Options Autism (8) Limited

Options Dorset

Inspection report

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Date of inspection visit:
15 December 2017
21 December 2017
02 January 2018

Date of publication:
24 January 2018

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

We inspected the service over two days on 15 and 21 December 2017 and made telephone calls on 2 January 2018. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available.

Options Dorset provides care and support to eleven people with learning and or physical disabilities or autism living in 10 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service's office is based in Poole and provides support to people in Bournemouth, Poole and Christchurch.

The registered manager has been registered with CQC since September 2016. 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.

This was the first inspection of the service since a change in the legal entity of the provider.

The people we visited had complex communication needs and were not able to verbally tell us about their experiences. We saw and a relative told us staff were very caring and compassionate. Staff spoke to and supported people in ways which showed they valued and cared about them.

People's medicines were managed safely and any risks to people were identified and managed in order to keep people safe.

People received care and support in a personalised way. People's needs were assessed and planned for. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed. People were supported to pursue activities and interests that were important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of the Mental Capacity Act 20015 and making any decisions in people's best interests.

There was an accessible complaints procedure in place. Complaints were investigated in line with the provider's policy.

Staff were recruited safely and there were enough staff to make sure people had the care and support they

needed. Staff were trained and had they opportunity for personal and professional development. Staff told us they were supported by managers at the service.

The culture within the service was personalised and open. There was a clear management structure and staff felt well supported and listened to. There were systems in place to monitor the safety and quality of the service provided.

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.

The management of medicines was safe and risks to people were assessed, planned for or managed.

Staff were recruited safely and there were enough staff to meet people's needs.

Staff knew how to report any allegations of abuse.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed.

Staff had an understanding of The Mental Capacity Act 2005.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care and support was provided with kindness by staff, who treated people with respect and dignity.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People had personalised plans which took account of their likes, dislikes and preferences.

Is the service well-led?

Good

The service was well led.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

Learning from incidents and events were seen as a positive.

Options Dorset

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.

One inspector carried out the inspection over two days on 15 and 21 December 2017. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available.

We visited three different supported living services run by the provider. We spoke with and met five people in their own homes. We spoke with nine staff and the deputy and registered manager.

The people we met had complex ways of communicating and were not able to tell us their experiences of the service. All of the people we visited had 24 hour personal care and support packages from Options Dorset. We observed the way staff supported people in their homes. We spoke with one person's relative following the inspection on 2 January 2018.

We looked at three people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at incidents that they had notified us about.

We also contacted commissioners, safeguarding teams and health and social care professionals who work with people using the service to obtain their views. We did not receive any feedback.

Following the inspection, the registered manager sent us information about actions they had taken following our initial feedback and the staff training matrix.

Good

Is the service safe?

Our findings

People were relaxed with staff and one person actively sought interaction and contact from the staff supporting them. Staff were knowledgeable about people and how they communicated and how they would let them know if they did not feel safe. Each person had a plan that included guidance for staff about how to keep the person 'feeling safe'.

The staff had received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident in recognising the types of potential abuse and how to report any allegations. There had not been any safeguarding incidents or investigations at the service in the last 12 months.

People had effective risk assessments and plans in place. These covered their home environment, nutrition, medicines, access to the community, behaviours which needed positive support from staff, condition specific risks and epilepsy management. For example, one person was at risk of developing pressure areas. Their risk management plan included checking their skin daily and ensuring they were positioned correctly in their specialist bed and chair. The risk management plan was supported by photographs of the person's position whilst they were in bed and in their chair. Staff told us the photographs were a useful tool to help them to check the person was comfy and safe.

There was a focus on positive risk taking and people were supported and encouraged to safely do things and have new experiences in their homes and in the community. For example, one person had a one cup kettle which meant they could safely be supported to make their own hot drinks. Staff told us they had completed a risk assessment and management plan so another person could travel on public transport and go to the cinema for the first time. They told us the person had really enjoyed themselves and they would be looking at trying other new experiences for the person.

Records for people were accurate and well written and reflected the care and support provided.

People medicines were managed safely. Pharmacy advice had been sought where medicines were added to people's food and drinks. This was to make sure this did not change the composition of the medicines. Staff had been trained in the administration of medicines and records showed they had their competency assessed to make sure they were safe to administer medicines. Staff were knowledgeable about each person's medicines and how and when to administer them. This included where they needed to administer medicines through one person's Percutaneous Endoscopic Gastrostomy (PEG) which is a feeding tube.

People's medicines were administered as prescribed. There were PRN 'as needed' medicines plans in place for people. These plans included the circumstances they should administer these medicines, the dose, frequency and the maximum amount in 24 hours. These linked into monitoring systems and records so staff knew when to administer certain medicines. This included contacting the 'on call' system for approval of the use if any PRN medicine.

The staffing levels for each person were based on their assessed needs and determined by their funding

authority. All of the people we visited had one to one staffing and 24 hour care packages.

The registered manager, staff and a relative told us that most of the time people were supported by regular staff teams who knew their needs well. A small number of agency staff were used to cover staff vacancies, holidays and short notice staff sickness. The registered manager and staff told us regular agency staff were used who people knew well. The registered manager told us they had completed a successful recruitment campaign over the summer and that the service was fully staffed.

The service followed appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of three references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Agency staff profiles were available for the agency staff used and this included their DBS check number but not a visual check of their DBS or identity. The registered manager took immediate action to implement a system of checking the identity of agency staff and their DBS checks when they first started working for Options Dorset.

There was an 'on call' system of senior support workers that provided out of hours cover. The registered and deputy manager provided a 'back up' on call system for any major incidents. Staff spoke highly of the support of the 'on call' and the responsiveness when they needed to administer any person's 'as needed' medicines.

There was a system in place to record, review and analyse any safeguarding, medicine errors, incidents and accidents that took place. This information was also reviewed by the provider through the electronic recording systems. The nature of the incident was recorded and a full description given of what action was taken and the result of the action. Staff told us there was a good culture about reporting incidents or errors. One staff member said, "[Manager] is very even and realises that mistakes happen. If we make a medicines' error we get retrained, reassessed and share the learning as a team".

Staff were trained in infection control and they told us and we saw they had access to personal protective equipment such as gloves and aprons. Staff supported people to keep their homes clean.

Good

Is the service effective?

Our findings

Records and staff told us they were very well supported. Staff had regular one to one supervision meetings with their line managers and annual appraisals. Staff told us they were encouraged to develop and progress their careers. One staff member told us, "I have felt so well supported to have career development. I never even thought about being a senior and managing a service when I started but all the support was great".

New staff completed an induction programme that included on line, workbooks and face to face training. Staff new to the care sector also completed the Care Certificate which is a nationally recognised induction standard. Staff we spoke with had a good understanding of their roles and three staff told us the induction had prepared them for working at the service. They said that working alongside staff in people's homes was the most effective way they had learned about people's individual ways of communicating.

Staff had received a range of face to face and on line training to develop the skills and knowledge they needed to meet people's individual needs. Staff told us they were encouraged to completed qualifications in health and social care.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decision were in place for people in relation to specific decisions. For example, there was a best interest decision in place for one person's possessions that posed any risks to be locked in cupboards. There were other best interests decisions in place that covered medicine administration, staff holding keys to the person's home, and medical interventions such as blood tests. This had been agreed by the person's representatives, staff and health and social care professionals involved with them.

People's nutritional needs were assessed, monitored and planned for. Each person had a plan that detailed the person's likes, dislikes, types and consistency of food and drink and the type of equipment people needed. For example, one person's plan detailed the guidance from the Speech and Language Therapist (SALT). This included they needed to have soft foods. We observed staff preparing this person's soft food as described in their SALT plan. Staff involved people, where they able to, to plan their meals. One person's family member worked with staff to plan their weekly menu.

A relative told us their family member's meals were always cooked fresh and they always had plenty of healthy snacks in their fridge because they person was following a healthy eating plan.

People had access to specialist health care professionals, such as community mental health and learning disability nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

People's needs were assessed and care plans were completed and these were reviewed bi-monthly or as

their needs changed. Two people had only recently started using the service. The registered manager and staff told us they had needed to complete full assessments of the people's needs. This was a complex process as both people did not communicate verbally but the staff had managed to understand people quickly and developed care plans that effectively met their needs.

People's assessments included all aspects of their needs including all of the characteristics identified under the Equality Act. For example, people's changing needs in relation to ageing had been considered and included in people's plans. People's assessments and care plans also included any sexual preferences and what gender they identified as and how staff were to support them with their identity and personal grooming. A relative fed back that their family member was supported by staff to buy fashionable clothing and that they looked well dressed.

Each person had a health plan and care passport that was supported by pictures to make it easier for them to understand and included important information about them if they went into to hospital or transferred to other services.

People's health, care and support needs were effectively met. For example, one person's limbs had become contracted prior to Option Dorset providing the person's care package. Physiotherapy advice was sought and we saw there were clear plans in place for the person's physiotherapy exercises. Staff had been shown by the physiotherapist how to complete the person's exercises and the plans were supported by photographs. Staff told us they were so pleased the impact them completing the exercises with the person was having. They said the person was more relaxed, showing less tension in their face when moving their limbs and the limbs were looser and moving more freely.

Good

Is the service caring?

Our findings

A relative spoke very highly of the caring attitude of the staff who supported their family member. The relative said, "They are very good, [named staff] has a very high standard of care. They are all good people looking after her".

Staff were caring and very sensitive to people's moods and needs. For example, one person had had a seizure the morning we visited them. Staff sat close to the person and reassured them of our presence and fetched them a blanket so they could lie on their sofa and rest. The person quickly relaxed with reassurance and comfort from the staff member and subsequently went to sleep.

People we met with received care and support from staff who had got to know them well. We observed staff providing care and support in a kind and caring manner. Staff were passionate about the people they supported and were clearly fond of them. They spoke about the best things about their job being making people happy and helping them to have full lives. For example, one staff member told us, "The best thing about my job is making [person] happy and making her laugh. She loves it when she's got one over on me". Another staff member said, "I've never enjoyed my job so much as seeing [person] having a better life and having new experiences". Another staff member told us with great enthusiasm about how they had developed a good professional relationship with one person, who was reluctant to accept support from some staff, over a two year period. They said, "I've found the key to working with [person]. I know him so well now so I now know when he's starting to get anxious and we trust each other and it just works".

People's privacy and dignity was respected and considered in their care plans. For example, people's care plans identified how staff could support people to safely spend time alone whilst maintaining their privacy. Staff clearly respected that they were working in people's own homes and took pride in keeping people's homes in the way they liked them.

Staff had a good understanding of people as individuals, including how they communicated and their preferences regarding their care and support. People's records included information about their personal circumstances and how they were to be supported. This included details of their communication style and how they interacted with others and their environment. For example, one person had limited sight and their plan detailed how they clapped their hands and reached out to work out where they are in any room in their house.

People's care plans included details of people's preferences and how they could make decisions. For example, one person's plan described how staff supported the person to pick between two choices of activities or clothing by eye pointing.

People's independence was promoted and encouraged. For example, one person chose their shopping by using an electronic tablet.

People and staff told us people had family and friends to visit them at their homes and they were supported

to maintain important personal relationships. A relative told us they were supported by staff to maintain their relationship with their daughter.

Staff told us they felt cared for by the management team and their direct line managers. They all looked after each other and had a great sense of teamwork with the common goal of supporting people the best they could.

Good

Is the service responsive?

Our findings

During our visits to people's homes, all of our observations showed us that staff were responsive to people's needs. People received personalised care and support that met their needs.

People were leading full and active lives both in their homes and in the community. People had access to activities that were important to them and had individual activity plans. We saw from care records and speaking with people, staff and a relative that each person had the opportunity to be occupied both in their homes and in the community. Their day to day activities were based on their preferences but staff also supported people to try new and different activities. A relative told us, "[Person] has their own car and she goes out most days. She goes trampolining, walking and to music therapy. I think she leads as an active life as she wants to". Staff told us they take their time introducing people to new activities. They gave the example of where they slowly introduced the activity of swimming to one person over a long period of time. This included walking to the swimming pool, then going in to look at the swimming pool. When the staff were not able to progress the activity any further they consulted and involved the person's parent who went along with them and successfully introduced the person into the swimming pool. The person now goes swimming twice a week with the staff.

People's care plans and records were supported by pictures and some had photographs to make it easier for staff to understand. One person had some of their information in an easy read format supported by pictures. Staff told us the person liked to look through this information on a regular basis. A relative told us they were consulted and involved in care planning where the person was not able to make those decisions themselves.

Assisted technology was used to discretely monitor people's health and well-being. For example, an epilepsy bed sensor was used for one person to monitor their night time seizure activity. This meant staff were able to respond quickly when the person had a seizure.

Staff told us people's care plans were very easy to follow and gave them clear information how to meet each person's preferences and needs. They included step by step guidance on how to provide care and support to the person. They also included important information so staff could positively support people with any behaviours that may challenge themselves or others.

All of the staff we met and spoke with understood people's complex ways of communicating. This reflected what was in people's communication plans or communication passports. These were documents that people kept with them to show other people how they communicated and what they liked and did not like. For example, staff clearly understood one person who used sounds, eye tracking and gestures to communicate. The person made a sound and looked at their drink and staff immediately responded and gave the person their drink. This reflected what was in their communication passport.

There was a written and pictorial complaints procedure and each person's communication plan also included details as to how they would let staff know if they were unhappy or worried. Staff were able to

describe how they would know if each person was upset or unhappy. We reviewed the one informal complaint received since the last inspection. We found this had been investigated and responded to. Any learning from complaints was shared with the staff at team meetings.

Staff told us some people's end of life wishes had been explored their representatives or relatives and circles of support. This was because the people were not able to make their views known.

Good

Is the service well-led?

Our findings

Staff told us there was an open and inclusive culture at the service. The registered and deputy manager and staff all told us they were proud to work for the service and of the achievements of the people they supported. Staff told us they felt valued by the managers and their well-being was protected.

People's, relatives' and stakeholders' views were sought via an annual survey. Two of the people who were able to respond to a survey supported by pictures had done so. The survey was based on the REACH standards which are good practice standards for supported living services. There were some concerns identified from relatives and stakeholders about staffing vacancies when the survey was completed in May 2017. All of the staffing vacancies had now been filled.

A relative told us there was good communication between staff and themselves. They said the senior support workers responsible for their family member's service kept them informed about important matters. They felt able to raise any queries and had the confidence that staff would address these.

Staff told us the communication systems were effective and these included a daily handover between staff working with people. There were monthly team meetings held in people's homes that people were involved in. There was a standard set agenda that staff or people could add to each month. Any actions identified at previous meetings were always followed up to make sure they were addressed.

Compliments received were shared with staff. For example, a compliment received from a health professional about the knowledge, dedication and effectiveness of staff was shared with the individual staff member and team.

The manager has been registered with CQC since September 2016. The registered manager and deputy manager regularly visited people in their homes and completed spot checks of the service provided.

There were robust quality assurance and quality monitoring systems in place. These included senior support workers completing weekly monitoring reports of health and safety, incidents, PRN medicine use, health appointments attended and any medication changes.

The deputy manager then completed monthly audits of the weekly reports, people's daily records, body maps, financial transactions, and medicines administration records. The registered manager had oversight of these monitoring systems to ensure they identified any shortfalls or areas for improvement. For example, there were a few gaps in the recording of the application of some people's creams and this was raised at team meetings and with individual staff. The registered manager told us the provider's quality manager also planned to visit the service and complete an annual service review. This had not yet taken place.

Staff told us they knew how to whistleblow and there were posters displayed in the office on how staff could report any concerns direct to the provider. The registered manager gave us an example of when staff had whistleblown and the subsequent investigation and outcome.

The provider, registered manager and staff demonstrated an understanding about equality, diversity and human rights. They focused on people as individuals and how they could meet their needs in a person centred way. The policies in place reflected equality, diversity and human rights legislation. Staff felt they were treated fairly by the registered manager and supported well to do their job to the best of their ability. They told us any training or learning needs they identified to the provider or registered manager was provided.

All incidents and accidents were entered onto an electronic database and the registered manager and provider reviewed. The registered manager and provider made sure any learning from any safeguarding, accidents and incidents was shared and new systems were introduced in response.