

Wider Options (3) Limited

AALPS Midlands

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

The inspection took place on 19 March 2015 and was unannounced.

The service provides a residential service for up to 33 people with learning disabilities requiring personal care. There were 30 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and relatives told us they felt their family members were safe. Staff were also able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. People received their medicines as prescribed and at the correct time and medication records (MARS sheets) were accurate and up to date.

People's privacy and dignity were respected and we saw people were treated in a manner that they or their relatives would want them for them. Families told us their relatives received consistent care.

Summary of findings

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment. Advice and guidance to support their health needs was sought when needed.

People were sufficiently supported to eat and drink to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided.

Staff were provided with training through a variety of methods and were able to demonstrate how they had benefitted from the training by supporting people, with a clear understanding of what was required to care for someone safely. The registered manager told us that all staff received training and training requirements were regularly.

People and their families were positive about the care they received and about the staff who looked after them. This was supported by the records we reviewed and our observations throughout the day. People's care and activities were tailored to their individual needs and preferences and staff responded positively to meeting those needs. Staff and relatives told us that they would raise concerns with senior staff or the registered manager and were confident that any concerns were dealt with.

The provider and registered manager made regular monthly checks to monitor the quality of the care that people received and looked at where improvements may be needed. The registered manager regularly attended review meetings, this enabled the registered manager to keep in contact with families as well as understand people's individuals changing care needs. Relatives told us that care and communication from staff was consistent and open.

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.

Family members told us their relatives were safe and they felt confident that staff supported them to stay safe. Staff knew and understood how to keep people safe and people's medications were administered and stored appropriately.

Good



Is the service effective?

The service was effective

People were supported by staff who received the right amount of training to help them meet people's individual care and social needs. People were supported to access healthy meals as well as health services they may require to support their care.

Good



Is the service caring?

The service was caring

People received care from staff who were kind and caring. Staff ensured that where appropriate, significant others were involved in how their relative was supported and cared for. Staff understood and demonstrated the principles of dignity and respect.

Good



Is the service responsive?

The service was responsive

People received care that was individual to them. Relatives were confident that any concerns raised would be listened to and acted upon by the provider and the registered manager.

Good



Is the service well-led?

The service was well led.

People who used the service were provided with opportunities to express their views and opinions about how the service was provided. Staff were supported by the registered manager and there were effective systems in place for the provider to monitor the quality of service.

Good



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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.

This inspection took place on 19 March 2015 and was unannounced. There were three Inspectors in the Inspection Team.

Before our inspection we looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

During the inspection, we spoke with people who lived at the home. We also spoke with six care staff, five relatives, and the registered manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at five records about people's care, staff duty rosters, complaint files, questionnaires, communication with families and audits about how the home was monitored.

Is the service safe?

Our findings

We saw people being supported in sensitive and encouraging way throughout the inspection. Staff spoke softly to people and were always on hand to support people. Many people required the support of a dedicated carer, and we saw lots of examples when staff were within close proximity of people to provide reassurance and support when needed. We asked relatives whether they thought their family members were safe, all replied positively. Relatives told us that they felt their family member was provided with care that was appropriate for the person and that the care staff acted in a caring and professional manner.

Staff we spoke with told us how they would respond to allegations or incidents of abuse and who to report these to. One staff member said, "I'd approach the Manager or ring [Local Authority]." Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. This demonstrated that staff knew how to protect people.

We saw that staff had a good understanding of people's individual risks. Care plans gave staff information to keep people safe and staff stated that they read care plans to monitor updates in care needs. Where a risk had been identified, the care plans detailed how to minimise or manage the risk. We saw that one person's risk of choking

had increased. Steps had been put in place to minimise risks. This meant that staff understood individual risks and managed risks to protect people and support their freedom.

The registered manager reviewed the number of staff needed to meet the needs of people who lived at the home. This was largely determined by the needs of the people's individual requirements and this was discussed with and supported by the provider. We spoke to relatives who told us they were aware of how many staff their family member required to support them and that review meetings enabled families to keep a check on this. We saw that staff were available to support people when they needed assistance. Staff were able to cook with people and help support them with their interests as well as assist them with personal care amongst other things.

People were supported to have the medicines as they needed them. People's medicines were given to them by staff that explained what the medicine was for. Where people had been prescribed medicines as and when required, there was guidance for staff to follow on administering them. We checked care plans which detailed how often people could use them and any limitations on their use. The Medicine Administration Records (MAR) had been completed to show when people had received the medicines. The provider had systems in place for the appropriate storage and disposal of medicines which were regularly reviewed. The manager told us that staff who administered medication were checked regularly to ensure that safe practices were followed.

Is the service effective?

Our findings

We spoke with staff and they told us that they felt supported in their role and had regular one to one meetings with their supervisor or the registered manager. One said, “Supervisions happen every couple of months”. Another care staff member recalled the induction, which was described as “Extremely thorough”, and had prepared them well for responding to people’s care needs, particularly when a person’s health changed due to some of the challenging behaviours that were expressed. Staff told us that they felt the training prepared them well and had enabled them to respond calmly and provide the necessary reassurance to everyone concerned.

Staff told us they received regular training and future training courses had been booked. A member of staff who had recently joined the team told us they felt the training had been comprehensive and that they felt they had been prepared well. The registered manager showed us how they kept their staff knowledge up to date with training. They carried out audits of training needs which ensured all staff were offered the training they required to ensure people received effective care. People benefited from staff that were trained regardless of whether they were temporary and permanent staff as it ensured consistency. Many of the people required care that took into account their need for routines.

People were supported when needed. We looked at how the Mental Capacity Act (2005) had been implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS) which aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person’s right to choose or refuse care. We saw capacity assessments on file and where appropriate, Independent

Mental Capacity Advocates were involved to help support people without families, who could not make decisions for themselves. They were able to tell us about what steps to take when people could not make decisions for themselves. Staff had recently had MCA and DoLS training and told us their understanding of the law. They also told us they would refer any issues about people’s choice or restrictions to their senior carer or the registered manager. Most people living at the home had a DoLS application submitted to the local authority as they lacked capacity to make certain decisions although not necessarily all. For example, to prevent them from going outside, unsupported for their own safety.

Relatives we spoke to, who were sometimes around at meal times or very involved with their family member’s care, told us their relatives enjoyed the food and were always “Given choice” at meal times. All relatives that we spoke with were happy with the food and choices provided. We saw that people received drinks and meals throughout the day in line with their care plans. For example, one person was on a low calorie diet and received this. We observed how people were supported over the lunch time period. We saw that people had been given a choice of food and drinks. People were also encouraged to make a decision using a variety of methods. For example, care staff showed people pictures of foods to help determine which food to select.

We looked at five people’s care records and saw that dietary needs had been assessed. The information about each person’s food preferences had been recorded for staff to refer to including likes and dislikes

Staff told us that they reported concerns about people’s health to senior staff on duty, who then took the appropriate action. Care records showed people accessed health services such as the optician and dentist. Some people regularly saw their other health professional and were supported to attend appointments.

Is the service caring?

Our findings

People were comfortable and relaxed in their home. We saw that people approached staff for support without hesitation and that they in turn were responded to with smiles and assistance. This ranged from touching people's arms to guide them or verbal reassurance. People with physical or sensory needs were supported by staff that used tactile reassurance. One relative told us, "He gets on very well with staff there." When staff provided care and support to people they spoke with kindness and were sensitive with the person they supported. For example, staff supported people to move independently, they offered encouragement and did not rush them. Therefore staff responded positively to requests for help and assistance.

Staff had a good knowledge of the care and welfare needs of the people who used the service. When we spoke with staff they told us about the care they had provided to people and their individual needs. One member told us about very specific ways in which a person needed to be cared for, which included distraction prompts for managing challenging behaviour. Another staff member told us about how they kept relatives updated on changing health needs. Family members told us they were involved in their relative's care, for example staff would telephone them and advise them of any changes in care needs. Relatives were also actively involved in care planning meetings. People also benefited from staff sitting with them and engaging

with them about the activities they were doing. This helped to develop positive relationships between staff and people. People were joined by staff to participate in singing as well as discos.

People were involved as much as possible in making decisions about their care and treatment. We saw in people's care records that they had expressed choices about their care or information had been gained from relatives. For example, people had been involved in decisions about how their bedrooms should be decorated. Relatives also told us about how they were involved in the care planning for their relatives. One relative told us "We're very much involved. We've never felt restricted."

Staff told us and we saw they were fully informed with any changes to people's care needs. Staff discussed the care and support for people daily during handovers and the key workers made changes to people's care records where necessary. This ensured people's care records were up to date and reflected their changing care needs.

People were supported by staff to maintain their dignity and independence. We saw that staff always knocked on people's doors before entering their bedroom and ensured doors were closed when providing personal care. Relatives we spoke to also felt that their family member was treated with respect. We observed that people were dressed in a manner of their choosing.

Is the service responsive?

Our findings

We observed that people had their care needs and requests met by staff who responded appropriately. One relative said, “I really can’t fault the care staff.” Another relative told us their relative was, “Very happy and very settled.” The wishes of people, their personal history, the opinions of relatives and other health professionals had all been recorded. Staff responded in a timely manner to requests for help and assistance. For example, people were supported to walk to the bathroom throughout the day. Some relatives told us about how their family members had moved to the service from another service and how this had been managed. For some, the move was difficult because people had to adjust to a new team of care workers and a new home. However, relatives told us that their family member was supported and prepared well for the move, with staff spending time with the person to understand their specific needs before the person was moved into the service.

People got to do the things they enjoyed which reflected their interests. We saw people doing music lessons and

cooking. We were also told by family members about their relative doing things that were important to them such as swimming and horse riding. Some relatives did feel that some activities were not delivered because of staff shortages. However, when we spoke to staff and the registered manager, we were assured that people did complete activities that they wanted to and agency staff were fully aware of people’s individual needs.

Relatives told us that they knew how to raise concerns or complaints. They told us they would speak to the registered manager or that they could speak to a member of staff. One relative told us, “I drive them insane with all my phone calls.” All relatives consulted felt very able to raise issues. One relative explained to us that when their relative first joined the service there were “Teething problems” but they worked with care staff to ensure the service understood what was needed.

We reviewed the comment and complaints folder and noted that all concerns raised with the manager were recorded, acknowledged and responses offered. Where appropriate, action plans and solutions were offered.

Is the service well-led?

Our findings

People were supported by a staff team that understood people's care needs. One family member told us, "They do deliver."

We looked at questionnaires used to keep relatives engaged. The registered manager also provided us with comments and compliments they had received about the service. We saw that a feedback box was located in the reception area. We reviewed the way the registered manager dealt with the complaints. We saw that copies and an outcome of the complaint were sent to 'Head Office' so any patterns or trends could be identified by the provider.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "(The registered manager) is always easy to talk to".

Staff training requirements were regularly reviewed to identify individual training needs and the provider ensured that all received the same training to ensure people received continuous care. The manager told us that a how the appraisal worked and how there was an "Employee of the month" award to recognise staff contributions. The registered manager also told us that they benefited from support from the Provider through learning that had been gained from some of the Provider's other services. The registered manager supplemented their learning from

attending a local Learning Disabilities Forum which enabled local managers to share good practice. The registered manager also attended an Autism Strategy Group meeting and told us they shared knowledge gained from these meetings at team meetings to ensure that the staff team benefitted from updates on good practice

The provider visited bi-monthly to review how the manager monitored the care provided and how people's safety was protected. The manager also undertook monthly audits of the service. Care plans were reviewed to ensure they were up to date and had sufficient information that reflected the persons current care needs. The provider's audits together with the manager's audits enabled the registered manager to evaluate whether each person received the appropriate care and reviewed what had worked well as well as identify areas for improvement. Audits were thorough and covered many areas. We saw that audits included staff knowledge of people and some of the risks associated with caring for them. Care plans had also been updated to ensure that all capacity assessments were relevant, were documented and that the involvement of families or advocates was appropriately recorded for 'Best Interests' decisions. We also noted environmental audits as well as ensuring all people had access to food they wanted, ensuring it was well stocked. Staff were also continually briefed and monitored to ensure they fully informed people of the medications they were taking as well as what they were taking them for. This ensured that staff reading care files were fully updated and could deliver the effective care.