

Options Autism (6) Limited

# Options Malvern View

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Options Malvern View is a residential care home on a campus, the home is split up into four homes, flats and an individual bungalow, providing personal care to 29 people with a learning disability and/or autism aged up to 65 and over at the time of the inspection. The service can support up to 33 people.

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

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 33 people. 29 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service didn't always 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 outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons people were not always represented by an independent advocate or relative where decisions about their medication was made.

The provider's quality checking arrangements were not consistently strong enough and effective in ensuring there was a sufficient oversight of the home. The potential risks to people's safety and welfare were not effectively identified and reduced by the management teams own checking procedures. The provider had not acted to ensure all infection control measures and fire prevention requirements had been met.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons people were not always represented by an independent advocate or relative where decisions about their medication was made.

People received their medicines as intended from trained staff, but the booking out of medicine procedures when people went home on home leave needed to be strengthened.

People's environment and furniture needed to be improved to ensure it was safe for them to use.

Not all staff had completed their health and safety and infection control training.

People were supported by staff who had received training and knew how to report witnessed incidents of potential abuse.

The provider's complaints procedures were followed, by the registered manager .

Staff felt supported by the registered and deputy manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was good (published 25 February 2017)

Enforcement

We have identified three breaches in relation to potential risks to people's safety and monitoring, the environment/premises and oversight of the service.

You can see what action we have asked the provider to take at the end of this full report. For requirement actions of enforcement which we are able to publish at the time of the report being published.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Options Malvern View

## 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

On the first day, the 13 November 2019 the inspection was carried out by one inspector. On the second day, 18 November 2019 two inspectors returned to the home.

#### Service and service type

Options Malvern View 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. 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 all this information to plan our inspection.

During the inspection-

We spoke with two people who lived at the home and contacted four relatives about their experience of the care provided. We also spoke with the head of operations, the registered manager, regional quality manager, a deputy manager, two home managers and three staff members. In addition, we spoke with a maintenance staff member and a social care professional.

We looked at a range of records. these included three people's care records, multiple medicines records, staff rotas, staff recruitment and training records. We also looked at incident and accident records, complaints, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We looked at additional information provided to us by the head of operations.

# 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider did not have effective procedures for monitoring the risk of fire and infection control and prevention, so that actions could be taken to ensure people's safety.
- We found one person's external front door to their flat did not close properly, Staff members had not reported this to the maintenance person or registered manager.
- People were at risk of cross infections due to ineffective infection control and prevention practices. We saw many incidents of infection control hazards. These included, food stored next to chemicals, rubbish in uncovered bins, food unlabelled, soiled mops sat in water, and soiled laundry left on the laundry floor.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our findings to the registered manager, quality manager, and to the head of operations. After our inspection the head of operations sent us an action plan to say how they were going to address the concerns found at our inspection. Following our inspection, we contacted the environmental health department to share our concerns.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff had received safeguarding training and understood what action to take in the event of any concerns for people's safety. They knew how to identify signs of abuse and to protect people from harassment and discrimination

Staffing and recruitment

- The registered manager told us to ensure there were enough staff on duty to care for people they were using agency staff.
- The registered manager told us they had an ongoing recruitment campaign to attract new staff, as due the rural location of the home it was difficult to recruit staff vacancies. They told us they tried to book the same agency staff so people living at the home had familiar staff supporting them. A relative told us "I know they have a high turnaround of staff, but it is difficult and disturbs [family member's name]".
- One staff member told us about staffing levels, "It's getting better, there used to be only three of us, but now three more new staff have started which seem really good."

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines

safely and as intended procedures. However, the provider's medicine systems and procedures required strengthening. When we checked one person's medication we found a discrepancy. The person had gone on home leave, but the staff had signed the medication administration sheet to say the medication had been administered when staff had not witnessed this. There was no record available to show how much medication had left the home and received by the relative to show processes were in place to mitigate risks to the person's safety and welfare.

- Monthly medicines stock checks were completed to enable the provider to identify and investigate any discrepancies.
- Staff confirmed they had received appropriate training in the provider's medicines procedures.

#### Learning lessons when things go wrong

- The provider and registered manager had procedures in place to record and review incidents and accidents to reduce the risk of reoccurrences. Staff knew how to record accidents and incidents. However, we found not all incidents had been notified to CQC as required.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some of the décor was tired and did not create a homely feel. This included kitchens in a poor state of repair, with cupboard doors either missing or hanging off their hinges. Radiator covers were broken and furniture for people to sit was ripped with the filling hanging out, which also posed an infection control risk. Additionally, carpets were badly stained in some communal areas.
- In the communal café we found two cushion covers missing with the fillings in one coming out and the tables chipped. The main counter was chipped and had sharp edges putting people at a potential risk of harm.
- On the landing we saw a bowl collecting water from the leaking roof. A staff member told us it had been like that for several days.
- A relative told us they had previously complained to the registered manager about the cleanliness of the home.

Failure by the provider to ensure equipment is clean, safe and suitable to use, is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the head of operations sent us an action plan identifying when the improvements would be completed by.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Where people's movements were being restricted, DoLS authorisations had been either applied for or authorised.
- People were not involved in making decisions about their care and the principles of the MCA were not always followed. Where best interest decisions had been made they were recorded. However, we discussed with the registered manager that although best interest meetings had been held, often it was professionals and management making these decisions without an advocate to represent the person. We discussed our concerns with the registered manager. Following the inspection visits, a social care professional contacted the Care Quality Commission [CQC]. They shared their concerns about staff and professionals making decisions about people's medications without consulting the person's representatives, including when they had Lasting Power of Attorney.

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

- People's individual needs and requirements were assessed before they moved into the home, to ensure effective care could be planned and provided.

Staff support: induction, training, skills and experience

- Not all staff had received infection prevention and control training and those who had did not always put their knowledge from training into practice. For example, in one kitchen, we found food left covered with a tea towel.
- Staff participated in an ongoing rolling programme of training, so they had knowledge and skills to work safely and effectively. One staff member described the behaviour support training they received to assist staff in managing people's anxieties.
- New staff underwent the provider's induction training to help them understand people's needs and settle into their new roles. Staff's induction incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff spoke positively about their induction experience

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

- The provider ensured people had the support they needed to eat and drink enough. Staff encouraged and supported people to choose what they ate and drank on a day-to-day basis.
- Any complex needs, or risks associated with people's eating and drinking were assessed, with appropriate specialist input, and plans put in place to address these. This included providing people with thickened fluids and texture-modified diets, where appropriate.

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

- People and their relatives told us they were supported to access healthcare professionals to meet their needs.
- People's medical needs were documented in their care records to give staff insight into their health needs. Each person had a health action plan to record the dates and outcomes of any appointments.
- Staff and management worked with a range of health and social care professionals to ensure people's individual needs were monitored and met.

# 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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not fully protect people's rights to privacy and confidentiality. People's care notes and handover sheets were left unsecured where they could potentially be accessed by unauthorised persons. People's care documentation was left on the communal kitchen table.
- We discussed these issues with the manager, who acknowledged our concerns and the importance of maintaining people's privacy and confidentiality. The manager assured us they would take action so people's right to confidentiality was consistently protected and immediately reminded staff to remove the care files.
- We saw and heard examples of how staff-maintained people's right to privacy and dignity in other aspects of their care. For instance, staff respected the wishes of people who lived at the home when they wanted to spend time alone in their rooms. We saw staff knocked on people's doors and waited for them to answer before they came in.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- We observed and heard some care staff supporting people with a kind and respectful manner as they responded to people's differing needs. Some caring and kind interactions were observed during the inspection. It was clear some staff had developed good relationships with people.
- People were able to make their own decisions about aspects of their daily lives. For instance, we saw staff members ask a person if they would like to attend the gym for an exercise session.
- We saw examples of how people were encouraged to make decisions, about the communal on-site café and the food choices served. At the entrance there were voting boxes and a box for people to place a token in to show they had chosen from picture their food choices.

# Is the service responsive?

## Our findings

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

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'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; 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

- Staff knew people well and were responsive to their needs. For example, we saw staff responded to a person when they became anxious and took time to talk with them and helped them to be happier and more relaxed. One relative described their family member as, "Loving living at the home and is really happy".
- Staff were able to describe people's preferred routines and confirmed they had enough time to read people's support plans and handover documents.
- Staff supported people to access the community, each person had an individual activity programme including their favourite places to visit. A relative told us, " They [staff] do take [person's name] out, but I appreciate it is limited where they can take them."
- A relative told us, how the staff drove many miles to their family home to ensure their relative could spend time on home leave.

### 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 understood how to communicate with people in ways they understood. Individual communication plans and guidelines were in place for people who did not communicate verbally or who had limited verbal communication.
- Staff worked closely with the on-site clinical team which included psychologist and speech and language therapists to assist people to communicate their wishes. We saw information in support plans and displayed around the home in an easy read format to assist people.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available to anyone who wished to make a complaint. Relatives told us they knew how to complain and would feel comfortable approaching the registered manager and/or the staff team if ever they needed to. We saw the management team had recorded and responded to any complaints they received, in line with the provider's complaint policy.

### End of life care and support

- The provider was not currently providing any end of life care at the time of our inspection. However, we did see people's end of life wishes were recorded in people's support plans.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and management team having several quality checks in place to monitor the quality of the care provided to people. However, the provider's governance and quality assurance systems were not effective. They had not enabled the provider to identify and address the shortfalls in quality we identified during our inspection, including the potential risks to people from infections and environmental hazards.
- During our inspection we found several environmental hazards such as a broken front door to a person's flat, (which had not been reported by staff or management). The ineffective infection control measures throughout the home had not been adhered to especially in the kitchens, laundry areas and communal areas. These examples showed there was a lack of effective oversight of the service to ensure people's safety was fully promoted.

The provider did not have effective systems and processes in place to monitor the safety and quality of the service and to drive improvement. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and the head of operation acknowledged our concerns and following the inspection sent us an action plan to address the concerns raised.
- Staff were complimentary about the registered manager and had confidence in the support he provided. One staff member told us, " We can go to [registered manager's name] or [deputy manager's name] He [registered manager] always comes over at the start of the day and at the end of the day to see if we are okay."
- The provider was aware of the requirement to display their rating following an inspection and to ensure it was also upon the provider's website for people to see.

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest with people in event things went wrong in the delivery of their care and support. Whilst most incidents had been reported to CQC as required in the form of notifications, on inspection we identified two incidents that had not. Following our inspection, we received these notifications in retrospect.

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

- We received mixed views from relatives about the management of the home, whilst some relatives were complimentary, some relatives felt communication between themselves and the management could be improved. One relative said, "I've emailed the manager a few days ago and I'm still waiting on a reply." Another relative told us, "Communication is not good they didn't tell me they would be arriving late to collect [relative's name] and this caused them distress."
- The registered manager understood their role in promoting personalised care. He told us he was always looking to make improvements at the home working together with the clinical team to get the best outcomes for people.
- Staff spoke about people who lived at the home with a commitment to support people's health and welfare.

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

- Relatives told us they were asked to complete customer satisfaction questionnaires in the past, although so far this year they had not received one.
- The home is in a rural location with poor bus links into the local town. Staff made efforts to drive people to local facilities including pubs, swimming pools and restaurants so they did not miss out.
- The registered manager told us, "I want to open up the café on site next year to the general public, to hopefully stop any social isolation for people who live here."

Working in partnership with others

- The registered manager and staff understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to protect people from the risk cross infection through poor infection control practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not ensured the environment and furniture was safe for people to use.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure robust governance systems were in place at the service.