

Options Autism (8) Limited

Options The Old Vicarage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was announced. We gave the registered manager one day's notice as the service was small and we wanted to be sure someone would be available to assist with the inspection.

Options The Old Vicarage provides support and accommodation for up to eight people who have a range of needs including, autism, mental health needs and/or learning disabilities. There were seven people using the service at the time of this inspection.

The last inspection of this service took place on 4 July 2017 when we identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The issues were relating to safe care and treatment (Regulation 12) and the good governance of the service (Regulation 17). At the previous inspection we found that there was missing risk assessments on one person's care file and inaccurate information in another person's care records. Also the quality assurance systems had not included audits on people's care and daily records to ensure they were available, up to date and written in a person centred way.

Following the inspection in July 2017 the provider sent us an action plan in which they told us that improvements would be made by 24 September 2017. At this inspection we reviewed the actions identified in the action plan and we found improvements had been made.

This report only covers our findings in relation to these topics. 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.

Since the last inspection information about people's needs and the risks to themselves and/or others was available to view. The information we saw was up to date and informative. Documents had been dated and signed so it was clear when they had been written or reviewed.

Improvements had also been made to the temperature of the room where medicines were stored. We saw it was cooler and the temperatures taken were within an appropriate range, as previously the room had been warm. Staff had also been assessed to administer medicines safely.

During the inspection the registered manager informed us that the kitchen fire door was not in good working order. The registered manager sought to resolve this and two days after the inspection we saw evidence that the door had been fixed and afforded the necessary protection as a fire door.

The registered manager had implemented an audit of people's care records since the last inspection. This check had been carried out monthly and included viewing daily records to ensure they were appropriate and person centred. The audit enabled the registered manager to follow up on any issues and be confident

that staff had the information they needed to safely support people.

Following the inspection in July 2017 the service was rated Requires Improvement overall with the key questions, 'Is the service safe?' and 'Is the service well-led?' rated as Requires Improvement. Following the inspection in October 2017 the ratings for the Safe and Well-led key questions have been changed to Good with the service now given an overall rating of Good.

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.

There were risk assessments available for the people using the service which meant staff had the necessary information to help support people safely.

Staff were assessed to ensure they carried out tasks in respect of medicines management safely.

We have improved the rating for this key question, from 'Requires Improvement' to 'Good'.

Is the service well-led?

Good ●

The service was well-led.

The provider had a range of audits in place and improvements had been made to the audits in relation to people's care records. These records were now part of the regular audits carried out and formed part of monitoring the quality of the service.

We have improved the rating for this key question, from 'Requires Improvement' to 'Good'.

Options The Old Vicarage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place on 4 October 2017 and was announced. We told the registered manager one day before our visit that we would be visiting because the service is small and we wanted to be sure someone would be available to assist with the inspection. The inspection was carried out by one inspector. We inspected the service against two of the five questions we ask about services: "Is the service safe?" Also "Is the service well-led?" This inspection was carried out to review any improvements made following two requirement notices which were issued after the previous inspection on 4 July 2017.

During the inspection we spoke with the registered manager and senior support worker. We looked at three people's care records and the audits carried out on their care records. We also saw the location of where medicines were stored and we looked at the staff competency assessments to manage medicines. We toured part of the premises to look at the safety of the environment where people were living.

Is the service safe?

Our findings

During the inspection in July 2017 we saw that some information on people's care records and risk assessments was either missing or inaccurate.

At the inspection on 4 October 2017 we saw improvements had been made in relation to necessary information available to staff to help care for people, such as having comprehensive risk assessments in place. These and other records also accurately described how to meet people's needs. This meant that staff would know how to support a person safely. For example, if a person had a seizure. It was also evident that where possible, people were involved in developing records relating to their care so these met their wishes and choices. .

Risk assessments covered a range of subjects relating to each person. For example, we saw documents on the risks in accessing the kitchen and eating and drinking. These gave staff the details about how to minimise risks to the person and others.

We also checked the room where medicines were stored and this was cooler to safely store medicines. The photocopier had been taken out of the room and an air conditioning unit was now in place to regulate the temperature. We saw evidence that the registered manager had assessed staff to carry out tasks relating to the management of medicines and they confirmed this would continue to be carried out in between training on medicines management so that they could be confident staff knew how to administer and handle medicines safely.

The registered manager told us that for a few months a door leading to the kitchen closed but there was a gap near the top of the door. This had been reported but had not been fixed, therefore potentially posing a risk to people using the service and visitors, in the event of a fire. On the day of the inspection the registered manager arranged for a builder to visit the service to assess what action needed to be taken. Two days after the inspection they sent us an email confirming work had been carried out and the door closed with no gap. We also viewed photographs of the door and saw there was no longer a gap and therefore the door, when it was closed, afforded the necessary protection in the event of a fire. We spoke with the registered manager about the need to ensure maintenance work was carried out in a timely manner to protect the health and safety of people using the service and they confirmed they would monitor this.

Is the service well-led?

Our findings

During the inspection in July 2017 we saw the provider had a range of audits in place but people's care records had not been formally checked to ensure they were up to date. A sample of care records and guidelines had not been dated or signed. The sample of daily records viewed showed some were not written in a person centred way.

At the inspection on 4 October 2017 we found that improvements had been made. We checked through a sample of people's care records and saw these were person centred and information in the daily records we viewed recorded what people had done each day and staff had used appropriate language. Documents were dated and signed so the registered manager would know when they needed to be reviewed.

The issues with the medicine room and staff not having their competency to carry out medicines tasks had been addressed and the temperature in the room was within an appropriate range and was being recorded as 25 degrees or under.

The registered manager had implemented a monthly check on people's care records and we saw evidence of this as the front of the three people's care files that we viewed. This ensured that any information that needed to be updated was addressed quickly so that staff knew how to meet people's needs effectively.

We saw that any areas needing to be addressed were recorded on the electronic system the provider used and the registered manager recorded when issues had been resolved and where improvements had been made. This was monitored by the provider so they could see what checks and audits had been carried out.

The registered manager was clear that they needed to continue recording the checks they did so that staff would know what work was being monitored and to identify what was working well and what needed to be improved.