

Options Autism (6) Limited

Options Malvern View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Options Malvern View is a residential care home on a campus. The home is split up into four units, flats and an individual bungalow, providing personal care to up to 33 people with a learning disability and/or autism aged up to 65 and over at the time of the inspection. The service had 28 people living there at the time of the inspection. The service is on a large site with each unit providing accommodation to a small number of people. The units and flats are called Stour, Brook, Everest, Severn and Avon.

People's experience of using this service and what we found

The management and recording of individual risks had not always been assessed or plans implemented. People said they were happy living at Options Malvern View. People told us they liked living at the service. Families highlighted concerns about low staffing levels and the impact this had on activities and people with epilepsy not being as closely monitored as they would like them to be. The provider had taken measures to improve recruitment and retention of staff, but this was a new initiative and it was too soon to see evidence of the impact this would have.

Lack of oversight and governance meant leaders were not always identifying potential risks or taking action to improve the quality of care being provided. Recent improvements had not been fully embedded in to practice for care staff and systems were not in place for this to be improved.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The model of care did not always maximise people's choice, control and independence. This was due to staffing levels which did not always allow for one to one or two to one support so that activities and time in the community could take place. Leaders had not always had enough oversight of areas such as epilepsy care plans and how they are used which could be a risk to people's safety. Some areas of the environment needed to be updated or repaired. The management team confirmed they had been allocated additional money to continue with their programme of updating the buildings, but it was not clear if this would include the areas identified on inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to staffing, management and recording relating to epilepsy and bowel management for residents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Options Malvern View on our website at www.cqc.org.uk.

We have identified breaches in relation to the maintenance of the buildings in the following units Brook, Everest and Severn, low levels of staffing and the management of epilepsy across the site.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Options Malvern View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and an Expert by Experience carried out this 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.

Service and service type

Options Malvern View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and their concerns about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with 10 members of staff including senior operational staff, the registered manager, team leaders and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, incident data and quality assurance records



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection not all risks associated with people's care and safety had been well-managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made in the monitoring of the risk of fire and infection control, however there were other areas where further improvement was required. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Two relatives said they were concerned people with epilepsy were not being supported in line with their epilepsy risk assessments and they were left unsupervised in their bedrooms for long periods of time. They said epileptic seizures were not being recorded. Incident data showed seizures were recorded regularly for one individual but not for others where family members had expressed concerns. This placed people at risk of harm as the patterns and increase in seizures was not being monitored in line with the care plans.
- In some buildings used by people there were environmental issues which put people at increased risk of injury or ill health due to the nature of these issues. These were in the bathrooms in Brook and Everest and the laundry room in Severn. We found porous surfaces which were unclean, rusting radiators, mould and ingrained dirt in bathrooms.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns about the environment with the registered manager and senior staff from the provider during the inspection. They assured us maintenance was ongoing and the provider has set aside additional money to upgrade the areas of concern. Other areas of the buildings had recently been updated and improved but we did not see plans of how or where the additional money would be spent or the timescales for this.
- The management team had put risk assessments in place relating to epilepsy. These were detailed and regularly reviewed when something changed. The provider had introduced handheld electronic devices for records and were in the process of updating all records on to the system. Staff stated these would be easier to use when fully functioning but during the inspection it was not clear if all seizures were being recorded

consistently due to the use of both electronic and paper records.

- The registered manager and staff understood their responsibilities relating to fire risk management and infection prevention and control and policies and risk assessments were in place to support this.

Staffing and recruitment

- Staff told us they were concerned about the staffing levels. They said there were not enough staff to cover people with designated 'two to one' time and this impacted on their ability to do activities.
- Three relatives said they had changed plans on more than one occasion due to lack of staff to support people to be transported.
- The management team had put reduced staffing risk assessments in place for each individual to ensure they had enough staff to cover with the use of agency staff to keep people safe but this meant increased support levels for activities and time in the community were often not able to take place.
- The provider had implemented plans around recruitment and retention of staff including a pay increase which staff said was positive, but this was a long-term strategy which did not fully mitigate the lack of individualised support for people in the short term.

Systems and processes to safeguard people from the risk of abuse

- People had access to information in an easy to read format which explained their rights and how to report concerns or abuse.
- Staff used a nationally recognised quality of life tool specifically for people with learning disabilities to support people to understand how to keep themselves safe.
- The registered manager and staff had received safeguarding training. They understood how to raise a concern and the responsibilities to report these to the local authority and CQC to keep people safe.

Using medicines safely

- People received their medicines as prescribed by staff who were trained and received regular competency checks.
- Staff ensured medicines were ordered, stored, administered and disposed of in line with organisational policies and best practice guidance.
- The management team audited medication administration records to ensure they gave an accurate account of medicines administered and the amount of medicines in stock.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we found that not all areas had been cleaned to a high standard including bathrooms in Brook and Stour and the laundry area in Severn.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff reported accidents and incidents which were recorded and reviewed by the registered manager and the multidisciplinary team.
- The management team ensured lessons learnt were shared through team meetings and one to one meetings. Recently they had responded to concerns raised by the local authority and had reviewed their bowel management care plans and supported staff to put these into practice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At the last inspection we found management and leadership was inconsistent and leaders and the culture they created did not always support the delivery of high-quality person-centred care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made however, these improvements were recent and not fully embedded. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager's governance of the home had failed to fully identify and implement required environmental changes. Audits and checks were in place, but we found checks on the environment had not identified issues we highlighted. We discussed this with the management team who assured us additional resources were available for improvements to be made but we had not seen evidence this would improve the areas we identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had brought in additional support for the registered manager however this was a recent change in the week before the inspection. Staff reported this was positive, but the support had not had time to become fully embedded into the culture of the home.
- The management team had made changes to risk assessments relating to management of epilepsy and recruitment of staff however it was too early for us to see evidence that they had been fully embedded into staff practice or the culture of the home. Relatives reported they had concerns about the monitoring and recording of seizures.
- The registered manager understood the regulations and their responsibilities in relation to this. For example, they notified us about important events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff said the deputy manager was a regular presence throughout the home, and they felt support was improving. However, team meetings in each unit had only recently re-started after a gap of several months due to Covid -19 and due to low staffing levels and so in some areas were poorly attended. Agency staff who were block booked and regularly provided support were not included in the meetings. One staff member reported they were unable to take regular breaks due to lack of support and that staff were not fairly deployed across the units.
- People stated they were happy in the home and liked the staff.
- The provider had used feedback from staff who had left to identify the need to improve career progression and provide leadership training so staff support could be improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Three relatives said they did not always feel listened to and communication with the registered manager and the team could be improved.
- One staff member said communication across the units was an issue while others reported this had improved. One manager said that the 'them and us' culture across the units was slowly improving.
- There was evidence from incidents and audits that the management team had been open and honest when things went wrong and where possible they had arranged to meet with relatives to improve communication.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People were able to give feedback about the service. People were given tools to use such as the quality of life tool so that feedback was meaningful to them.
- Staff received equality and diversity training and demonstrated the importance of this. Staff told us about the preparation of the kitchen area for a person being admitted who had specific cultural needs. The person had been consulted on their preferences and the planning of the food preparation area they needed.
- The registered manager and staff team had not always worked closely with professionals such as the epilepsy nurse and this had caused professionals from the local authority to raise concerns. Care plans had been developed with external involvement, but these had not been fully embedded into practice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Environmental issues in the units called Brook, Everest and Stour and the inconsistent monitoring of people with epilepsy meant they were at risk of injury and harm
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager's governance of the home had failed to fully identify and implement required environmental changes.