

Options Autism (6) Limited

Options Bredon House

Inspection report

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22 June 2017

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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

This inspection took place on 21 and 22 June 2017 and was unannounced. At the time of our inspection seven people lived at Bredon House.

At the last inspection on 20 May 2015 the service was rated as good, and since then, has remained a good service.

There was a registered manager in place at the time of our inspection. 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.

Staff knew how to protect people from harm. We found staff recognised the signs of abuse and knew how to report this. There were risk assessments in place and staff understood the importance of these and took actions to reduce the risk to people without taking away people's right to make decisions about their care. People told us the service ensured there were enough staff to support their needs. People were supported with their medicines in a safe way while promoting people's independence to manage these.

People received care and support which met their needs and preferences, and in line with their agreement and staff understood the importance of this. We found people were supported to eat a healthy diet which was tailored to their individual preferences. Staff worked well with external healthcare professionals and were guided by them in the support they gave to people.

People's views and decisions were listened to and staff acted upon these. People felt the staff team treated them in a kind and friendly way, and with respect.

The provider had provided people with information around how to raise a complaint should they need to. People told us when they had raised concerns these were responded to with a satisfactory outcome. Where people had a complaint this had been responded to by the provider and actions taken to address this.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and daily contact with them. We found checks the registered manager completed on the service focused upon the experiences of people. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Options Bredon House

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 inspection took place on 21 and 22 June 2017 and was unannounced. The inspection was carried out by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to ask if they had any relevant information to share with us.

We spoke with four people who used the service and one person wrote to us about their views. We also spoke with two care staff, the deputy manager, the registered manager and the head of service. We looked at aspects of two people's care records and medication records. We also looked at complaints and compliments, satisfaction survey and quality checks.

Is the service safe?

Our findings

All the people we spoke with said they felt safe with the staff who supported them. One person told us, "The staff here are not abusive, I am treated well". Another person told us how staff supported them to stay safe while in the home and when outside in the community. Staff demonstrated good knowledge of different types of abuse and how they would protect people from harm.

One person we spoke with told us they worked with their keyworker to develop their plan of care which focused on increasing their independence and social circle, but also ensured it did not put the person at risk of harm while out in the community. The person's keyworker told us how they supported this person to lead a fulfilling life safely in the community, and said, "We plan where we go and times that we go out, to make sure we're not putting [the person's name] at unnecessary risk".

People told us they felt there were enough staff to support them. One person told us, "I get my 12 hours a day one to one support. I always get all of my hours. If it is short staffed management would support me". Staff confirmed there were enough staff on duty both day and night, and to cover for staff breaks. Staff felt the management team knew the needs of people well, and made sure the staff rota reflected this. The registered manager told us they might occasionally use an agency when they could not cover the rota, but the same agency staff were hired to support people to maintain consistency of care.

We spoke with one person about their medicines. They told us that the staff had supported them to become independent with their medicines and their next step was learning how to order the medicine themselves, to further increase their independence. Staff told us how each person's medicines were kept in their bedrooms. Staff told us this not only prompted people's independence for when they began living in the community, but was a further safety check, as it ensured the person was receiving the right medicine at the right time by the staff member who was supporting them with their one to one care. The registered manager told us that this method, along with a new dosset box system further reduced the risk of medication errors.

Is the service effective?

Our findings

People we spoke with told us that staff supported them in the right way. One person told us, "The staff at Bredon House know how to treat me, they understand what [their learning disability diagnoses] is. If they didn't, I would have not stayed here". A further person told us how the staff had worked with them to increase their independence and develop their life skills. They told us that their keyworker was "Really good". Staff told us they had received training that was appropriate for the people they cared for, such as safeguarding and supporting staff to understand how to care for people with autism. Staff gave examples of how learning and sharing experiences amongst their peers helped them to understand how to provide the right care for people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

All the people we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. Staff told us about one person who kept all of their possessions and did not like to discard them. Staff told us that they had spoken with the person about how best to manage this to ensure their environment was safe. The person confirmed to us that a daily routine was planned which they had agreed to. The person's key worker told us that this worked well, as it was structured which supported the person in the right way and was in-line with the person's agreement. The registered manager was aware of the MCA legislation and had followed the procedure for DoLS. Restriction of the freedom of some people who used the service had been authorised by the relevant authority.

People we spoke with had different levels of support with meal preparation and cooking. People said they were supported according to their individual needs. Staff we spoke with knew what level of support each person they cared for needed. Staff spoke of how they supported people's cultural food preferences and supporting them to the shops where they could buy the right foods.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff supported them to planned appointments and would contact external professionals if they felt unwell. We saw from care records that where there had been external professional input these were communicated with staff to support the person's care.

Is the service caring?

Our findings

All the people we spoke with told us staff were kind and caring towards them. One person said they were "treated well" by the staff. They told us staff understood them, listened to them and acted in their best interest, and supported them with managing their care. One person said, "They are on my side". Another person told us, "The staff here are very good and very supportive". They told us how a staff member had supported them to visit their social worker who was not in the area of the home and felt re-assured by this.

One person spoke about their previous care and support and how this had been a negative experience for them, unlike the positive experience of staff support since they had moved into Bredon House. They told us how staff were supporting them to send a complaint to those where they had received a negative experience. A staff member showed the letter the person had written and told us they were supporting the person by typing this onto the computer and assisting the person with the sentence structures so the complaint was clear to those who were receiving it. The staff member told us, "(The person's name) has had a bad experience, and we are here to protect them and make sure their voice is heard".

Staff spoke about people with compassion and felt they knew people well because it was a small home and they had time to build relationships with people they supported. Staff spoke about people as individuals and told us about how people's independence was promoted through everyday living. For example, supporting people with life skills such as, meal preparation, handling their money, their medicines and their personal care, so that in the future they were ready for living within a community setting.

People told us their views about their care were listened to and staff supported them to express their views and put actions into place. We found staff had supported a person with autism to meet new people, and in environments which were more suited to their needs. The person confirmed that these environments for meeting people better suited them, and were happy that the staff had listened to them and helped them to explore this safely.

The deputy and registered manager spoke of the importance of life education for people who lived in the home. The deputy manager shared an example of how they supported a person develop their social skills. The registered manager told us how the provider supported people in understanding sexual health. They told us this was important so people could stay safe, and it also meant people felt comfortable to seek staff advice if they needed to.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "They treat me with respect", and explained they preferred to have their bedroom door open, but the staff always respected their privacy and would knock and wait for a reply before they entered their room. People told us that staff maintained their dignity and spoke to them in a respectful way. Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time, or speak with the registered manager if they wanted to discuss their care. People told us that they had regular meetings with their keyworker to discuss their plans of care. Where some people were able, they developed their own care plans and risk assessments with staff support. People told us they felt staff understood their needs and provided appropriate support in response to them. Staff spoke of one person who communicated with staff in written form. At the time of inspection they wrote to us to say they were happy with their support but wanted faster internet connection. The registered manager told us this was something that was being looked into by the provider to meet the person's request.

Staff told us they were not only there to provide personal care, but to support people in all aspects of their lives. One person told us, "They (staff member's name) support me well, I shower daily and clean my flat, all things I didn't want to do before". Another person told us, "I like the staff, they find me things to do that I like". For example, staff had supported one person to attend a college where they achieved qualifications in skills to support the person in independent living. While another person sometimes chose to attend church, a staff member told us this was regularly reviewed with the person, as they would change their mind around their faith and beliefs. The registered manager spoke of one person who wanted to set up a bank account. They told us the person did not go outside of their home environment and so a meeting was set up in the home with staff from the bank who worked with the person and staff at the home to set up an account for them. The registered manager told us how proud the person was to be able to have this in place, which was a further step towards independence.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint and in a format that was suitable to the individual. People we spoke with told us they knew how to complain and one person we spoke with told they had raised their concerns before and this had been resolved to their satisfaction.

We looked at the complaints received by the provider over the last twelve months and saw that all written and verbal complaints were recorded. Where there were similar themes to complaints these were analysed and action taken. We found all of the complaints had been responded to with satisfactory outcomes for the person who had raised the complaint. We saw lessons were learnt through these complaints and this information was shared with staff members to improve practice. For example, one person had raised their concern of being interrupted at night time when staff did their night time checks. We could see from the records that the registered manager had spoken with the person and night time staff to look at ways to minimise the disruption during night time checks.

Is the service well-led?

Our findings

There was a registered manager at the home and had been in this post since April 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. All people who we spoke with told us they had met staff who worked in a management role. They told us all management staff were approachable and responsive to their requests. One person told us how previously the car used by staff to support people was for emergency use only, but now people could use the car when they needed it.

All people we spoke with felt confident that any questions they may have would be answered by the registered manager. People felt the registered manager was approachable and they were given the opportunity to discuss matters with them. We asked one person if they had meetings with others who lived in the home. They told us, "I'd rather not have meetings, I'd prefer to speak privately", which they confirmed they did.

We spoke with staff about the service they worked for. One staff member said, "Options [the provider] are great", and said, "We have staff meetings and one to one meetings. The meetings are very useful". They told us how they were given the time to share their thoughts and felt listened to. Staff we spoke with felt confident that suggestions for improvement they may have would be listened and responded to. One staff member said, "[Registered manager's name] is open to my ideas when I've discussed things with her".

People and staff told us the registered manager was visible within the home and in touch with everyday events within the home. One person said, "[Registered manager's name] manages the home very well". The registered manager knew people who used the service and staff well. We saw that where people had given written or verbal compliments regarding staff these were reported back to the staff. The registered manager told us this was always sent to staff to share with them people's appreciation for the good work they had done.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us they had a number of checks in place to do this. For example there were quality checks around people's care records and by speaking with staff and people to understand if the person's key worker was working with the person and developing and their independence. From these checks it was identified that staff required more support in their keyworker responsibilities. The deputy manager spoke of the new key worker training that they had developed specifically for the home and how this promoted staff responsibility and ownership for the work that they did.

The provider conducted regular visits to the home, these visits focused on people's experiences and also included discussions with staff. We found the provider listened to staff, and investigated any concerns raised. They also provided staff with a staff survey to find out their views about the way the home was managed. From this there were areas of improvement identified, which the registered manager was

addressing, and we could see from this inspection that these actions had been put in place, this showed the provider listened to the staff and took action where necessary.