

# Options The Thicket Limited

# The Thicket

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We inspected The Thicket on 18 February 2015 and the visit was unannounced. Our last inspection took place in September 2013 and at that time we found the home was meeting the regulations we looked at.

The Thicket is a specialist residential care home for adults with learning disabilities and complex needs located on the outskirts of Otley. The service consists of four self-contained apartments. There are communal areas within the complex for people to enjoy activities and social events.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

Not everyone who lived at the home was able to communicate verbally therefore we observed how staff interacted with people over short periods of time

# Summary of findings

throughout the day to ensure we caused only minimal disruption to their daily life. Two people who were able to tell us they enjoyed living at the home and staff were friendly and supportive.

Everyone who lived at the home was supported on a one to one or two to one staff ratio whilst in the home during the day and the same ratio when they access community based activities. This is because their complex needs mean they can exhibit behaviour that challenges which might put either themselves or others at risk of harm.

The organisations staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff suitable to work in the caring professional. In addition all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

The staff had access to a range of training courses relevant to their roles and responsibilities and are supported to carry out their roles effectively through a planned programme of training and supervision.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments are reviewed on a regular basis to make sure they provide accurate and up to date information.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and were able to demonstrate a good understanding of when Best Interest Decisions need to be made to safeguard people.

People were encouraged to participate in a range of appropriate social, educational and leisure activities both within the home and the wider community and staff actively encouraged them to maintain and develop their daily living skills.

There was an effective quality assurance monitoring system in place which quickly identifies any shortfalls in the service and there are systems in place for staff to learn from any accident, incidents or complaints received.

# Summary of findings

## 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 safe. The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

Medication policies and procedures were in place and prescribed medicines were being stored, administered and disposed of safely.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisations whistleblowing policy.

Good



### Is the service effective?

The service was effective. Staff training was up to date and staff had regular supervision meetings with the manager which helped them carry out their roles effectively and plan for their future career development.

People who were able, told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. We saw documentary evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals in a timely manner and staff always followed their advice and guidance.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Good



### Is the service caring?

The service was caring. People who were able said the staff were friendly and supported them to maintain and improve their daily living skills. This was confirmed by our observations, which showed staff had good understanding of people's needs and assisted them to meet their goals and objectives.

Records showed wherever possible people were involved in any decisions which related to their care. Arrangements were in place to provide advocacy services for people who needed someone to speak up on their behalf.

People looked well cared for and were very comfortable in their home.

Good



### Is the service responsive?

The service was responsive to people's needs. People's needs were continually assessed and care and support was planned and delivered in line with their care plan. Care plans and risk assessments were person centred and contained good information about how people's care and support should be delivered

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and their relatives. We saw people's plans had been updated regularly and when there were any changes in their care and support needs these had been addressed.

Good



# Summary of findings

People were involved in activities in accordance with their needs and preferences.

Systems were in place to respond to concerns and complaints.

## Is the service well-led?

The service was well-led. The manager was clear about the future development of the service and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in improving service delivery.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations.

**Good**



# The Thicket

## 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 Thicket is registered to provide accommodation for up to four persons who require personal care. The service provides a service for people with Autism Spectrum Disorder (ASD) and is situated on the outskirts of Otley.

This inspection took place on 18 February 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

At the time of this inspection three people were living at the home. During our visit we spoke with seven members of staff, the registered manager and two people living at the home. Others who used the service were unable to tell us about their experience of living at the home. We spent some time observing care and support given to people. We looked at some areas of the home including people's bedrooms and lounge areas. We looked at documents and records that related to people's care, support and the management of the home. We looked at three people's care and support plans.

Before our inspection, we reviewed all the information we held about the home. We contacted the local commissioning team and Healthwatch to obtain any relevant information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

Everyone who lived at the home was supported on a one to one or two to one staff ratio whilst in the home during the day and the same staff ratio when they accessed community based activities. This was because their complex needs meant they exhibited behaviour which challenges which might put either themselves or others at risk of harm. The rota showed staffing levels were always maintained in line with people's assessed needs and funding arrangements.

Records showed there was a good skill mix within the staff team and there was always experienced and skilled staff on duty throughout the day and night to ensure less experienced staff received the supervision and support they required to carry out their roles safely. People who were able told us they felt safe living at the home.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. We spoke with two

recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure that they complied with current legislation and best practice in the administration of medicines. Staff who administered medication had received training and supervision records confirmed the manager monitored their on going competency.

We checked the medication cupboard. We saw it was kept in an orderly manner. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant that the medicines for each person for each time of day had been dispensed by a pharmacist into individual trays in separate compartments.

We saw that all lotions and creams were separately and appropriately stored and were dispensed to named people.

When PRN (as and when required) medication had been prescribed we saw staff had recorded whether the medication had been given or not. Also the dosage which had been administered had been recorded. This showed us people received PRN medication correctly and in a timely manner.

Risk management to protect individual people and maintain a safe environment was a key feature of care planning. Risk assessments had been completed to ensure safety within the home such as kitchen access and the ability to prepare hot drinks. Community based risk assessments were also in place for such things as road safety and the participation in social and leisure activities. This showed people were encouraged to maintain their independence.

A member of staff said, "This is people's home and we all try to make sure that it feels like home for the people who live here as well as meeting their needs". Care and support was planned and delivered in a way that ensured peoples safety and welfare.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that all people using the service were subject to authorised deprivation of liberty. Our assessment of people's care records demonstrated that all relevant documentation was securely and clearly filed.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff demonstrated understanding about the Mental Capacity Act and Deprivation of Liberty Safeguards. They were able to give examples of instances when Best Interest Decisions had been made with the involvement of relevant professionals. Care plans evidenced information regarding people's capacity to make decisions. This ensured that people were protected against the risk of excessive and unlawful control or restraint.

We spoke with three members of staff about the use of restraint. They were able to describe de-escalation techniques to minimise the use of restraint. They also demonstrated their understanding that restraint should only be used in a way which respected dignity and protected human rights. They described to us the value of providing a stimulating environment and effective communication to prevent behaviour that may be of risk to individuals. This meant that staff had a good understanding of the people who lived at the home and how they could deliver care respectfully and within the law.

We asked staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. The staff told us they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening. Throughout the visit we saw staff treated people with respect by addressing them by their preferred name and always asked people

their preferences and consent when they offered support. This demonstrated to us that before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

We saw that people were involved in the choice of food. For example, people were involved in menu planning and wherever possible went with their support worker to the local shop or supermarket to purchase food. Some people cooked their own meals in their unit supervised by members of staff. We saw that each person had a food record book which recorded all food eaten. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

The registered manager told us all staff completed a comprehensive induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. We were also told following induction training new members of staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

We looked at a sample of staff training records and found that staff had access to a programme of training. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and fire safety. Staff also had training in medication, infection control, epilepsy and autism.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings which were held on a two monthly basis. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. The provider also carried out yearly appraisals for all the staff.

# Is the service caring?

## Our findings

Some people living at the home had difficulty communicating verbally but our observations indicated people were happy with the care and support they received. One person told us, “I really enjoy cooking with my support worker.

We observed staff supporting people in a positive way. People living at the home had Autistic Spectrum Disorders (ASD). We saw staff interacted with people with ASD in a structured and therapeutic approach. Staff were helping people to develop social skills and manage stress.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people’s dignity, privacy and independence. They told us about the importance of knocking on doors before entering people’s private accommodation and making sure curtains were closed when supporting people with personal care. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily life.

Some people however had a learning disability with co-morbid mental disorders, including mood disorders, personality disorders and aggressive or seriously irresponsible behaviours. We saw that these people were under constant close supervision by one or two staff.

We saw that people had been able to make choices about the decoration and furnishings in their rooms and some people had the greater benefit of a flat with the associated benefit of being able to prepare their own meals.

There was information on person centred planning review meetings being held every six months where families were invited to attend, and six monthly review meetings which health and social care professionals were invited to attend.

We saw that all care plans and documents relating to individual people were securely stored thereby providing a good degree of confidentiality.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff talked about spending time with people and how they enabled people to be independent but at the same time ensured they received appropriate assistance. All the staff we spoke with were very confident people received very good care. One member of staff said, “Everyone works well and I’m very proud to work here.”



# Is the service responsive?

## Our findings

The staff we spoke with told us the daily routines of the home were flexible and based around people's individual needs. Care plans recorded what each person could do independently and identified areas where the person required support. When people moved into the home detailed assessments took place which ensured people's independence was maintained. We also saw evidence of pre-admission assessments by psychologists to ensure those people with Autistic Spectrum Disorders (ASD) were placed in a suitable therapeutic environment.

We looked at three care plans that had been developed for each person. They were person-centred and were written in the first person to document people's wishes in relation to how their care was provided. The care plans evidenced how people liked to spend their time and how they liked to be supported. The plan also showed what people told staff about what provoked their anxieties and inappropriate behaviours. Where appropriate easy read documentation had been used to enable people to understand their care plans. We saw that on all occasions the care plan had been endorsed by the person themselves, a relative or an advocate (IMCA).

The staff we spoke with told us they had input in to the care planning process and used the care plans as working documents. The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We spoke with two people who told us of their social and leisure activities in the local and wider communities. They were clearly happy with these activities and had aspirations

for the future. Their individual care plans recorded these events and the resulting therapeutic benefits. This showed that people were actively encouraged to participate in a range of appropriate social, educational and leisure activities.

We looked at the complaints policy which was available to people who lived at the home and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with three members of staff who was able to tell us how they would support people to make a complaint.

The registered manager told us they had no on going complaints. They told us people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Each person's records included a daily record of care given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents. The record was signed by all staff participating in that person's care.

Staff told us after an incident had occurred they would have a de-briefing meeting to help to support staff and look at anything learned.

We saw that care plans were regularly reviewed by staff and that an annual review took place which included near relatives or advocates and appropriate healthcare professionals. This showed us the provider had taken appropriate steps to involve all relevant people in the care planning process.

# Is the service well-led?

## Our findings

We saw there was a quality assurance monitoring system in place that was focused on providing positive outcomes for people who used the service.

Records showed decisions about people's care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of communication and accountability within the staff team. We observed the manager interacting with the deputy manager and the deputy interacting with the support workers. The staff we met were well trained and competent to make most of the routine care decisions.

We saw evidence of a rolling programme of meaningful audit to ensure a reflective and quality approach to care. Audits carried out by the manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action to ensure problems were addressed speedily. For instance we saw that any maintenance issues within the home were identified quickly and recorded in the maintenance register for action by a suitable contractor.

We saw a senior member of the organisations management team met with all the managers within the organisation on a monthly basis to discuss matters of common interest. This included learning points from incidents, training needs and performance. This ensured that the provider had a strategy for maintaining quality and conformance across all services.

Staff received regular supervision (one to one meetings with their line manager) and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff also told us the managers were always available and they listened to any concerns they raised and had always responded appropriately.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thought and opinions at staff meetings and in staff questionnaires. They told us they could freely voice their opinion to the registered and deputy manager and they were listened to. All staff spoke of strong commitment to providing a good quality service for people living in the home.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for January 2015.

The provider sent out yearly monitoring questionnaires to people who used the service relatives, social workers and staff. We looked at some questionnaires returned one said, "My daughter is very happy and settled in her home. A value cannot be placed on this." Another said, "My relative is stimulated and feel very safe."

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. We saw that any safeguarding was dealt with appropriately and policies and procedures followed. There had been no whistle blowing concerns raised within the last year. However staff were aware of the procedures should they need to use them.