

Options Autism (8) Limited

Options The Old Vicarage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 4 July 2017. We announced the inspection the day before as this was a small service with people living with a range of needs and we wanted to be sure someone would be available.

The last inspection took place 27 and 28 April 2015 when we rated the five key questions we asked of services and the service was rated 'Good'.

Options The Old Vicarage provides support and accommodation for up to eight people who have a range of needs including, autism, mental health needs and/or learning disabilities. There was one vacancy and therefore there were seven people using the service at the time of this inspection. One person was on social leave.

The provider had a range of registered care services including several adult social care services across the country.

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.

Although on one person's care file there were risk assessments in place, on another person's file there were none to inform and guide staff about the potential risks faced by the person using the service and/others.

There were quality checks in place. However, these were not that effective because they had not identified the issues we found during the inspection. In addition the provider did not ensure appropriate and complete records were maintained about the care people received and about the management of the service.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

People received the medicines they needed safely. Staff received medicines training but were not formally assessed, in between the training, to ensure they continued to be competent to carry out this task. We were informed that a competency assessment would be introduced to ensure staff continued to understand their role in administering medicines to people using the service.

Although people's care records included people's needs and preferences and were individualised, some of the language used in the daily records was not appropriate or informative and did not reflect people in a dignified manner.

Feedback from people using the service, a relative and staff we spoke with was positive about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

There were checks and systems in place to check the fire procedures and ensure that equipment protected people in the event of a fire.

Staff knew how to report any safeguarding concerns. There were safeguarding policies and procedures in place to inform and guide staff what to do if they had a concern that a person using the service was at risk of abuse.

Staff continued to receive support through one to one and group meetings. They also received an annual appraisal of their work. Training on various topics and refresher training had been arranged that were relevant to staff member's roles and responsibilities.

There were sufficient numbers of staff working to meet people's needs. The registered manager had been in post for several years and regularly worked alongside staff on shift so that they could see how the service met people's needs.

Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People had access to the health care services they needed and their nutritional needs were being met.

There was a complaints procedure, which was also available in a pictorial version for people who responded to pictures more than words.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

The provider did not ensure that there were risk assessments available for all the people using the service which meant staff might not have all the necessary information about a person using the service.

The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had systems in place for the recording and investigation of incidents and accidents.

People using the service said they felt safe when they received support.

The provider had a robust recruitment process in place and there were sufficient numbers of staff working to provide support to people using the service.

Is the service effective?

Good ●

The service was effective.

Staff had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

Staff understood the importance of supporting people to make choices and to act in their best interests.

People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

Some of the daily records were not written in an informative, person centred and professional way.

Staff understood people's care and support needs and people were complimentary about the staff team.

Care and support was delivered by staff in ways that respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in how they wanted to be supported and the staff ensured they received care and support in ways they preferred.

People were confident their concerns would be listened to and acted on.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

There were quality checks and audits, however, these were not always effective because checks that taken place had not identified the issues found at this inspection.

There was a registered manager in post who worked alongside the staff team in order to meet people's needs. Feedback on how the service was run was positive, with staff feeling supported by the registered manager and their colleagues.

Options The Old Vicarage

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 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 was a comprehensive inspection which took place on 4 July 2017 and was announced the day before the visit as this was a small service with people living with a range of needs and we wanted to be sure someone would be available.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR 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.

During the inspection we spoke with three people using the service, the registered manager, two senior support workers and a support worker. We reviewed the care records for two people using the service and two people's medicines management records. We also reviewed two staff recruitment records and documents related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we telephoned one person using the service to obtain their views on the service and received feedback via email from one relative. We also emailed two professionals for their views but did not receive their feedback on this occasion.

Is the service safe?

Our findings

We asked some people if they felt safe living in the service. Comments included, "Yes I'm ok here, staff help me" and "Definitely feel safe, staff listen to me, if I had a worry I would talk with them." Another person told us that they had no concerns. The majority of people could verbally communicate and would be able to tell staff or relatives if they were worried. Those people who had limited speech could express concerns using pictures and were supported by their visiting relatives who could advocate on their behalf.

A relative described how they felt the service operated safely, they told us "I have witnessed all safety precautions taking place, for example, they (staff) are very careful with gadgets such as scissors and cleaning materials, very careful with the medication and how it is dispensed and taken out with you when the resident goes to their parents."

Notwithstanding people's and relatives feedback about the service, we found that the provider did not have effective arrangements to manage risks that people faced whilst receiving a service. On one person's file we looked for evidence that the risks they faced and potentially posed to others had been assessed and recorded. However, these were not available to view. We checked with the registered manager and the person's keyworker who informed us that they could not be located and would be written again. During the inspection staff did complete a risk assessment in relation to the person accessing the community. However, there were further risk assessments and records to be written in relation to this person. Without this information staff might not be informed of any current possible risks and might not have the current guidance to know how to support the person in a consistent way to keep them safe.

On the second file we viewed there were risk assessments in place, such as a risk assessment on choking and accessing the kitchen. However the choking risk assessment had not been dated or signed so it was not clear if this was current or if it had been reviewed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the medicines management arrangements in the service. A staff member informed us that one person looked after their own medicines and spot checks were carried out to ensure they were safely taking their medicines. We spoke with this person who confirmed they kept their medicines in their bedroom. They told us, "Staff check that I am taking my medicines. I know what I am taking and I am happy with the arrangement."

Medicines were appropriately stored in locked cupboards. We found a record of high room temperatures (over 25 degrees) for where medicines were stored. The day after the inspection the registered manager confirmed that the thermometers had not been working and a new one had been purchased and gave a more accurate reading, however the reading (26 degrees) was just above the ideal maximum temperature to store medicines which was 25 degrees. The staff member informed us that an alternative place for the medicines or air conditioning was being considered, as it had been previously identified as a problem, to

ensure medicines were stored safely. Following on from the inspection the provider confirmed that they had discussed the room temperature, where the medicines were stored, with a pharmacist. The pharmacist had informed them that the medicines would not be affected as long as the temperature was not constantly over 25 degrees over a two to three month period. The provider also told us that previous temperature records showed that the temperature was within a normal range.

Staff received medicines training before they administered any medicines to people and the provider expected staff to complete a refresher every two years. There was no assessment of staff and their competency to carry out this task following on from any training. The registered manager told us they would ensure this was put in place.

We checked a sample of audits and saw that the audit for medicines which were given as and when required (known as PRN) was missing. The staff member could not locate these records and so informed us during the inspection that they had checked the stock and recorded the amount on new audit documents and that they identified no issues.

The medicines we checked were accurate at the time of the inspection and the medicine administration record sheets (MARS) had been correctly completed. There were processes also in place for when people went on social leave so that they continued to receive their prescribed medicines. One person said, "I know what medicines I am on and I agree to take them."

An external medicines audit also took place once a year so that staff could see if they were following good practice when handling and administering medicines.

We saw checks were carried out to ensure the building and equipment used was safe. Since the last inspection, the building had been fitted with new windows and restrictors as a control measure to prevent the windows from fully opening to prevent falls from a height. The registered manager told us that these were checked but were not recorded. During the inspection all windows and restrictors were checked and staff informed us that they had not found any problems with the restrictors. Other checks by external professionals took place, such as assessments on electrical wiring and appliances, water safety and gas safety.

Fire equipment was tested and staff also checked that fire doors closed appropriately and that staff knew how to respond if there was a fire. The last fire drill practice had been in January 2017 and we were told these were held every six months. They told us these would be held more often to capture all staff including bank staff working in the service. A fire risk assessment had been carried out in December 2016 which had minor recommendations. The senior care worker told us these had been addressed.

Personal emergency evacuations plans had been completed for each person so that staff were aware how people responded to a possible fire and if anyone required support to evacuate the building.

Some people sometimes expressed their feelings through different ways. The staff recorded information about the triggers which caused people to feel anxious or unhappy. There was information on proactive strategies to prevent situations escalating and to offer people the support they needed before they became agitated. We saw staff were available throughout the inspection to spend time talking with people and also giving them space when they wanted it. The staff confirmed they all worked together to find techniques which suited each individual and they shared their knowledge and experience in how to support people safely.

Incidents and accidents were recorded and the registered manager checked each event and recorded action taken. This was monitored to see if there were any patterns or trends that required further investigation.

The provider had systems in place to protect people using the service. There were policies and procedures for safeguarding adults and these were available in the service's office for staff to refer to. Staff received safeguarding training and were able to describe what action they would take if they had a concern. Staff told us, "I would tell my manager" if they thought a person using the service was at risk of harm. Staff knew they could also go to external agencies if they had concerns. One staff member confirmed they would "go above the registered manager, or to the local authority" if they felt the concern was not being dealt with.

We viewed the rota for July 2017 and saw that often during the day people, who were in the service and did not attend any college or other community place, had one to one support from staff. There was one staff vacancy at the time of the inspection and regular bank staff covered the vacant post to ensure people continued to receive support from staff who were familiar with them and their needs.

The provider had systems in place to make sure staff were suitable to work with people using the service. The recruitment process included application forms, references, proof of identity and criminal records checks. Applicants also completed a written test to check their understanding of the English language and to check their reading and writing skills. The registered manager confirmed that people using the service were not currently involved in the interview process but that this would be reviewed to see if there was any person was interested in being a part of deciding who works in the service.

Is the service effective?

Our findings

We asked people for their views on the staff team. One person told us, "Staff are brilliant in understanding me."

People were cared for by staff who were supported in their roles by the provider. Newly appointed staff received an induction which involved training and shadowing experienced staff. Staff were then supported to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is the minimum standards that should be covered as part of the induction of new staff.

Training covered a range of subjects, for example, epilepsy awareness, fire safety and food safety and the provider had determined how often staff needed to complete the subjects they deemed mandatory. The senior care worker informed us that staff were due to complete Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training and safeguarding adults.

There was training on supporting people with autism, learning disabilities and mental health; however, there were some staff still to complete this training. We discussed this with the registered manager and the senior care worker who was in charge of monitoring the training and they confirmed this would be arranged.

The staff told us the training was useful and relevant to their work. One staff member confirmed, "It (training) covers what I do here." We saw a sample of training certificates in staff files to show staff ensured they completed what was expected of them.

Staff were also supported to study for a nationally recognised qualification in social care so that they gained further knowledge and skills to work in care services.

Staff confirmed they received regular ongoing support both from colleagues and from the registered manager. This was done through the daily handover meetings and one to one supervision meetings. Staff also received an annual appraisal of their work. Staff spoke positively about communication and told us this was "good" and one staff member said they could "just talk with the manager".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff understood their responsibilities in relation to the MCA and took

appropriate actions. For example, staff understood the importance of assisting people to make decisions for themselves where they were able, and also of acting in a person's best interests. Mental capacity assessments were completed if staff were concerned that a person needed staff supporting them, in particular accessing the community. We saw authorisations under DoLS were in place for some people and this was recorded in their care records. One person was pleased that they were no longer under a deprivation of liberty authorisation. They told us, "I like it here as I now have more freedom and I am not under any deprivation of liberty, I can go out whenever I want to without staff." Another person explained to us, "I have a key to my bedroom and I can get out of the front door and walk as much as I want to."

We were informed that for one person their family member had a Lasting Power Of Attorney for Health and Welfare matters and could legally be a part of the decision making process regarding the person's life. However, this was not recorded in their care records and we saw no evidence that this was formally in place. The registered manager made contact with the family during the inspection in order to obtain a copy of the relevant legal document to place on records.

People's health needs were recorded and people saw health professionals as and when required. Appointments along with their outcomes were recorded so that staff could monitor any changes. Where relevant to the person a hospital care passport had been developed to inform any healthcare staff how to support the person if they were admitted into hospital. Health action plans were in place, although one was not dated. These outlined the person's individual health needs.

People spoke positively about the meals in the service. People described how they went food shopping and with the help of staff made the main meal for everyone in the service. One person said staff helped them cook as they did not feel confident. Staff told us they informed people about healthy eating and having a range of foods so that they ate a balanced diet. Meals were recorded so that staff could check on what was being eaten and ensure people ate nutritious meals.

Is the service caring?

Our findings

People were complimentary about the staff. Their comments included, "Staff are friendly," "I get along with staff well" and "Staff are good, I like them." They also confirmed that people listened to them and one person told us, "The new staff are considerate and welcoming when I come home."

A relative also gave us feedback on the staff. They told us, "The staff are sensitive to X's (person using the service) needs and in a fair and reasonable way they try to support X in satisfying all their needs, but also in promoting X's independence." They also commented, "Staff have always been not just professional, but supportive, caring and knowledgeable about X's condition, showing empathy in handling all issues with sensitivity and genuine care."

Whilst staff treated people in a respectful and dignified manner, the way they recorded information about people was not always very dignified. We viewed a sample of daily records. The majority we viewed were legible and informative. However, we did read, on three separate dates, daily records that were not informative and were negative in the terms used. For example, one entry in June 2017 noted 'X (person using the service) wet himself,' another record stated 'He was not that well behaved and had to go to his room a few times for hitting staff' and 'Threw numerous tantrums throughout the evening'. We spoke with the senior care workers to highlight the records so that staff could look at what they wrote about people using the service and make improvements where needed.

During the inspection we saw staff communicated with people in a cheerful and friendly way. Staff were available to talk with people and to ensure they were ok. The atmosphere was relaxed and we observed staff chatting with people in a relaxed and jovial way.

People could spend time alone or with others in the communal areas. We saw one person had a lie down in their bedroom for a short time before interacting with others. The service was spacious and people had the choice of spending time in different areas of the building. Staff confirmed that people were helped to make every day decisions. One person we asked said they could choose how they lived their lives. They told us, "I look after my own money and staff have helped me understand how to budget." On one person's care records it was clear that they responded to objects of reference and pictures to make a decision. Some people had visual aids in their bedrooms, if they needed this form of communication, so they knew what day it was and what the activities were for that day. In the main hall there were photographs of people using the service and the staff team so everyone knew who lived and worked in the service.

We were informed that no-one had an advocate and people were supported by relatives if they were unable to express their opinions or required additional support.

People's personal histories were sought out when they moved into the service so that staff had information about people's backgrounds. This could prove helpful in knowing the person and their likes and dislikes and in understanding how they behaved so staff could better support them.

The staff knew people's care and support needs well. They were able to tell us about significant people in each person's life, their individual daily routines and preferences. Staff described how people had formed positive relationships with staff and the people living in the service.

We observed that the staff were patient and supportive when caring for people. There were plenty of staff working to chat with people and help them if they had a concern. They did not rush people to speak or make decisions about their lives. Staff were led by what the person wanted to do and how they spent their time.

Staff recorded people's needs in respect of their religion and culture in their care plans. For example, people's care records included information about their spiritual and cultural needs.

Is the service responsive?

Our findings

We looked at the information staff wrote about people's needs. Each person had a care plan that included an assessment of their health and social care needs and were centred on the individual. The format was in pictures and words and outlined the person's abilities, where they needed assistance and the choices they could make.

The care plans we saw included person centred details with information on routines and preferences. For example, the person's food likes and dislikes and their usual time of going to bed/waking up. There were reminders for staff if people needed prompting, for example, 'I find it hard to wake up in the morning' and 'Remind me to put on a jumper if it is cold.' One person confirmed they were involved in the development of their care plan and said, "I go through my care plan to see if it is accurate." A relative also confirmed that "The manager and the staff have always collaborated with X's family." They also said the staff promoted the person using the service to reach the "highest possible level of independence and competence."

Each month the information about people's needs was reviewed so that staff could check the contents and see if any details needed to be updated. We talked with the registered manager about ensuring staff recorded how much people were involved in the completion of a care plan and the reviews so that it was clearer how much each person had been a part of this process.

Staff supported people to follow their interests and take part in social activities and education. People took part in a range of activities with some attending day centres, one person was at university and others relied on staff to support them out in the community. A relative commented on the positive support staff offered. They said, "We can safely assume that both the good work, support and care at X's home and the specially-targeted education X received at the college enabled X to make such good progress."

One person told us, "I am planning slowly my future with the help of family and staff." They also said "I like to go walking and can do this by myself." The service had its own vehicle so that for those people unable to access public transport they could still go out and visit places. Day trips were arranged and on the day of the inspection a small group of people visited a museum. Staff could describe people's preferences and abilities and knew what to offer people so that they enjoyed their free time.

Staff encouraged and supported people to develop and maintain relationships with people that mattered to them and avoid social isolation. One person told us, "I visit my family regularly which I enjoy." Staff had also arranged for online Skype calls so that people could communicate with family members who did not live locally.

We looked at how information was shared and how staff communicated with people using the service. As the service was small many conversations were informal on a one to one basis. The service now had a newsletter that gave details of days out along with any significant updates people and their relatives would need to know. It included photographs so that people who could not read could see photos of what had gone on in the service. Group meetings no longer took place as the registered manager told us this way of

gaining feedback from people using the service had not worked. They explained people had not wanted to attend meetings with others. Therefore, they said they were looking at ways to gain formally people's feedback on the service and to also give them information about the service.

We were told there had been no satisfaction questionnaires given out in 2016 but they had started to be sent out in 2017. At the time of the inspection one questionnaire had been returned which we saw from a relative and this gave positive feedback about the service. The registered manager confirmed these would be given to people using the service and professionals and as with previous years the results would be analysed and fed back to people.

The registered manager confirmed there had been no complaints since 2014. One person was able to tell us that "if I had a worry or complaint I would straight away tell staff and probably the manager." They went on to tell us, "I do not see any problems with The Old Vicarage. One of the best things is the quality of the service."

We saw the complaints policy and procedures displayed in the main hall of the service. This was also available in a pictorial format for people who responded to this and could be aided to make a complaint with various levels of support from staff and/or others.

Is the service well-led?

Our findings

During the inspection we found that the provider had not ensured that appropriate and accurate records were being maintained at the service. There were several documents either not signed or dated and in some cases it was not evident if people had been involved in the development of their care plan. There was missing information in one person's care records and we had also found some language in the daily notes that was not person centred and did not record fully how the person had been on a particular day. We read on one person's records that they needed monitoring at night. When we checked this with staff they explained this was inaccurate and would be taken out of their care records.

In addition, during the inspection we saw the temperature in the medicines room had been reading over 25 degrees for several days prior to the inspection. Although staff told us that all senior staff were aware the room was too warm, there was no evidence that the thermometer was checked and identified as not working properly. This was identified after the issue was raised at the inspection, where a new thermometer was purchased. Furthermore we saw no action plan on how the issue of the room where medicines were stored being too warm during high summer temperatures was going to be addressed.

The registered manager confirmed many audits were carried out and we saw several of these during the inspection, however, it was not clear exactly what audits were always completed by the registered manager as they were not always recorded. Without these checks being formalised we could not see what was assessed by the registered manager, how often and if there had been any issues noted and addressed to improve the service. The registered manager developed an audit tool that they confirmed they would use, following on from the inspection, so it was clear what they were assessing and any action taken.

We also discussed with the registered manager about developing action plans when any recommendations were made, such as after the fire risk assessment, so that it was clear when areas for improvement were addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The audits we viewed covered different aspects of the service. This included health and safety, medicines and people's personal finances. Any maintenance issues were recorded along with when work had been completed so it could easily be seen if the same issues occurred and how long it took to fix problems. The provider had also sent senior staff to visit the service and they had carried out an annual audit of the service. The outcome of the recent May 2017 visit had been good with few recommendations made.

There was a registered manager in post, who had been working for several years in this role. They had a recognised management qualification and understood the service and the needs of the people using the service well. They met with other managers from across the different locations and kept up to date with updates from Skills for Care, (which is an organisation that can provide information and guidance for care staff) and the Care Quality Commission.

The registered manager informed us during the inspection that there had been a recent safeguarding concern that was currently being investigated. The Care Quality Commission (CQC) had not been informed of this significant event until we spoke with the registered manager who immediately sent in a statutory notification to CQC.

Feedback on the registered manager and the culture of the service was positive. One person using the service told us, "The Old Vicarage is excellent." A relative commented, "The ethos and the policy of this care home and its management is to work hard trying to provide the best of care for their clients."

Staff described being supported by the registered manager and that they could talk with them whenever they needed to. Staff said there was "good team support" and that they all learn from each other. Other comments included that the staff team were "flexible and open to new ideas." There had been a change of staff and experienced staff said that the change had been good as different ways of working were being considered and fresh ideas were talked about amongst team members.

Staff knew the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were clear lines of accountability within the service. Staff were able to describe what they did to ensure the service met people's needs and kept the service running smoothly. An on-call staff member was also clearly identified in case of emergencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not assessed the risks to the health and safety of the service users receiving care and treatment.</p> <p>Regulation 12(1)(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes had not enabled the registered person to assess, monitor and improve the quality and safety of the services provided.</p> <p>The registered person had not ensured there was an accurate and complete record in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(c)</p>