet people's assessed health needs and support them with appointments. Where there was difficulty in supporting people with community-based appointments, alternative arrangements had been made to ensure people's health needs were met. Individual health action plans detailed people's individual health needs and provided guidance on how to monitor and improve people's health and well-being. Professionals we spoke with during the inspection confirmed staff worked closely with them, to effectively support people's health needs.

People's nutritional needs were assessed and care files contained detailed information about potential risks, preferences for food and the level of support each person needed to prepare food during mealtimes. People were supported to shop for ingredients whether this was an on line order or visiting their preferred supermarket based on their individual needs and preferences. For example, some people preferred supermarkets with wide aisles, while other people preferred a certain level of lighting. We saw these preferences had been considered.

Individual flats that had been purpose built and included environments with considered adaptations. For example, door release systems to enable people to access their gardens independently, along with flexible staffing, provided positive learning opportunities for people to practice and develop their independence skills. During the inspection, we saw people involved in meal preparation and supported with household tasks. The environments continued to be reviewed and adapted to meet people's changing needs and preferences. As well as people being involved in choosing the décor of their flats, their preference for a bath

or a shower was also accommodated



Our findings

At this inspection, we found people continued to be supported in an outstanding caring way.

Relatives we spoke with told us they were consulted about all aspects of people's care and support needs. One relative told us, "The general way they look after [Name of person] is that they love him. We don't want them to move again if possible. Here I can always talk to the manager on the phone if I'm worried about anything. They are 100 times better than the last place. They are extremely caring, kind and compassionate." Professionals we spoke with told us, "I'm happy with the care, families are always happy. I never have any problems with the staff and the care plans are good. They have flexibility in their approach to the residents and if [Name of person] is not in a good mood, we can cancel. They have a good rapport with [Name of person]". Another commented, "They are always very sensitive about who goes out with whom. They are very aware of the importance of going out. I can call in at any time whether arranged or not. I'm fully involved in the planning of care and I'm listened to. I'm like a critical friend I look at things from the resident's perspective. They are hot on all core values. I have never met a relative who has been disgruntled. It's exceptional."

The service continued to promote their commitment to a strong person centred approach in line with the government's 'Autism Strategy' and 'personalisation agenda'. Each person was supported to take an active part in developing their individualised programmes of care and personal development to ensure their needs were met and their preferences for care respected. Staff were trained to use a person centred approach to support and enable people to develop their individual plans and involve people in decision-making. Staff were seen to be motivated and they interacted well with people, consulting with them about all aspects of their daily life.

The registered manager told us how they continued to promote a personalised service and how they enabled people to have more of a say about what they wanted to do with their lives. This involved making decisions about holidays, how they wanted their reviews held, planning programmes and activities. A new approach to person centred planning meetings had been introduced encouraging people to take the lead in their reviews based on what they considered to be most important for them as individuals. People were supported in their decision-making with the use of symbols and photographs enabling them to engage in their meetings and to share their views and wishes.

Staff we spoke with shared their enthusiasm for the promotion of this approach and told us, "This approach works really well and has benefitted the people here. One person only ever managed an overnight stay away

from the service, instead of a holiday. This year after careful planning, they chose their preferred venue and the staff they would like to go with them. After the first day there they were given the option to extend their holiday or to return to the service, they chose to stay and managed a three night break. It was a real achievement for them and for us."

Staff understood and respected people's individual human right to be treated with dignity and respect and to be able to express their views. We observed this in practice during the inspection.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was documented in people's care plans. Records confirmed care workers had completed training in equality and diversity.

The registered manager told us how the provider had continued to develop information for people about all aspects of the service for example, policies and procedures and service users guides in different accessible formats including easy to read and audio CD, to ensure the information was available to people. One example demonstrated, was the development of the service user guide in a format for use on a hand held device. People could press an icon to have the guide read to them and the pages would turn over to show what was being spoken about.

Information about accessing advocates was displayed throughout the service and we saw they had been involved in supporting people to make decisions about their care and treatment.



Our findings

At this inspection, we found people continued to be supported in an outstanding responsive way.

Relatives we spoke with confirmed they were involved in the development and review of their relatives care. One relative told us, "We are involved in all aspects; we have a copy of the care plan." Another commented, "There are reviews every six months usually [Name of person] and me, but if I'm working my sister goes. The family is involved." Professionals we spoke with told us the staff knew people well, had developed good relationships with them and were responsive to their needs. Comments included, "They always act on advice. They are good at updating me by email, phone and personally. I attend all the reviews, there is one in a couple of weeks." Another professional said, "They are completely transparent and are very responsive. They always keep us informed and updated with any changes, safeguarding etc."

During a discussion with a member of staff, they described an example of how one person who had previously been reluctant to engage in any type of activity, had been supported on a one to one basis by an activities vocational life skills supporter (VLSS) and their staff team. After introducing them to a plan of on-site based activities at times they were willing to engage, staff had developed a full range of more structured activities with them, which the person readily attended. Following this, new community-based activities were introduced and had been gradually accepted. This approach continued resulting in them attending activities planned by the 'inclusive group' for example going on day trips and cinema visits. The inclusive group is an initiative the provider promoted, which involved staff and people who used the service working together to promote inclusion and activities. The person had also been involved in planning a holiday and arranging to meet up with their family during their break, things they would never have considered previously. They were also involved in using a computer to email their family members and shared photographs with them of the different things they had been involved with. Records seen and discussions with staff supported this achievement.

Another example given was for a person who was unable to tolerate any bedding on their bed and would remove it. The staff team worked with the person to assess what textures and materials they would accept and through trial and error were able to establish the person preferred a fleecy bottom sheet and a duvet. We saw their preferences for bedding was clearly documented within their care plan.

The service offered people opportunities to engage in a range of activities based on their personal preferences. Each person had been involved in developing a personal activity programme. These included visits to a local trampoline park, walking groups, accessing computers to listen to music, watch films and

develop skills, bowling, shopping, trips to the cinema and eating out. Other sessions were held in house and included, independence skills development, baking, cooking, music, arts and crafts. Throughout the activities room people's artwork, cards, projects and personal achievements were on display.

The service were also involved in different activities to promote autism week and held coffee mornings to fundraise for Macmillan cancer research. The staff team arranged team building days with people using the service, enjoying trips to the seaside following by a take away and trips to adventure outdoor pursuit centres. Other events included visits from an 'introduction to animals' experience. We reviewed the care plans for two people and found these to be extremely person centred: they detailed the levels each person required. Individual's personal qualities, passions and personalities were described, as well as their likes and dislikes. We saw these had been responded to by supporting people to achieve new targets and live life to their fullest ability. The provider worked with their autism ambassador and training department to raise community awareness and understanding of the challenges people with autism face, to promote inclusion and equality.

Work had also been completed to develop a document in an accessible format, 'About my end of life' where people's wishes and preferences were recorded.

Relatives told us they were encouraged to give their views and to raise concerns or complaints. None of the people we spoke with had any cause to raise concerns and told us they were happy with the service their family member received. The registered manager and staff confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints record showed the service had received two complaints in the last twelve months, we saw these had been fully investigated by the provider and a full response provided to the complainant.



Our findings

At the last inspection, we found the service continued to be well led in an outstanding way.

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 2008 and associated Regulations about how the service is run.

Relatives were consistently positive about the service and the support their family members received. Throughout our inspection, we observed people responded well to the registered manager and were confident in their interactions with them.

The registered manager told us they promoted an ethos of providing people with autism with all of the support they needed to develop social, communication and life skills. People were supported to make choices about their own lives and to achieve their individual potential for independence. This was fully embedded within the staff team who shared and promoted this ethos. The registered manager and staff team continued to provide and demonstrate strong person centred values and were committed to providing an excellent service for people.

We were provided with positive comments about the way the service was managed and the registered manager. Staff told us the registered manager and senior managers were approachable, accessible and visible within the service, working alongside staff and providing positive role models.

A senior member of the staff team told us, "People living here continue to develop new skills. The staff are skilled in working with each person. We are a good team and we work well together to ensure positive outcomes for the people we support." Staff told us, "The team supports each other and are happy to help. We, always talk through things with other members of the team and this is encouraged. We are well supported from all levels." When we asked the staff team about the manager they told us, "I know I can go to them with any concerns, questions, or to discuss anything, they are very accessible," and "Our manager is easily approachable and very friendly, she listens." Staff gave an example of when they were finding it difficult to work with a person for longer periods; rotas were reviewed so staff could work with the person for shorter periods. They felt this not only benefitted the team, but had reduced the frequency of incidents the person was involved in, following the changes.

The management team and staff told us that directors remained approachable and supportive. They gave examples of road shows the directors and head of care participated in, where they visited the service, spoke to staff and provided feedback on all aspects of the organisation. This was further supported by a quarterly newsletter detailing what was happening within the organisation with staff survey results, news of events, promotions along with details of recognition awards made to staff members who had been nominated for going 'above and beyond' in their duties.

The provider had continued to work in partnership with other organisations and had taken part in several good practice initiatives designed to continue to develop the service and to support others in developing their services. This included being members of the 'outstanding society' (this is a group set up by providers who have achieved an outstanding rating and who meet regularly to discuss and share best practice). They also attended conferences to share best practice initiatives and were accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.

We saw the service continued to work in partnership with other agencies to provide training and information, to promote inclusion and understanding of people. For example, providing training to the police and leisure centres to promote their understanding of learning disabilities and autism. A series of help sheets have also been developed by the clinical team offering advice and guidance for parents and carers who look after children, young people and adults with autism.

Systems were in place that continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents and were scrutinised at all senior management levels. Records showed that management took steps to learn from these events and put measures in place, which meant they were less likely to happen again.