

Options Autism (8) Limited

Options The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated

Summary of findings

Overall summary

Options the Old Vicarage provides accommodation and personal care for up to eight people who have a range of needs including autism, mental health needs and/or learning disabilities. There were six people using the service at the time of this inspection, two of whom were staying with family members. The provider has a range of registered care services including several adult social care services across the country.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs. Checks were carried out during the recruitment process to help ensure only suitable staff were employed.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were suitably trained, supervised and appraised.

The staff on duty were caring and treated people with dignity and respect. They understood how to communicate with people effectively and in line with their care plans.

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 good (published 24 August 2018).

Why we inspected

We undertook this targeted inspection because we had received information which could indicate a negative culture in the home that might have a detrimental effect on the welfare of people using the service. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not

assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring and responsive sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Options the Old Vicarage on our website at www.cqc.org.uk.

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?

inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service caring?

inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Options The Old Vicarage

Detailed findings

Background to this inspection

This was a targeted inspection to check on a specific concern we had received about the service in relation to the possibility of a negative culture in the home.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Options the Old Vicarage 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.

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. At the time of the inspection the registered manager was not working at the service and the deputy manager was acting up in their absence.

Notice of inspection

We gave a short period notice of the inspection because some of the people using the service were anxious about visitors and needed to be informed about a home visit from an inspector.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the area director, acting manager, support manager, a senior support worker and two support workers.

We reviewed a range of records. This included three people's care records and risk assessments. We looked

at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about a negative culture at the service. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Two people reported they had encountered staff who had not always been kind and respectful to them in the past and more recently. These staff were not working at the service at the time of our inspection. People's comments included, "Since 2016, the staff have been much better. Before 2016, there were problems with some staff", "[Staff member] used to say hurtful things and I did not like it. [They] used to say bad comments. Another one, who is not here, was unapproachable" and "It is kind of better now they are not here."
- The staff we spoke with also indicated there were issues in relation to the behaviour of one member of staff, who was not supportive and treated staff in a negative way. They felt they could not report the matter for fear of victimisation.
- All the people we spoke with indicated they currently felt safe in their environment and trusted the staff who supported them. One person told us, "I quite like the staff who work here. They look after me. People are kind at the Vicarage. The staff are good" and another said, "People are kind to me."
- People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff had access to these. There was a whistleblowing policy which staff were aware of. Staff we spoke with told us they found it difficult to report things in the past when they felt there was a bullying culture.
- Since the above concerns had been raised the provider had taken these seriously and had taken appropriate action to address them. This included undertaking an internal investigation and dealing with staff appropriately and in line with their disciplinary procedure.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed. Environmental and individual risk assessments and support plans were available, and regularly reviewed and updated. These included risks to general health and the person's ability to complete tasks related to everyday living such as personal hygiene, eating and drinking, using the kitchen and communication. When people were supported to go out, we saw that each outing had been risk assessed, for example, the risk of absconding or becoming lost, sudden illness or an accident. Each area included guidelines for staff about how to mitigate each risk.
- All staff had received training in managing behaviours that challenged and used a 'Positive behavioural support' method. Specific incidents were recorded so staff could monitor the frequency and triggers of these. Based on this, staff could put in place a positive behaviour plan. This helped ensure that staff

recognised early signs, anticipated and managed a possible incident and put appropriate measures in place to prevent escalation and the risk of incidents occurring again. A member of staff told us people who used the service had been much calmer recently.

Staffing and recruitment

- People told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. The acting manager told us since the suspension of three senior staff, it had been difficult to reorganise the service to ensure staffing levels remained high enough to meet people's needs. The provider had employed new staff, and current staff were promoted to more senior positions. The acting manager explained this had been a difficult period, but they had worked well as a team and things were better now.
- The provider had robust recruitment practices to help ensure that only suitable staff were employed to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed. The documents we viewed confirmed this.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about a negative culture at the service. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills and experience. All staff received a thorough induction before they started working for the service. Staff employed at the service had achieved or were encouraged to achieve a recognised qualification in Health and Social Care such as the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.
- Staff undertook training the provider considered mandatory such as health and safety, safeguarding, medicines administration, risk assessment, fire safety and infection control. They also undertook training specific to the needs of the people who used the service which included MCA, epilepsy awareness, equality and diversity and autism awareness. Staff told us, "The training is good, we do online training. All training is up to date" and "Training is very good. You can always ask for more training, like we had epilepsy training quickly when we had a resident with epilepsy."
- We viewed the training matrix which indicated all staff had received regular training. Where training was overdue, this was highlighted in red to prompt the senior staff to ensure staff completed this without delay.
- People were cared for by staff who were suitably supervised and appraised. One staff member told us, "Supervisions have been happening more frequently as time has gone by. I am being supported" and another stated, "I have regular supervision." The acting manager told us they met regularly with staff to discuss concerns they may have and provide support.

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.

- People's mental capacity was assessed before they began to use the service, and we saw evidence of this. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe.
- People were consulted in all aspects of their life and consent was obtained before providing care and support. Where possible, people signed their records to show they had been consulted and agreed with these.
- Staff told us they gave people choice in all aspects of their daily life. The people we spoke with confirmed this. One person required support from an advocate to help them make decisions and were visited by them as required. The acting manager told us other people would be supported to access this service should they need this.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about a negative culture at the service. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring people are well treated and supported; respecting equality and diversity

- During our visit, we observed interactions between staff and people who used the service. We saw these were positive and people were treated with respect. There was a calm atmosphere and people said they were happy living at the service. Their comments included, "The staff are doing the very best they can. They are quite upbeat", "They have made a lot of improvements over the course of this year", "I lost a lot of weight during lockdown, but thanks to the staff, they helped me put the weight back on" and "I am always happy and never worried. I am never upset."

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

- People were given the opportunity to express their views during regular meetings. We viewed a range of meeting minutes and saw the subjects discussed included, covid-19, staff interviews and current management situation, food, house shopping, cleaning duties and outings. People and relatives were also issued with a yearly questionnaire, so they could express their views of the service. Questions included what they thought of the standard of care, environment, staff and communication. We viewed the most recent surveys which showed people and relatives were happy with the service.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about a negative culture at the service. We will assess all of the key questions at the next comprehensive inspection of the service.

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.

- People's communication needs were assessed and recorded in their care plan, so staff would know how to communicate with the person. Each person had a 'communication profile'. This was comprehensive and provided details about how the person communicated their needs in their unique way. For example, one person's profile stated, "I can communicate via a fist bump which shows I am happy."
- The staff we spoke with demonstrated a sound knowledge about each person's communication needs and we observed how they communicated with them in their preferred way and in line with their care plan. We saw staff took time to listen to people and give them time to express themselves.
- Some documents such as the complaints procedure were available in an easy-read format to help ensure people would understand the information.