Options Autism (2) Limited

# Options Roxby House

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Outstanding ☆ |

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| Is the service safe? | Good ● |
| Is the service effective? | Outstanding ☆ |
| Is the service caring? | Good ● |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Outstanding ☆ |

# Summary of findings

## Overall summary

Roxby House is a care service providing accommodation and personalised support for up to 29 younger adults with autistic spectrum conditions, learning disabilities and complex needs, in the village of Roxby. Roxby House consists of four separate units. Each self- contained unit provides either individual or shared occupancy flats for between two to four people.

At our last inspection in June 2015 we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Outstanding.

Although the care service had not been developed and designed in line with the values that underpin the Registering the Right Support, in that it was registered to accommodate up to 29 people and would be considered a congregate setting, the service was registered prior to CQC implementing this guidance.

Other values such as, choice, promotion of independence and inclusion underpin the ethos of the service and what it continually strives to achieve for people. The service continues to support an extremely person-centred approach and people whose behaviour may have previously isolated them, have been fully supported by the service to develop new skills and successfully become involved in their local community and achieve extremely positive outcomes. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

The service is committed to a continual and credible programme of training that encourages bespoke programmes for the development of academic, vocational, social and life skills, all designed to aid a move towards independent living. The organisation utilises their own innovative and robust evidence based models, clinical and best practices to support and enable people to achieve the best possible outcomes. People who have previously experienced failed placements elsewhere have been supported and enabled to move on to more supported living, after spending time at Roxby House.

We saw the provider was committed to personalising services and also followed the recommendations outlined in 'Putting People First'(a shared vision in transforming adult social care to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident the services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity) and the Autism Act (2009). The service is also accredited with the National Autistic society (NAS), which drives best practice to deliver outstanding care to people who used the service.

An outstanding feature of the service was the time invested developing innovative and flexible ways to support people to move forward and achieve their full potential and accommodate their changing needs. Positive risk taking was driven throughout the organisation to support people to lead fulfilling lives. A

consistent team approach meant people were supported to try new things and experiences. Feedback from relatives included, "I can't fault the place. It has changed all our lives for the better." and "I thank my lucky stars every day that we found Roxby. It is the best thing that could ever have happened. [Name] has a life now."

The registered manager demonstrated strong values, implemented good practice delivery throughout the service and led a committed staff team in delivering a person-centred approach. The service employed 'life skills instructors' to support people with daily needs and a 'vocational life skills instructor' for supervising and facilitating activities. These employees are referred to as 'staff' throughout the report.

Support for people was outstanding and enabled them maximum choice and control of their lives. Policies and systems used by the service supported this.

Thorough systems protected people from the risk of harm or abuse. People lived in a safe environment that met their specific needs. Robust recruitment systems ensured prospective staff were suitable to work with vulnerable people. Qualified and competent staff were employed and supervised. Their personal performance was checked annually. Everyone without exception, gave testimony to their extensive knowledge and skills. Staff understood systems in place to manage medicines.

Staff were compassionate and kind and went 'above and beyond' to ensure people received positive outcomes. Staff spoke consistently about the service being a good to place to work and support they received from the registered manager and colleagues. Extensive training was provided based on best practice and guidance.

People accessed health care professionals and the service worked in partnership with these agencies to raise their awareness of people's needs and improve actions to support them effectively. People's nutritional needs were well met. The service maintained strong links with the local community and regularly held 'inclusive' events to promote awareness and engagement.

Complaints were investigated and resolved to complainants' satisfaction. Although no one needed end of life care at the time of inspection, systems were in place for when this time would come.

People who used the service and those who had an interest in their welfare and well-being were asked for their views about how the service was run and the care received. The registered manager used robust systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service remains good. | **Good** ● |
| **Is the service effective?**<br>The service remains outstanding. | **Outstanding** ☆ |
| **Is the service caring?**<br>The service remains good. | **Good** ● |
| **Is the service responsive?**<br>The service remains outstanding. | **Outstanding** ☆ |
| **Is the service well-led?**<br>The service remains outstanding. | **Outstanding** ☆ |

# Options Roxby 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 comprehensive inspection took place on 3 and 4 July 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an assistant adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection(SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with one person who used the service and eight relatives. We spoke with the registered manager, the training manager, two house managers, the PRICE (Protecting Rights in a Caring Environment) and three staff. We also spoke with two healthcare professionals following the inspection and consulted the local authority contracting and safeguarding teams.

We reviewed four people's care records and five staff personnel files. We also reviewed records relating to the management of medicines, complaints, staffing rota's, minutes of meetings, complaints, accident and incidents, training and how the registered persons monitored the quality of the service.

Good

# Is the service safe?

## Our findings

One person we spoke with told us they liked living at Roxby House and staff were nice and kind. A visitor told us they felt confident their relative was safe and commented, "When they were younger we would have serious physical behaviours all the time. For the 11 months since they have been here we have had nothing, when they come home we have nothing, no pinches or anything. Now [Name] is so happy, they are a changed person, they enjoy things and get on with people and do loads of activities. They are constantly surprising us."

Visitors spoke about previous failed placements their relatives had experienced before coming to Roxby House and told us, "My son is happy and content and the calmest he has ever been, staff understand him" and "Being here makes [Name] feel safe, he is not like he was, I have never known him so chilled, the staff with him know what they're doing, we don't worry like we used to."

Systems continued to ensure that safeguarding incidents were addressed. Staff were trained in this area and had a positive understanding of their responsibilities to keep people safe. They knew how to refer incidents to the local authority safeguarding team. Records showed the incidents referred and formal notifications were sent to CQC regarding these.

A positive, proactive approach was adopted to ensure people were supported to take risks safely. People were encouraged to make choices and decisions concerning their lives. The concept of positive risk taking involves measuring risk and balances the benefits gained against the negative effects of attempting to avoid the risk altogether.

Care files contained risk assessments for all areas where a need had been identified. These included; accessing the local community, travelling, going on holiday, work placements and behaviours that may challenge the service and others.

Maintenance safety certificates for utilities and equipment were up to date and ensured the premises were safe. People had personal safety documentation for evacuating them from the building in an emergency, including positive motivators to encourage their cooperation. This meant that people were kept safe from the risks of harm. Policies in place supported the safety measures.

Accidents and incidents were carefully recorded and put onto the provider's electronic system to alert the registered manager to any trends that needed scrutiny. The organisation analysed all trends and the clinical team evaluated these each month to reduce any reoccurrences. This evidenced the provider took incidents seriously, discussed them openly at a senior level, and learning was implemented quickly and effectively, with people placed at the centre of new practice.

There were sufficient numbers of staff on duty during our inspection to meet people's needs and relatives agreed with this. They said, "[Name] has their team of staff working with them. Whether they are making a cup of tea or going out to do their activities they always have two staff with them. That doesn't mean staff

are in their face all the time, just in proximity for when needed."

Robust recruitment and selection was in place at the previous inspection and this continued to be the same. Reference and other checks carried out by the Disclosure and Barring Service (DBS) helped the provider to make safer recruitment decisions so that suitable staff were employed.

People's medicines were managed safely at the last inspection and continued to be so. A check of records confirmed people continued to receive their medicines as prescribed. Any 'as required' medicines, such as pain relief, had detailed plans in place for managing them. The organisation was signed up to support the national STOMP healthcare pledge (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) to ensure quality of life.

Outstanding ☆

# Is the service effective?

## Our findings

Visitors expressed their confidence in the staff team who they felt knew the needs of their family member well. One relative told us, "I have never met a staff member I didn't like, they get so much training before they are hands on and they are so patient. We are gifted with the staff that work here." Another commented, "I wouldn't be able to express what the staff do here, it's organised, you couldn't ask for anything better. For want of better words 'they get him'. It's right through the company. The staff are so dedicated."

Health professionals told us they considered the staff to be skilled to a high degree in autism care and were supported by an excellent clinical team. They told us, "The service staff are competent and skilled to a high degree in autistic spectrum disorder care."

The service was committed to personalising the support they provided and followed the recommendations outlined in 'Putting People First' and the Autism Act (2009). The service continued to use innovative and creative ways of training and developing their staff team based on these recommendations. It ensured staff put their learning and ever-improving skills into practice to deliver outstanding care to people as individuals. Staff told us the training and support they received had given them the knowledge, confidence and skills they needed to carry out their roles effectively in a way that always sought improvements in people's lives. People received an outstanding level of effective care based on current best practice for those with autism from a highly skilled staff team.

The service continued to be accredited by the National Autistic society. It employed a behaviour specialist to train staff, who also had access to a clinical team and an autism ambassador. This promoted a planned proactive approach where people's health, sensory and behaviour were reviewed monthly. The clinical team and staff worked closely with people's GP's to resolve undiagnosed health conditions. The piece of work had been very successful in ensuring annual reviews of health conditions were carried out and supported GP's with getting information to make a diagnosis. The service also continued to participate in a wide variety of forums to share information and best practice.

Relatives told us people received good healthcare. One relative gave an example of an emergency dentist being sought promptly for their family member when they damaged a tooth. Another told us of how staff had supported their family member when they were admitted to hospital as an inpatient. They told us "It's brilliant. Whilst in hospital there is 24-hour staff support for [Name]. Staff ring and tell me about all appointments, even chiropody."

The registered manger told us how they had improved the already strong links with health professionals since the last inspection. This ensured they developed an understanding of people's individual needs, so people received effective healthcare and health checks. Each person had a personalised health action plan in place which detailed their specific health needs and provided clearer guidance for staff about how to monitor, maintain and improve people's health and well-being.

Every effort was made to assist people to be increasingly involved in and understand decisions about their

care and support. This greatly enhanced people's self-esteem, quality of life and confidence. For example, sensory assessments had been introduced by the service to establish people's baseline tolerance levels and in doing so; they could provide suitable environments for each person in line with their identified sensory needs. For some people this was about providing low arousal colour schemes, while for others low level lighting.

Innovative communication plans were now in place. These were developed using a person-centred approach and guided staff in how people communicated, whether this was verbal or non-verbal and detailed their role in promoting effective communication. One relatives told us, "[Name's] communication has developed whilst they have been here. They were previously considered to be nonverbal. Their communication has improved and they let the staff know their needs much more now."

Throughout the inspection we saw that information was available in a variety of alternative formats for people using the service, including the use of symbols, photographs, electronic equipment including iPads and pictorial documents. The use of these formats had been extended greatly since the last inspection so that policies and procedures, service user guides, fire evacuation procedures and information about medicines were all available now in these different formats to promote communication and understanding in every aspect of people's lives. Relatives described how staff involved their family member to communicate and make choices and decisions through their preferred communication systems.

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 Mental Health Act (2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Since the last inspection all staff had been instructed and competence checked regarding their knowledge and had an excellent understanding of this legislation and when it should be applied. One member of staff gave an example of how best interests meetings were used, when people were unable to consent to medical interventions.

People's nutritional needs were assessed prior to admission. Care plans contained risk assessments, food preferences, likes and dislikes and the level of support each individual required. We saw that when people's needs changed, appropriate referrals were made quickly.

People were constantly being encouraged to develop their skills and were involved in planning menus, shopping for ingredients and preparing meals. Staff told us how in supporting people to do their own shopping, people would often pick up new items they hadn't always included in their menus, empowering them further in the decision-making process.

The registered manager told us that since the last inspection and as people's skills developed, a reconfiguration of accommodation had been made to provide more self-contained flats to enable people to continue to develop their independence in living skills. One relative told us, "When staff told me they were washing up, I couldn't believe it." Another commented, "They have learned to do so much for themselves and are so much more independent. I thank god every day my relative lives here."

Good

# Is the service caring?

## Our findings

The service continued to have strong visible person-centred culture with individuals at its heart and was committed to ensuring people received the best possible care in a caring and nurturing environment. People planned their support and day to day activities, including paid work, further education and leisure activities within the community. For example, one person was unable to find a job on a farm, so was given paid work at the on-site farm, with opportunities to develop their skills and qualifications, until community employment could be sourced.

A visitor told us, "Caring is integral in everything staff do. Procedures are in place but if the staff were not as kind and caring these wouldn't work. The staff make [Name] laugh. It's not just a job to them it's a dedication. They care that much they will change anything and adjust practice so it is right for him. You can tell by the phone calls every night, they are not just reading they give us every detail and are very honest." Others told us, "We are completely involved, consulted and updated on everything" and "We are invited to all of the reviews and staff let us know what is happening. [Name's] life is so much better, the freedom and independence they have." The registered manager explained how staff had gone over and above to support one person who required hospital treatment. They'd volunteered to stay with the person in hospital to ensure consistency of care.

Staff completed training in equality and diversity, and demonstrated an understanding of discrimination or prejudice-free support. They showed a positive regard for what was important and mattered to people. People were supported to live according to their wishes and values and had access to advocacy services. People and their relatives told us they valued their relationships with staff. One relative told us. "Staff listen to us and we work together to find solutions and it works. They are so dedicated."

Personalised programmes and flexible staffing arrangements supported people's independence. We saw the service had a strong commitment to person-centred planning in line with the government's 'Autism Strategy' and the 'personalisation agenda'. Each person was supported to be active in developing their own programmes of care and personal development, which ensured their needs were met and preferences respected.

Staff had excellent understanding of people's personalities, qualities, attributes, how they communicated, expressed themselves, their strengths and areas they required support in. Staff were knowledgeable about people's progress, achievements, aspirations and interests. For example, one person's behavioural incidents decreased considerably when staff helped them self-regulate their anxieties in accessing a quiet woodland area. This was a massive achievement for the person, enhanced their quality of life and reduced the use of 'as and when' prescribed medicines to manage their behaviours.

Staff were motivated, interacted well with people and consulted them about their daily lives. People developed their files with staff and were involved in the decision-making process. For example, photographs were taken of different activities and using these staff discussed and recorded how people participated in them and responded when the pictures were shown to them. This was repeated regularly to identify the

pictures people selected most often over time to identify their preferences. This information was fed back at their care reviews.  People's inclusion in decisions was clear. For example, one person expressed who they would like as their key worker. They were shown photographs of staff, and through a process of elimination identified three staff consistently. The three staff were selected to work with the person and gave the person input into who they wanted to work with them.

Outstanding ☆

# Is the service responsive?

## Our findings

When we asked professionals if they considered the service provided person centred care, they told us, "Yes, I have only ever witnessed professional and person-centred approaches. The team had a warm and friendly approach with my client." People who used the service and relatives told us they were involved in the development and review of their care. One relative told us, "Yes we have meetings every six months and annually, then a report is done. We get a phone call daily, we get told what [Name's] day consists of. We work together, if [Name] is not happy with something, we both suggest ideas and it works brilliantly."

People's care plans continued to be very detailed and informative and included copies of initial assessments prior to moving into the service. Clearly documented information of planning for and during transition visits was maintained. These included photographs of visits, staff members and activities they had been involved in. Relatives shared their experiences of their family members transition to the service and the efforts made by staff to ensure it ran smoothly. They told us, "This is the right place for [Name]. The transition for him moving here was so well planned, developed and implemented. Staff did test runs, they would go to him and he would come here. The day of transition was fine. He trusts the staff."

We reviewed the care plans for four people and found them to still be extremely person centred and detailed. Information about people's likes, dislikes, routines personalities and personal qualities were recorded and responded to by supporting people to achieve new and improved targets and live life to their fullest abilities.

Since the last inspection staff had continued to respond extremely well to people's behavioural needs and care plans were based on a positive, proactive approach and best practice guidance. Further detailed information was included in people's sensory support profiles, which explained people's sensory experiences associated with their condition, how this affected them and what support they needed to manage this.

The registered manager and staff told us about the new 'inclusive initiative' the provider had promoted since the last inspection, which involved staff and people who used the service working together to promote inclusion and new experiences. People who used the service attended 'inclusive initiative' meetings and shared their views about various events and activities they would like to happen. Events included, decorating a float to compete in the local agricultural show, hosting an inclusive music festival, participating in a 'highland games' event, visiting wildlife parks and other venues people had expressed an interest in. One person had an interest and had asked for a 'hobbit house' and during our visit we saw this had been provided. Other people had asked for a model train room and staff had worked with them to access equipment and donations to facilitate this.

The group also participated in fundraising for other charities, by holding coffee mornings in the local community and sponsored bike rides and walks.  A large inclusive day event was held and the local community and families invited. This was well attended and supported by local businesses.

Plans for holidays were developed with people. Staff spent time with people considering different options, people's needs and ensuring they could access suitable accommodation. People's care records captured this planning process. Prior to coming to the service some people had never had the opportunity to have a holiday.

Community based activities were risk assessed according to need and planned to ensure people were given the opportunity to engage in interesting and exciting activities of their choosing. Staff were creative in developing ways of working with to enable them to be actively involved in their local communities. On site facilities enabled people to try new experiences in a safe way and allow in depth risk assessments to be carried out, prior to experiencing these activities within the community. For example, one person was supported to use headphones during music sessions, so they could participate in the activity without the noise of the instrument causing them any anxiety.

Relatives told us, "[Name] has fun stuff going on all the time." Another told us, "There are loads of activities. He doesn't stop. He plays drums, goes horse riding, swimming and there is so much stuff on site for him to do too. He goes to the gym and uses the computer room."

People who used the service and relatives told us they knew how to make a complaint and had regular contact with staff and good relationships with them. They told us, "I have never done it, but I would go to the manager." And "I would go to the house manager but if it involved them, then I would go higher." Another told us, "If there was anything at any time you can ring [Name of registered manager]. If she isn't available she will always get back to you."

The registered manager confirmed any concerns or complaints would be taken seriously, explored and responded to in line with the provider's policy. Each person who used the service had a copy of the complaints procedure in their preferred format.

Although no one needed end of life care at the time of inspection, systems were in place for people's preferred arrangements and who would manage these where necessary.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All those currently receiving support at the service had a learning disability. Staff communicated with and understood each person's request and changing mood as they were aware of people's known communication preferences.

Outstanding ☆

# Is the service well-led?

## Our findings

The service had a registered manager in place. 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.

The registered manager was supportive of other services within the organisation and was involved in networking with them to promote and share best practice initiatives. Senior staff regularly attended conferences and other events to update their skills and knowledge base. They also used external specialists to review the service's own practices, for example, advice was sought from NAS (the National Autistic Society) and the British institute for Learning Disabilities (BILD) in relation to least restrictive practice within the service.

We saw the service worked in partnership with other agencies to provide training and information, to promote inclusion and understanding of the people who used the service. For example, the training section regularly provided courses on autism to local leisure facility staff, GP services, the police and others. The training had been offered in response to an incident at a local swimming pool, when a person who used the service had not wanted to get out of the pool at the end of the session. This action resulted in them contacting the police, despite reassurances from the staff supporting the individual. Following this, the organisation had approached different community based and public-sector workers to promote their understanding of people with learning disabilities and autistic spectrum disorder and what each of them in could do in their roles to support people.

People responded warmly to the registered manager who had worked at the service for many years and knew each person well. People with verbal communication skills addressed her by her first name. We saw throughout both days of the inspection that people approached the registered manager to greet them in their own individual way and she took time to engage with them.

Relatives told us they and people who used the service benefitted from the open and transparent culture within the service and were consistently positive about the service and the support they and their family member received.

The service has a history of maintaining consistent compliance. The registered manager continuously demonstrated strong person-centred values and was committed to providing an excellent service for people.

The service promoted an open and transparent culture, with clear vision and values for the future. Staff were enthusiastic, committed and shared this vision. They were supported through training, clear leadership and effective communication systems to achieve this for people. Staff told us, "The manager is always there for us and is open to any suggestions we may have" and "As a team we all have the opportunity to come together regularly to look at things and this enables us to provide a consistent approach."

Roxby House had dignity champions in place, where staff had lead roles in promoting the ethos of the organisation within the service to ensure people received safe, effective, caring and responsive outcomes. This enabled them to develop new skills and promoted their independence.

The provider and registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to develop the service further. For example, since the last inspection the registered manager had become part of an 'outstanding society'. This was a group of providers who had achieved a rating of outstanding, who met regularly to support other providers to improve and develop their services based on networking and sharing best practice initiatives. The provider also offered training for community based services to promote understanding and inclusion.

The service sought feedback from people and staff on an on-going basis and this was used to continually develop and improve the care and support offered. People were listened to and offered choices through every part of their daily life. We saw evidence of staff meetings, team meetings and keyworker meetings. Minutes of meetings seen from the inclusive group discussions showed that where suggestions had been put forward by the group, these were acted on and put into place. For example, watching the world cup football championship at the local pub and arranging a cinema night. This demonstrated that people who used the service were encouraged to voice their opinions and these were listened to and acted upon. Staff told us people's opinions were important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities.

We saw the provider was committed to personalising the services they provided and to following the recommendations outlined in 'Putting People First' and the Autism Act (2009). The service was accredited by the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.
The registered manager told us how they were supported within their role and encouraged to develop. As well as attending manager and senior management meetings, they met with clinicians to discuss and share best practice initiatives. The provider's training department also shared current and updated guidance with the registered manager and their staff team. This was then discussed within the service further through team meetings, supervisions and reflective practice.

Robust quality assurance systems were in place. Relatives and people who used the service confirmed they had been involved in this process through surveys and questionnaires and received feedback about the results and any necessary actions required where appropriate. They also confirmed their involvement in the review process.

The registered manager completed a comprehensive audit system comprising of weekly and monthly audits and safety checks, complemented by a further quarterly audit carried out by the providers quality assurance lead. Information completed from these processes was submitted to the senior management team for further analysis and review. This was followed up with a report and action plan with timescales should this be required. In addition to this an annual review was completed based on the five key questions used by the Care Quality Commission in this report and included any recommendations for further improvement.

We confirmed the registered provider had sent appropriate notifications to CQC in accordance with our regulations.