Options Autism (6) Limited

Options Bredon House

Inspection report

Hospital Lane
Powick
Worcester
WR2 4SQ

Tel: 01905830234
Website: www.optionsgroup.co.uk

Date of inspection visit:
07 January 2020

Date of publication:
12 February 2020

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 Bredon House is a residential care home providing personal care to up to eight people with autism and Asperger's Syndrome and learning disabilities.

The home has eight individual flats. Each flat consists of a kitchen, dining/lounge area, bedroom and bathroom. There is a communal lounge with kitchen area, and an accessible garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The home is registered to support up to eight people. There were five people living at the home on the day of the inspection.

People's experience of this service and what we found
People continued to receive safe care and were cared for by experienced staff who had a good understanding of how to keep people safe. Staff recognised the signs of abuse and how to report it. Risks were assessed and monitored so staff knew what to do to keep people safe. The management team ensured accidents and incidents were reviewed and any lessons learnt completed.

People were supported by trained staff who understood their needs. People were encouraged to follow a healthy diet and were as independent as possible. Relatives said people were supported to access health care professionals and people's environment was adapted for their needs.

People said they were treated with kindness and in a respectful way by the staff. Staff actively encouraged the people to make choices about their care, hobbies and areas of interest.

People were supported to communicate in their chosen style resulting in improved outcomes for people to make their own choices. Staff knew people well. People and their relatives said staff met people's needs and encouraged independence.

People knew the management team and were comfortable to discuss any concerns. Relationships between

people, relatives and staff were positive. Systems were in place to identify shortfalls in the quality of care provided, and ensure improvements were made.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
This was a planned inspection based on the previous rating.

Rating at last inspection
The last rating for this service was Good. The last report was published 31 July 2017.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Options Bredon 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 carried out by two inspectors.

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

At the time of the inspection there was no registered manager in post, the provider was following their recruitment process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of 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.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service about their experience of the care provided. We also spoke with four members of staff including the nominated individual, team leader, and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two relatives about their experience of the care provided, and two further members of staff.

Good

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives said their family members were safe. For example, one relative told us their family member always received their support from staff that knew them well and kept them safe from any harm.
- Staff understood how to protect people from harm. Staff had received training and competently identified types of abuse, and people potentially at risk. They knew how to report concerns and were confident to do this when needed. Staff understood the Safeguarding policy and where they could access this.
- The management team understood when and who to raise concerns with. For example, the CQC and local authority, and had taken appropriate action and consistently reported identified concerns.

Assessing risk, safety monitoring and management

- People had their risks assessed and these assessments consisted of clear information and guidance that was reviewed regularly.
- Staff understood potential risks to people and how to keep people safe. For example, staff had a clear understanding of how to keep people safe when out in the community.
- Environmental checks were carried out to ensure people were safe. For example, health and safety checks such as checking water temperatures. We found these needed additional information to guide staff on safe ranges and when to report any concerns. The provider assured us that these would be incorporated straight away.

Staffing and recruitment

- There was no registered manager in place at the time of the inspection. There were interim arrangements in place and the provider was recruiting to the post.
- Relatives told us more staff would be good, however they all said their family member was able to do the things they wanted and their needs were met and people were safe.
- Staffing levels were appropriate to meet the needs of the people on the day of inspection. For example, we saw staff spend one to one time with people, accompanying people going out for a walk, supporting and assisting people with meals. Staff supported people in a safe and appropriate way.
- The staff rota reflected the agreed staffing levels in line with the people's allocated support hours. The provider used regular agency staff to cover any gaps in the rota whilst they were recruiting to ensure consistency of care.

Using medicines safely

- People were supported to take their medicines safely. Staff were trained and had their competencies checked by senior staff. People were assessed to take their own medicines where possible and this was

regularly reviewed to ensure people had their medicines as prescribed.
● Medicines records included protocols for 'as and when' to take medicines, body charts for application of topical creams which ensure staff were consistent when administering these medicines.
● Medicine administration was monitored to ensure people had their medicines as prescribed and actions completed when errors were identified. We noted outcomes from errors were not always clearly recorded. The provider told us these would be reviewed and updated to include a clearer recording of any actions taken following any discrepancies.
● There were procedures in place for safe receiving, storage, administration and disposal of medicines.

Preventing and controlling infection
● Communal areas of the home were clean and tidy.
● There was regular checks carried out. For example, in communal areas and in individual flats fridge/freezer temperatures were being checked to ensure people were not at risk from food kept at incorrect temperatures.
● People were encouraged to clean their own flats where possible to promote independence. Where needed staff support people with the cleaning of their flats and the communal areas.
● Staff were trained and followed safe practices to ensure people were not at risk of infection.

Learning lessons when things go wrong
● One relative told us they were confident they would be informed of any incidents involving their family member. They gave an example of where information from an incident had been shared with them in the past.
● Staff understood how to report any accidents and incidents.
● Systems were in place for the reporting of accidents and incidents. These were monitored by the management team to track any patterns and to learn from any incidents to prevent reoccurrence. Staff were kept up to date with any changes, and care files updated to reflect any change in support.

Good

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before moving in to the service. This information formed people's care planning.
- Staff used nationally recognised tools to assess risks. For example, monitoring nutritional risks by keeping fluid records consistently to minimise the risk dehydration.
- Care files included best practice, we observed staff working in line with people's agreed support needs.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience
- The management team explained the induction process involved new staff undertaking classroom training, eLearning and the completion of the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of health and social care. New starters shadow more experienced members of staff in the home until confident and competent to work one to one with people. A newer member of staff spoke positively about their induction period.
- Training was relevant and supported staff to meet the needs of the people living at the home. One staff member told us they were a trainer and deliver autism training to new staff, and refresher training to existing staff. This ensures staff developed their understanding and knowledge to support people well.

Supporting people to eat and drink enough to maintain a balanced diet
- People made choices and were supported to plan and make their own meals. For example, one person did their own online shopping choosing what they wanted to eat.
- People were encouraged to prepare their own food as independently as possible with staff supporting where necessary and guiding people to maintain a healthy diet.
- Staff were aware of peoples eating and drinking support needs to reduce any risks. For example, supporting them with food preparation and cooking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People accessed healthcare services such as a GP and dentist when they needed to. For example, one person needed notice before attending any health appointments to prevent any anxieties and distress, staff would work with this person to achieve this.
- Health actions plans are in place. Records showed appointments attended, actions and outcomes.

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

● People had their own flats within the home. There was a communal lounge with kitchen area and garden which we saw people chose to access when they wanted to.
● Information is displayed in the entrance hall, corridors and lounge. For example, what to do in the event of a fire and places of interest.
● Plans are in place to decorate communal areas, and the development of a room in the cellar which is currently not in use.

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.
● Consent for care and support had been obtained where possible and was evident in care files.
● People who had capacity had consented to their care and treatment records.
● There were systems in place to ensure people were supported with decisions when needed in line with the MCA.
● DoLS applications had been made where relevant and any conditions were acted on.

Good

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 now 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

- People were treated well. We saw positive interactions between people and staff throughout the inspection. People were spoken to respectfully and were listened to.
- Staff had good knowledge of the people. They knew their likes and preferences. For example, with people's choices of how to interact. One member of staff talked about how one person prefers to communicate by writing information down. Staff adhere to this supporting the person's well- being.
- Staff we spoke to were sensitive about issues around equality, diversity and human rights. Staff spoke about personalised care and support, being respectful of people's wants and preferences, and providing opportunities for people.

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

- We observed people expressing their views and being listened to. For example, one person was discussing and planning their upcoming birthday and how they wanted to celebrate it.
- We were invited by one person to look at their flat. Their home was clean and tidy and decorated to their taste.
- Relatives said their family member was listened to. One relative told us [person] was in a smaller flat before, when a bigger one became available they were able to move in to this which was more suitable for their needs.
- There were systems in place to involve people in decisions about their care. For example, one to one monthly meetings with the person and staff had taken place where people were encouraged to express their likes and preferences such as with choices of activities they wanted to do. Relatives said they could also be involved, and there was advocate support available if required.
- People had access to an advocate to ensure their views were listened to and championed independently when needed. This was clearly displayed with information such as visit dates and contact details.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence such as managing their own finances.
- People told us they independently went out. For example, on public transport to nearby shops, we saw this on the day of inspection.
- Staff were respectful of people's privacy and dignity. For example, staff do not enter people's flats unless they are invited to do so.
- Communication aids were used to increase people's independence. For example, one person used picture

cards to make independent choices with staff.

Good

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 good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. 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

- People said their needs were met and they made their own choices about how they were supported.
- People had personalised care plans in place which were reviewed and updated regularly. There were positive support plans in place. Staff knew triggers that could cause anxiety and distress to people and had clear guidance about how to manage any conflict situations.
- Relatives spoken to were happy with the care and support provided to their family member and were involved with ongoing reviews. Monthly reviews were carried out, and annual review meetings which include the person, relative, staff and other professionals.
- Relatives told us their family member's needs were met, they were able to make their own choices of what they wanted to do, and when they wanted to do it. One relative said if their family member wasn't doing what they wanted their family member would tell them, so they were assured they were making their own independent choices.
- Records we looked at included important information about the person. For example, their history, likes and dislikes, health conditions and activities they enjoyed.
- Staff had a good understanding and knowledge of people and how to meet their needs which staff could adapt when needed to meet any changing needs.

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.

- Staff demonstrated a good knowledge of people's communication needs. For example, staff told us the different forms of communication they used with different people such as, pictures, basic sign language, written and verbal.
- Communication aids were used and accessible. One person uses a two-week diary in picture format to support them to plan their days.
- Signage was visible in communal areas giving information and instructions to support people when moving around the home. The management team ensured information shared was in the appropriate form for each person to understand.
- One relative told us communication has improved so much for their relative since living at the home. They told us "[person] is more confident, sociable, and engaged, when [person] is visiting home they now sit

down and join the family."

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

● Relatives said their family members were able to follow their interests and take part in activities they wanted to. For example, one relative told us their family member made choices daily. Such as, whether they want to go out in the morning, later in the day, independently, or with staff support.

● Another relative said, they regularly spoke to their family member on the phone and visited whenever they wanted to. We observed one person had their own mobile phone to independently contact who they wanted to.

● Staff had a flexible approach to meet people's choices. For example, if the person wanted to go out in the car but there was no driver then this would be rescheduled with the person at the earliest opportunity.

● People used technology to keep in touch with relatives and avoid social isolation.

Improving care quality in response to complaints or concerns

● Relatives said they had no concerns, they were confident if they raised any concerns they would be addressed, they had no complaints about the support their family member received.

● The provider had addressed and acted on any complaints received. Any outcomes were shared with staff to drive improvements.

End of life care and support

● End of life had started to be explored and discussed when appropriate. One person had shared clear instructions of their end of life wishes.

Good

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.

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

- Relatives spoke positively about staff and the care and support they provided their family member. One relative told us "it's down to the staff involving [person] more that their independence and confidence has developed."
- The culture was person centred. Staff empowered people to achieve the best outcome for them. People were actively involved with their care and support and making independent choices.
- We saw good team work, staff told us there was effective communication between management, staff team and each shift which ensured staff were able to support people well.

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

- Relatives were aware of accidents and incidents. The management team ensured they were open and honest when things went wrong.
- The management team were open and understood their responsibility to meet the duty of candour. We saw examples where the provider had contacted the appropriate people and shared relevant information. When improvements were needed these were investigated and shared with people and their families, and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of inspection, they left in December 2019. The provider was recruiting and had notified us appropriately.
- Staff understood their roles and responsibilities. There was a management plan in place to support staff for the interim period setting out areas of responsibilities and tasks to ensure all requirements were being met in the absence of a registered manager.
- As legally required to do the provider was displaying their CQC rating of their last inspection in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who use the service and their families had been asked for feedback on how to improve and develop the service. During review meetings people were asked what was working well, what was not, and changes were made accordingly. People and relatives were sent questionnaire's and surveys to provide

feedback. The provider told us these were not always being completed, or meeting their purpose, therefore was on the higher management agenda to be improved.

● Staff spoke highly of the management team and felt listened to and included in decisions. For example, one staff member told us when they had made suggestions they had been followed through, such as, working with health professionals to develop visual aids to improve and develop communication.

Continuous learning and improving care

● Systems were in place to monitor the quality of the care provided. Audits were carried out by senior staff and action plans developed identifying areas of improvement, the responsible person, and when this should be completed. These were monitored by the management team to ensure improvements were made, and the service delivered high quality care.

Working in partnership with others

● The provider told us they had good relationships with health professionals.

● People and staff had developed links in the community; in shops, pubs, on public transport. On the day of the inspection one person told us they were going to their local pub that evening to have a game of darts.

● One relative told us their family member finds health appointments difficult but staff and the health professionals work together and manage to achieve the desired outcome of the visit.

● Records showed multi-disciplinary teams, including speech and language therapist and psychiatrist, were involved with people's care and support such as with communication and behaviour support.