

Options Autism (2) Limited

Options Thorpe House

Inspection report

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Date of inspection visit:

20 September 2021

05 October 2021

04 November 2021

Date of publication:

22 November 2021

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

About the service

Options Thorpe House is a care home providing accommodation and personal care to ten adults with a learning disability or autism, and complex health needs. The service can accommodate a maximum of 11 people.

The service is located in a large building within its own grounds with accessible gardens. The accommodation comprises of nine flats over two floors. There are eight single occupancy flats, and one shared flat; all with bathrooms. The service has a sensory room on the premises which is separate from the main building.

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

Feedback highlighted concerns about low staffing levels and the impact this had on staff morale in the service. The provider had taken measures to improve recruitment and retention of staff, but this was a recent initiative and it was too soon to see evidence of the impact this would have.

Training completion levels in subjects specific to peoples diagnosis were found to be low in some areas. We made a recommendation about this.

The service was safe for people to live in, and staff to work in. Risks to people were assessed which enabled them to take acceptable risks and live safely. People were protected from risks associated with the spread of infection. Medicines were safely stored and administered as prescribed.

People could show behaviour of distress at times which placed them, the staff and others at risk of harm. Guidance was in place on how staff were to manage incidents. The registered manager and provider monitored, and analysed incidents and they were used as opportunities for learning, and improvements put in place.

Relatives told us that their loved one was safe living at Options Thorpe House. Staff were aware of their responsibilities and knew what action to take should they suspect any form of abuse.

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.

People's needs were assessed before they moved into the service. Care plans were personalised.

People's relatives told us staff were kind, and supportive. People were encouraged to express their views and were involved in making decisions about their support including reviewing their care, or deciding what activities to take part in.

People had been supported to increase their independence and learn new skills for example preparing food, drinks and recycling. They were supported to communicate with a range of tools including picture cards, so they were able to express themselves.

There were multiple healthcare professionals involved in people's care and providing joined up care. People were supported to live healthy lives and eat and drink adequate amounts.

Consideration was given to people's specific interests.

Areas of responsibility and accountability in the home were clear, and the service quality regularly reviewed. Staff and relatives said the registered manager was approachable and felt they would be able to raise any issues. Registration requirements were met.

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.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were supported in the least restrictive way possible to make choices and received care and support that was person centred and promoted independence and dignity.

Observations and records showed that people were encouraged to be independent and to make choices about their care, and care planning was person centred. Individual communication needs were considered to support people to be involved in their care, and information was presented in alternative formats.

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

Rating at last inspection

The last rating for this service was Outstanding (published 30 August 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Options Thorpe House

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.

Inspection team

The inspection was completed by three inspectors, and one medicines inspector.

Service and service type

Options Thorpe House 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. However, we gave the service notice of the inspection on our arrival. This was because we had to gather information on the home's current COVID-19 status and the providers procedures for visiting professionals.

Inspection activity started on 20 September and ended on 4 November 2021. We visited the service on 20 September, and 5 October 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with 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. We used all of this information

to plan our inspection.

During the inspection

We spoke briefly with one person who used the service. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by speaking to staff and the people themselves. In this report, we tried using this communication tool with a further three people to tell us their experience.

We made some observations of the interactions between people and support staff during our inspection to help us understand their experience of care.

We spoke with four members of staff including the registered manager, deputy manager, house manager and a support worker.

We reviewed a range of records. This included three people's care records and ten medication records, accident and incidents, safeguarding, and a variety of meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including staff recruitment, training data, quality assurance records, and policies and procedures were reviewed. We spoke with five relatives, and four further support workers by telephone, and email. We received feedback from seven health and social care professionals who regularly work with the service, four of these worked for the provider.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager told us the organisation was experiencing pressure with current staffing levels, and recruitment. This was corroborated by staff, relatives and other professionals we spoke with who told us, "Staff levels are at an all-time low since I've been here. Frequently certain service users have no set staff due to staffing levels" and "The last six months have brought a lot of change of staff. [Name] behaviour at the moment is very up and down. Think this is affecting [Name] due to new faces/less staff." The provider had reviewed and improved their recruitment process in response to staffing pressures.
- Staffing levels were maintained at the agreed level to support people safely during the inspection.
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and ill treatment.
- Staff members had received training on how to recognise and respond to concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and monitored by the management. There were detailed risk assessments in place to inform staff on the best ways to support people.
- People could demonstrate behaviour which indicated they may be distressed or anxious. We saw triggers for these times were documented in detail in care plans alongside techniques to minimise this distress for people and support them in the way they preferred.
- Detailed communication and positive behaviour support plans were in place to guide staff to help manage people's behaviour, and to keep them safe. Staff told us about the training they received, one staff member said, "I am very familiar with service user behaviours and how to recognise when they may be starting to feel distressed and anxious."
- Staff worked with people over time to understand them better, improve their communication and reduce their levels of anxiety. A relative told us, "The experienced staff know [Name] and their triggers, they can identify any builds ups and can bring [Name] back down. They are very settled and love it there [Thorpe House]."
- The registered manager and provider had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. These records were also accessed and analysed by clinical staff within the organisation. Any incidents linked to distress behaviours could be analysed by a behavioural staff member so they could review the actions and input if further suggestions or

support was needed.

- There were a number of checks in place to ensure the environment remained safe, these included electrical, and fire safety checks.

Using medicines safely

- The provider had systems in place for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. We signposted the registered manager to 'Stopping over medication of people with a learning disability' (STOMP) guidance to increase their awareness (STOMP is a national project involving many different organisations which are helping to stop the overuse of these medicines).

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We reviewed staff training and saw gaps in some courses most relevant to people living in the home, despite staff requesting this in staff training reviews.
- A healthcare professional told us, "There is considerably less face-to-face training taking place, and this is of concern, particularly the lack of communication training specifically around working with this complex client group." A staff member commented, "Training provided I feel is a box ticked, very repetitive, mundane and of little benefit to staff as individuals."

We recommend staff training is reviewed with those courses most relevant to people living in the home made a priority.

- New staff members completed induction training which required them to complete mandatory training as well as training in 'Protecting Rights in a Caring Environment' which supports staff how to respond positively to behaviours of concern. New staff were given opportunity to shadow more experienced staff so they could get to know people until they felt confident working on their own.
- Staff had supervision meetings and felt well supported by the management team.

Adapting service, design, decoration to meet people's needs

- Some parts of the home looked tired and in need of repair/decoration. Paintwork looked tired, and areas of plaster in some rooms and corridors had not been sanded or painted. The registered manager confirmed that work was due to commence on redecorating all the corridors.
- Where required, adaptations had been made to the environment to make it suitable for people living there. Some people's rooms had been adapted to reflect their personalities and personal preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured they assessed people's needs thoroughly to identify whether the service could meet them, before they moved into the home.
- We saw an example where staff had completed a discussion with one person which formulated the positive behaviour support part of their plan. This included the persons likes, dislikes, and how they wanted staff to support them when happy, or sad.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This helped to ensure people would be treated as valued individuals regardless of their differences.

- Professionals we spoke with gave overall positive feedback about the quality of assessments and associated care. One professional said, "I have been happy with transitional planning ahead of the move of [Name] to Thorpe House."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough.
- People made choices about their food, where they wanted to eat and when. Pictures were available to show people what meals they could choose based on their preferences. A relative told us, "[Staff] go out of their way and cook [Name] a breakfast if they asks for it, omelettes, mushrooms and beans because they have introduced choice and this was [Names] preference over cereal and traditional breakfasts."
- There was a communal kitchen in the service where food was stored and prepared. People also had access to ovens, microwaves and fridges in their flats which they could use to store and prepare their own food.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a wide range of health care professionals to enable them to live healthier lives.
- The registered manager and staff worked closely with the providers clinical teams who provided wrap around care for people including occupational therapy, speech and language therapy, and psychiatry services. This supported a more effective and timely response to people's needs including agreeing clear treatment pathways.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where mental capacity assessments were needed for specific decisions, these were completed in line with the MCA and its code of practice.
- The provider complied with the Deprivation of Liberty Safeguards when people were at risk of being deprived of their liberty and applied to the Local Authority for the relevant authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Relatives and professionals were consistently positive about the caring attitude of the staff. One relative said, "Absolutely 100%" when we asked if staff were kind and caring in their approach.
- Care and support plans included detailed recording of people's backgrounds to increase awareness of each person and their needs. Staff we spoke with demonstrated a good knowledge of what was important to people, their personalities and needs.
- People living at the home had diverse needs such as age and religion, and staff supported people in ways which met their needs. For example, based on staff knowledge of one person, they were supported to attend religious services via video communication during the pandemic.
- People were encouraged to be as independent as possible. People were supported to do household tasks, such as cooking, dusting and hoovering. A relative told us, "[Staff] take [Name] to the shops and have taught them to go in and pay for things, collect post and send post. They are always working to get [Name] as independent as possible and using different initiatives to do so."
- Staff had developed trusting relationships with people and their relatives. Staff noticed when people were in discomfort or distress and took immediate action to provide care and support.

Supporting people to express their views and be involved in making decisions about their care

- People were actively encouraged and involved to express their views and make everyday decisions about their care and treatment, in a way that was meaningful to them. Staff used a variety of methods to support people to make decisions.
- Peoples relatives told us the service involved them in developing and reviewing their care plans and their views were respected. Comments included, "They call to inform me about meetings, always ask for me to contribute. They send letters, will call me and update me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The support people received was tailored to their needs and was delivered in a person-centred way.
- Where possible, people and those important to them were fully involved in the planning and review of their care needs. There was evidence of people being regularly in touch with family members.
- People had person centred and detailed plans of care which provided staff with the information they needed to support them. Information about people's likes and dislikes, triggers for their presentations and what staff should do to re-direct people when they were getting upset were clearly documented. Records showed these were reviewed regularly.
- Staff knew people well. They were able to describe people's individuality in detail.
- At the time of the inspection, no one living at the home was at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider supported people to effectively communicate their needs, including those with conditions that impact how they converse and lead their lives. Staff adapted information and communication methods to suit people's preferences. For example, picture prompts, easy read, diagrams, letters, and objects of reference.
- People's sensory and communication needs were met. People who had limited communication skills had detailed 'communication' and 'sensory' profiles which provided staff with clear information on the best ways of communicating with this person.
- There was a dedicated sensory room within the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being.
- We saw information about a range of activities and events which people were involved in at the home during lockdown. A healthcare professional told us, "They [staff] have gone above and beyond in trying to make 'lockdowns' as enjoyable as possible by providing a range of different onsite activities to complete trying to replicate previous off site programmes for the service users to create some level of routine and predictability.

Improving care quality in response to complaints or concerns

- The provider had systems to monitor any complaints or concerns.
- Relatives told us they would speak to the manager if they had any worries about the service. One told us, "Would probably go to the manager in the first instance; they are approachable." The relative gave us an example of when they had done this in the past and told us, "The home worked with me."

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 Good At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The provider used a range of audits and monitoring to assess the quality of the service. We reviewed a selection of Infection Prevention & Control audits for people's flats and kitchens and saw not all actions had been recorded when issues were noted. We fed this back to the registered manager for addressing.
- The provider and registered manager understood their regulatory requirements. Statutory notifications had been submitted to CQC to inform us when events such as accidents had occurred.
- The provider had reviewed and improved their recruitment process in response to staffing pressures they were experiencing.

Working in partnership with others

- We received mixed views from relatives about how the service worked and communicated with them. Comments included, "Communication with parents (or carers) could be improved a lot. For example, Covid-19 updates i.e. through email or newsletter in relation to the guidance, copies of policies, or to confirm they are still in place. Instead, there is no communication unless we call up" and "They always call me and inform me, they follow up on their own initiative. They usually call once a week with an update."
- The management team and staff worked together with other agencies to ensure people received right care and support. This included commissioners, and health partners.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and managers worked together to ensure people achieved good outcomes. For example, one person had not been able to tolerate going out and planning things as this caused distress. After working with staff, the person had managed to attend a rugby match, and visit their parents' new home. The staff member told us, "This is a great achievement for [Name]."
- Relatives and healthcare professionals were complimentary about the staff and how the home was managed.
- Feedback was varied from the annual staff survey in relation to supervision and support. The provider had actions in place to address some of the issues raised.
- The registered manager acknowledged that working through the COVID-19 pandemic had been stressful. Staff well-being was taken seriously and access to an external support service was available for those who felt in need of someone to discuss their problems with. In addition, staff had received a pay bonus during

the pandemic.

- Staff felt supported by their managers. A staff member told us, "I can't fault them. I can go to them with any issue or concern and they will do their best to help."

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

- The registered manager understood their responsibility in relation to duty of candour