

Options Autism (2) Limited

# Options Autism Outreach Support Service – North

## Inspection report

Roxby House  
Winterton Road  
Scunthorpe  
DN15 0BJ

Tel: 01724733777

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## Ratings

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

# Summary of findings

## Overall summary

Options Autism Outreach Support Service North is registered to provide personal care for younger adults with learning disabilities, autistic spectrum disorder and complex needs. The service provides care and support to people in their own homes.

The office for the service is located in the administration building of the Options Roxby site on the outskirts of the village of Roxby, close to the town of Scunthorpe.

We undertook this announced inspection on the 27 May 2016. This is the first inspection since the new provider registered with the Care Quality Commission in August 2014. The service has only recently in the last month started to provide personal care to people living in their own homes.

At the time of our inspection one person received personal care support and a further six people were being supported with shopping, activities and independence skills. We were unable to speak to people who used the service as they were attending other care provision or accessing their social activities. People who received support from the service had limited time allocated to do this, so chose not to speak with us during the inspection and access their planned activities.

The service had 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.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an in depth comprehensive induction. Staffing was flexible and was provided on an individual needs led basis to meet people's care and support needs.

Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

The registered manager ensured staff had a clear understanding of people's support needs whilst recognising their individual qualities and attributes. Staff were positive about the support they received from their manager.

Records showed people had assessments of their needs and support plans were produced; these showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and support plans provided staff with information about how to support people in line with their personal wishes and preferences.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it.

People who used the service were supported to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests, further education and maintain their independence.

There was a complaints procedure in place which was available in a suitable format which enabled people who used the service to access this if needed.

Staff told us the registered manager was visible and accessible within the service and they worked well together as a team.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the registered provider had systems in place to manage risks. People were supported to take positive risks, enabling them to be as independent as possible.

Safeguarding and whistleblowing procedures were in place and staff understood what abuse was and knew how to report it.

Staffing levels were determined by people's individual needs. Robust recruitment procedures ensured people were only supported by staff that were considered suitable and safe to work with them.

### Is the service effective?

Good ●

The service was effective.

Staff were skilled in meeting people's needs and received on-going support from the registered manager through regular supervision and training to ensure they delivered the best possible care and support.

People who used the service were supported to develop their independence and to maintain a lifestyle that was meaningful to them by staff that were appropriately trained and supported to carry out their roles.

Staff understood how to protect the right of people who had limited capacity to make decisions for themselves. People were supported to be involved in decisions about their care and treatment.

### Is the service caring?

Good ●

The service was effective.

Staff were enthusiastic, well motivated and committed to supporting people to achieve their potential.

Professionals told us the staff team were knowledgeable and skilled in meeting people's individual needs.

The registered manager and staff promoted a strong person centred culture.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to live their lives in the way they wished to.

Staff were highly motivated to provide the person with good quality care which enabled them to live a fulfilling life.

Care and support needs were kept under review

Staff were skilled and experienced in supporting and understanding people's complex communication needs.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The management of the service promoted strong values in the service.

There were effective systems to assure quality and identify any potential improvements to the service.

The registered manager promoted an ethos of teamwork and staff felt they were supported.

# Options Autism Outreach Support Service – North

## **Detailed findings**

### Background to this inspection

This inspection took place on 27 May 2016. The registered provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

Before our inspection we looked at information we held about the service. We also contacted the local authority's contracts monitoring and safeguarding teams. There were no concerns raised by these teams regarding this service.

The inspection was carried out by one adult social care inspector. We spoke with the registered manager, the three staff employed by the service and two social care professionals and one relative following our inspection.

We reviewed the care and support plans for five people who used the service. These included, assessments undertaken before a service commenced, risk assessments, and records made by staff following their visits to people. Management records were also looked at, these included: policies and procedures, quality assurance documentation, accident and incident reports and complaints were also looked at. Staff rotas, training records, supervision and four staff recruitment files were also reviewed.

# Is the service safe?

## Our findings

Professionals and relatives told us, "I can't speak highly enough about the service and their professionalism" and "They are absolutely fantastic, they do things with him I would never have expected and I can't praise them enough."

The registered provider had clear detailed policies in place for safeguarding adults and children from harm and abuse. This provided staff with information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support.

Staff we spoke with told us they had received safeguarding training and received regular updates. They had a good understanding of how to identify and act on an allegation of abuse to help keep people safe. They were aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy. Discussions with the registered manager and staff confirmed that no concerns had been identified since the service was registered, however should a concern be identified the appropriate actions would be taken in a timely manner to safeguard people. Further discussions with the registered manager and staff confirmed that no form of restraint was used within the service.

Training records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. However at the time of our visit, none of the people currently using the service required any support with managing their medicines.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure.

The registered provider's risk management policies and procedures promoted an ethos of people having as much freedom and choice in their lives as possible. Staff we spoke with told us they understood people needed to be exposed to some risks and new experiences as part of their personal development. They gave examples of people moving into their own tenancy and being supported to attend university in another area.

We saw assessments had been completed for people when specific areas of concern had been identified. These guided staff in how to minimise risks and included areas such as gardening, food preparation, managing anxiety, supporting people with phobias, accessing the community and work placements.

The staff team consisted of three members of staff and the registered manager, staff confirmed they provided additional cover between themselves when unplanned absences occurred. We discussed staffing levels with the registered manager who confirmed people who used the service had been provided with one to one support and people had benefitted from a consistent group of staff.

They also told us that as the service was now beginning to expand, it had been identified that the team

needed to be increased. The recruitment process was underway with recent interviews having been held for these posts. One of the current staff team had been successful and promoted to the post of team leader.

We looked at the recruitment files for four staff and found safe and effective recruitment practices were followed to ensure staff were of good character and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed. We saw how criminal record checks from the Disclosure and Barring Service (DBS) had been carried out during employment, to ensure staff remained safe to work with people at the service.

The staff we spoke with told us the recruitment process had been thorough and they had been informed they would not be able to begin working until satisfactory checks had been carried out and suitable references obtained. One staff member told us, "The interview process was very thorough; there was a panel of people interviewing me. I was asked about different scenarios and my previous experience as well as my personal values, to see if I was right for the job. I then had to wait for all of my employment checks and references to be done before I could start."

People who used the service and relatives had access to an 'out of hours' number so that support and guidance could be provided around the clock. Staff also had the contact numbers of relatives and other professionals in case they needed any advice. This helped to provide a safe and reliable service to people.



## Is the service effective?

### Our findings

Professionals and relatives we spoke with told us the service 'went over and above' supporting people in a sensitive and professional way. They gave us examples of how staff had met people and developed relationships with them prior to supporting them to move into their own tenancy. They confirmed the staff and management of the service had been very supportive and consulted with the person in all aspects of their transition.

People received a high level of effective care and support based on current best practice for people with autism. The service was accredited by the National Autistic Society and employed a behaviour specialist in autism to train staff and participated in a wide variety of forums to exchange information and share best practice. Staff and professionals spoken with confirmed the service made every effort to assist people to be involved in and understand decisions about their care and support.

The registered manager told us how they and the staff team worked effectively with people to promote their personal growth and independence. They gave examples of people being supported into their own tenancy, securing voluntary work and being supported to access university. This greatly enhanced people's self-esteem, confidence and quality of life. They explained they always met with each person referred to the service and carried out a comprehensive assessment to determine if the service could provide the support the person needed, prior to any decision being made.

Records showed all the care staff either had achieved a nationally recognised qualification in care or were working towards this. We saw there were effective systems in place to provide an induction for new staff based on good autism practice and the care certificate and to provide on-going training. Staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. This included; MCA and DoLS, safeguarding, fire, autism, communication, epilepsy, food hygiene, first aid and infection control.

Further service specific training was provided in least restrictive practice interventions and behaviour management strategies. These included autism specific training and protecting rights in a caring environment (PRICE), which was British Institute for Learning Disabilities (BILD) accredited. Training was further supported by in house trainers who were available for advice and support.

Staff we spoke with felt the training provided was very good and were able to describe how elements of their training influenced their working practice. For example, staff were able to describe the ways in which they should seek the person's consent, support the person's rights, privacy and dignity, and how to communicate effectively with the person.

They also told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. The 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. Staff explained how they discussed what care

people wanted to receive and gained their consent before supporting people. Care records and support plans we looked at contained signed consent documents.

Records showed staff had regular one to one supervision sessions and an annual appraisal where their progress and development were discussed. Staff told us they received good support from the service to enable them to provide care which met people's individual needs. One member of staff said, "The information in care and support plans is clear about how people wish to be supported and how as staff we should provide this." Another told us, "I love my job; no two days are the same. I feel very lucky, we are part of a really good team."

# Is the service caring?

## Our findings

Professionals and relatives told us the service always provided a personal approach and supported people to take on new challenges at their own pace and in their own time. They told us the communication between themselves and the service was excellent and staff were always really well prepared for meetings and reviews.

Staff we spoke with told us they were proud to work for the service and were motivated to provide a high standard of care and implement best practice. They told us the people who used the service were their priority and they celebrated their achievements with them.

We found staff had a good knowledge of the people they supported and were able to speak in detail about their individual needs. They had a good understanding about their current needs, individual goals and aspirations and their role in supporting and enabling these. Staff told us that for other people their role involved promoting people's emotional well-being and confidence or managing anxieties and supporting with coping strategies to overcome these. When they discussed people's care and support needs with us they did so in a respectful and compassionate way.

The registered manager told us the continuity of staff had led to the development of positive, close relationships built on trust with the people who used the service. They explained that when someone was initially referred to the service, only one member of staff would be introduced and this would be their allocated worker. Later as further assessments were completed more staff would be introduced, so people could accept them at their own pace without being overwhelmed with the changes. Each member of staff had a keyworker role for three people who used the service. A core team of staff worked with each individual who accessed the service and covered each other's annual leave and sickness, so people were offered continuity of care.

Personalised programmes of care and flexible staffing arrangements enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service.'

We saw the service had a strong commitment to person-centred planning in line with the government's 'Autism Strategy' and the 'personalisation agenda'. Each person who used the service took an active part in developing their individualised programmes of care, support and personal development to ensure their needs were met and their individual preferences for care were respected. This was confirmed by both staff and professionals.

The registered provider used person-centred care plans and good practice tools to support and involve people to make decisions and help people set their own goals and objectives. These tools helped people to highlight what was important to them and to highlight any barriers they faced in achieving their aspirations. People were encouraged to identify family, friends and others who were important to them.

We saw care and support records detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care and support records showed that people who used the service and their relatives were involved in assessments and plans of care.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. They were also aware of issues of confidentiality and the fact they were a guest in someone's home and what they did to respect this too.

There were ways for people who used the service to express their views about their care. They participated in a full review of their care and support plan each year with their specialist workers. People also spent time with their allocated staff where they were encouraged to discuss their care support.

People also received a survey every year to establish further if they were happy with the care they were receiving and to share any concerns. The outcome of the last survey in 2016 showed a high level of satisfaction with the care provided and the staff providing it. We found the service provided documentation in both a written and pictorial format which was accessible to people. Key policies for example the complaints policy were also available in this format.

If anyone who used the service wished to have additional support to make a decision they were able to access an advocate. The registered manager told us that people who used the service had been supported to access advocacy services in the past, although there was no-one in the service who currently required or had requested this support.

## Is the service responsive?

### Our findings

Professionals and relatives told us people who used the service and their relatives were involved in the development and review of their care and support plans. They told us they were kept well informed of any changes made, or when things were put in place following reviews. Comments included, "The service go above and beyond all expectations." and "They are one of the few providers who say they offer specialist provision and that is what they do," and "They are extremely proactive and person centred."

Before services commenced an assessment of the person's needs was undertaken and information was provided to help staff understand the care and support that was required. Referrals for services predominantly came from a number of different sources including; people contacting the service independently, their family members and from adult social care teams. This information was used to create basic support plans and risk assessments that were then developed further over time and more detailed information was added as people's needs changed.

Each person who used the service had a care and support plan in place. We reviewed the care and support plans for four people who used the service and found them to be very person-centred; they clearly detailed the levels of support people needed and within which areas these had been identified. This included prioritised skills, abilities and areas of development. They also described people's personal qualities and personalities and what was important to them as individuals. People's progress and achievements were also recorded.

Where areas for development had been identified the care and support plans detailed how staff would work on this, for example positive risk taking, expected outcomes and how these would be reported on. Further detailed information was included about people's specific sensory experiences associated with their condition, what this meant for them and what support they needed to manage this.

Care and support plans had been developed to support areas of need, including for example, medication, finances, health, education, personal care, work placements, activities and civil rights. We saw care plans had been signed by the person or their representative (if they were unable to do this) to indicate they agreed with the contents. We saw care plans had been reviewed at least annually or more often if there had been any significant changes.

Staff told us, "The care and support plans are reviewed regularly and as needs arise. Changes in people's lives may mean they require further support in specific areas or we need to prepare them for what they may see as new challenges. At times this may mean that more regular reviews or meetings are held" and "We are made aware immediately of any changes and respond to these. It is not always about difficulties or deterioration, but about people's progress and achievements too."

Daily records were written clearly and concisely. They provided information on the person's mood, appetite, preferences, health issues and how they had spent their day. The registered manager told us that staff returned to the office after each call to complete their daily records. Staff we spoke with confirmed this and

told us they had travel time incorporated into their rota's to enable this to be done.

We saw a handover record was maintained for staff to share information. When we spoke to staff about this they told us this was only a part of the communication process and as well as meeting up regularly to share information, any new updates were shared immediately with them. They told us communication within the team worked and was effective.

The registered provider had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. Records showed there had been no formal complaints received about the service.

The registered manager confirmed they discussed concerns and issues with each of the people who used the service regularly to enable them to raise any concerns they may have. Staff told us that when people began to access the service they were given an information pack which included information for them about how they could raise concerns if they were unhappy about any aspect of the service.

## Is the service well-led?

### Our findings

Professionals and relatives told us, "The manager and all of the team are well organised, professional, skilled and competent" and "When we ask for something to be done we know it will be put in place," "I cannot emphasise enough how good they are. They understand the complex needs of people and provide enabling support to help people overcome their difficulties in a positive way."

The service initially registered with CQC in August 2014 and since then has provided support services to people living in their own homes. They have only recently in the last month began to provide personal care to people living in their own homes.

The service is part of a larger well established group which has a history of maintaining compliance and has achieved a rating of outstanding. The registered provider's philosophy, policies and procedures and quality assurance systems were all seen to have been implemented within the service.

The registered manager for the service is also the operations manager for the options group in North Lincolnshire. They have worked for Options Autism Adult services for the last fourteen years, twelve of these as a registered manager. They have extensive experience of working with people with learning disabilities in both hospital and nursing care settings. Last year they were nominated by their staff team and went on to win the North Yorkshire 'Great British Care Award.' Staff told us this was well deserved as their manager was unassuming and they felt the award was testament to her commitment to both her staff team and the people she supported.

When we spoke with the registered manager she told us, "I am proud of the achievements of staff and take pride in seeing them work through the ranks and being able to give them opportunities to try new things. Each staff member has different skills. I realise that different people need to be managed in different ways and you need to make time to get to know them and understand them. Being part of this organisation they have lots of opportunities to develop and progress into different areas, for example; training, management and teaching. This gives them an opportunity to find their own way and develop their skills further. We invest highly in our staff and have high expectations of them in their roles. Ultimately I want to them to be successful in whatever they chose to do. The staff group are an essential factor in ensuring the people who use the service are effectively supported. They are the driving force to ensure people achieve their dreams and aspirations whether this is having their own flat, securing employment or going to university. They believe in what we do and share the successes and achievements with them every step of the way."

Staff we spoke with praised the manager, they told us, "She is fab", "She's great," and "She has an open door policy, she is totally approachable and always listens." Another told us, "She has high expectations of what wants from us. It is a relationship built on trust; we are the front line representing the company. We want to do things right for her."

The service had an open and transparent culture, with clear values and vision for the future. Staff shared this commitment and vision and were supported through training and clear leadership from the registered

manager in order to provide this for the people who used the service. The registered provider worked in partnership with key organisations including specialist health and social care professionals. They provided training for community based services in order to promote understanding and inclusion. Annual conferences were held with guest speakers and to give people the opportunity to network and share their knowledge and experiences.

The service sought feedback from people and staff on an on-going basis and this was used to continually develop and improve the care and support offered. People were listened to and offered choices through every part of their daily life. We saw evidence of team meetings and involvement and consultation with staff.

Staff told us people's opinions were important and they were supported to express their views. Quality assurance systems were in place. Staff and professionals we spoke with confirmed they had been involved in this process, they completed any surveys sent out and attended regular review meetings. One respondent had

described their great pleasure about the service their family member had received and commented, "They have an excellent understanding of them. They are also teaching me a great deal too." Another commented, "I am very satisfied with the excellent support. They are always willing to help in whatever area has been needed" and "They are very easy to relate to and are professional. They are easy to communicate with and very informative. I would recommend them without hesitation. We are very fortunate to be provided with this level of care."

The registered manager carried out a programme of weekly and monthly audits and safety checks. Accidents and other significant incidents were reviewed by the registered manager in the first instance and then checked again by the provider's quality assurance lead.

Although a system was in place for the audit of medication management, the registered manager told us they currently had no responsibility for support with medicines for the people they were supporting. Therefore the tool was not being used, but would be introduced should this situation change.

Systems were in place to ensure care records, supervision and appraisals were in place and kept up to date. Records showed any actions required following the audits were identified and acted on.

The registered manager carried out a programme of weekly and monthly audits and safety checks. They told us about the detailed assessments that were carried out by the registered provider's own internal assessors. A quarterly audit was carried out of all areas of the service and service provision. This was followed up with a report and action plan with timescales should this be required. In addition an annual review was completed based on the five key questions used by CQC in this report and included any recommendations for improvement.

A monthly analysis of accidents and incidents was carried out by the registered manager. This was further reviewed at senior management meetings and lessons learned from these were openly discussed. Following this discussion, any action that needed to be taken was done so promptly.

Where appropriate, investigations had taken place. These were completed by a registered manager from another service to ensure that an independent investigation was carried out. We saw that where trends had been identified, appropriate action had taken place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with our regulations.

The registered manager told us the registered provider promoted an ethos of providing people on the



autistic spectrum with all the support they needed to develop social, communication and life skills, to make choices about their own lives and to reach their individual potential for independence. In discussions with staff and the registered manager, we found that a number of people had moved on with their lives securing their own tenancy, securing a job as a volunteer and accessing university, since being supported by the service.

We saw the registered provider was committed to personalising the services they provided and to following the recommendations outlined in Putting People First and the Autism Act (2009). The registered manager told us that the organisation was accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.