

## Selborne Care Limited

# Options

### Inspection report

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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

### About the service

Options is registered to provide personal care and support to people in their own homes. The service operates in Bristol, South Gloucestershire, Bath and North East Somerset and North Somerset. The service supports people with a learning disability, brain acquired injury or mental health to live independently or in communal supported living services. Some people received 24 hour support made up of individual hours and shared support living in shared housing.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

There were 12 people receiving personal care at the time of the inspection. There were also 38 other people receiving support services from the agency such as support with social activities but not help with personal care.

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

People received care that was safe, effective, caring and responsive. People and their relatives spoke positively about the support they received.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The service was responsive in this area encouraging people to network and foster positive relationships with not only the staff but other people using the service.

There was sufficient staff to support people who had the necessary skills and commitment to provide care that was person centred. Care was commissioned on a very individualised basis. Staff promoted independence with some people positively reducing their hours of personal care because of the skills they had gained.

People were supported to have choice and control of their life and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People had information in a way they could understand enabling them to make decisions about the care and support they needed.

People were supported by staff that were caring in their approach enabling them to lead the life they wanted. This included supporting people to keep in contact with friends and family. People were supported to make decisions about their care and the way they wanted to live.

The service was well led. There were systems to check and monitor the quality. This again involved people, staff and family.

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

The last rating for this service was Good (published February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has remained good. This is based on the findings at this inspection.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Options

## 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

The inspection was completed by one inspector.

#### Service and service type

Options is a domiciliary care agency that provides care and support for people with learning disability living in their own homes or in supported living accommodation where staff support people 24 hours a day. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2019 and ended on 06 August 2019. We visited the office location on 30 July 2019. We then we visited two supported living services on the 31 July 2019. We provided feedback to the registered manager and regional manager on our findings on the 6 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager and the regional manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two relatives on the telephone to gain their views and experience of the service.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. They felt able to raise concerns and felt they would be listened to and actions would be taken to address their concerns. Comments included, "Would talk to staff" and, "The staff are very good, if that was not the case I would sort it".
- There were policies and procedures to guide staff on what they must do if they suspected a person was at risk of abuse. Staff had received training, and this was updated annually.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.
- Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe. These had been kept under review and amended as people's needs had changed.
- Risk assessments were in place to promote and protect people's safety in a positive way. These included finances, information on specific medical conditions and life skills.
- Relatives said they were confident that their loved ones were safe. One relative said, "Yes the staff know X so well and always make sure he is safe".
- One person said, "I feel safe with staff when going to the gym. They have received training on the equipment". They said this was important as they relied on staff to adjust weights and take the weights off them when finished because they were unable to see to do this for themselves.

Staffing and recruitment

- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- People and staff told us staffing levels were safe and sufficient to meet people's needs. People knew who would be supporting them and when. No one said they had any missed support hours. However, it was acknowledged that on occasions visits may need to be rearranged based on risks. For example, if a person was reliant on staff for support with personal care and medicines this person would take priority over a social call which could be arranged at a different time.
- One person told us on occasions staff may be late, but they were always kept informed and this was

usually due to traffic. They said, "The office staff are great at keeping in touch".

- The registered manager ensured staffing levels were sufficient. A member of staff told us they had not used agency staff in the last two years. It was evident the senior management supported people at short notice to cover any absences, ensuring continuity of care.
- New packages of support for people were only agreed if there was sufficient care staff to support them.
- People were supported by a consistent group of staff, which meant they had got to trust and know them well. People told us they knew the staff that would be visiting in advance and were informed of any short notice changes.
- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people. The records included confirmation that gaps in employment history had been checked.

#### Using medicines safely

- Risks relating to medicines were assessed by the registered manager and the care co-ordinators and were suitably managed for each person. The support needed was clearly recorded in each person's plan of care.
- Staff received regular training in the safe management of medicines and their competency was assessed annually.
- The registered manager checked the medicine records monthly to be sure people had received their medicines safely. There were clear communication records to keep staff informed of any changes.
- A person told us they were happy with the support that was in place, especially with medicines.

#### Preventing and controlling infection

- Staff made sure that people followed good hygiene practices when encouraging them to be as independent and aware as possible. Staff had completed training in infection control and safe food hygiene practices.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. This included information about the incident including who was involved and where it happened.
- These had then been analysed to check if there had been any trends. If anything was preventable, actions to lower the risk of future occurrences were put into place. Any learning from these were shared with the appropriate staff and routinely discussed at management meetings.

# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service used positive behaviour support principles to support people in the least restrictive way. At the time of our inspection no restrictive intervention practices were used with people. Staff worked alongside other health and social care professionals to provide a person centred approach to support people who may challenge the service.
- People had their needs assessed before receiving a service from staff working for Options. Information had been sought from the person, their relatives and other professionals involved in their care. A relative told us their daughter had been fully involved in choosing the service of Options and they had not looked back since because it was working so well.
- Information from the assessment had informed the plan of care. Relatives spoke positively about how staff initially had worked with people in getting to know them. People were introduced to their care staff over a period of time working alongside the member of staff who completed their assessment. This was to ensure the person was happy with the member of staff and the staff were confident to support the person.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction that included shadowing more experienced staff and formal competency checks. Staff confirmed they had received a comprehensive induction appropriate to their roles, which was in line with the care certificate.
- Staff completed training regularly to ensure they were kept up to date. There was a wide range of topics that were covered including health and safety, food hygiene, first aid, safeguarding and infection control. In addition, staff completed training on supporting people with a learning disability, autism and epilepsy.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles. Staff said they did not have to wait for their formal supervision to discuss matters of concern to them.
- Staff told us they received all the training and support they needed and there were systems in place to ensure staff remained appropriately trained. Training was a mix of online and face to face. A central training department identified when training was due. The registered manager said that staff would receive the training they needed to support people safely and this could be person specific such as administering certain medicines.

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

- The support people needed with eating and drinking was clearly recorded in their plan of care. People confirmed the support they needed in this area was provided. Two people told us how they were being

supported to eat healthy and attended a weight support group. It was evident this was having a really positive impact on how they perceived their body image and confidence.

Staff working with other agencies to provide consistent, effective, timely care

- The staff and the registered manager worked alongside health and social care professionals to support people and maintain their health. Where the staff had concerns about people's wellbeing referrals were made to community services such as the community learning disability team or the person's GP. Where support was needed to attend appointments, this was provided.
- A relative said, "I am always contacted about any health care appointments and if I cannot support, staff would be made available". A person told us how local their GP, dentist and opticians were in respect of where they lived. They said staff would go with them.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports' were used to record and share information with hospital staff, about a person's health and social care needs to ensure continuity of care.
- A relative told us that they loved one was supported by another agency alongside Options. They told us both had a good relationship with the other to ensure joint up care. They said this had not been the case when another company was involved. They said it now works very well.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care professionals where this was needed. The support people needed was clearly recorded in their plan of care.
- Staff supported people to maintain healthy lifestyles of their choosing. This included going to the gym, swimming and keeping active. A member of staff told us they had been on six mile walks with a person they supported because that was what they liked to do.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The registered manager said that there was no one presently being supported that was subject to a court of protection to deprive them of their liberty. They told us that people were able to consent to their care and support that was in place.
- Care plans were developed with people and we saw that people had consented to their care. People had signed their care plans and associated documentation where possible. Staff confirmed they always asked people's consent before supporting them.
- Staff told us they always provided people with choices and the care and support was very much led by the person. They understood mental capacity and that people had the right to make their own decisions.

# 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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they liked the staff that supported them. Comments included, "All the staff are alright", "Excellent staff cannot fault any of them" and, "Brilliant my brother has confidence in the staff. They are all friendly, caring and professional".
- People's preferences of male or female carers were recorded and whenever possible followed. Any changes to people's care needs, wishes and preferences were immediately added to the care plan and communicated to staff.
- People were matched with staff who were similar in age and had shared interests. One person said, "I have a really good banter with all the staff". They know me, and I know them".
- Staff spoke about their work with passion and spoke about people warmly. It was evident they had built good relationships with people. One member of staff said, "I really enjoy my role in helping people to lead the life they want".
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation. An example was where one person had been supported to attend a show for people with downs syndrome that performed as drag queens and kings. This was in line with they wanted and how they wanted to dress on occasions. This was respected by the staff.

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

- People and their relatives told us they felt supported and included in decisions. People confirmed they were asked how they wanted to be supported. One relative praised staff on how they loved one had grown in confidence and was doing so much more because they were doing the things they wanted.
- Staff told us that it was really important to support people to have control over their life encouraging them to be as independent as they were able. One person said, "I do whatever I want, and staff support me", another said, "No one tells me what to do".

Respecting and promoting people's privacy, dignity and independence

- Staff knew the level of support each person needed and what they could do for themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this, but also to learn new skills.
- One person told us, "The staff only help me when I need it. They never take over". They said the staff were

also helping them to find a medication dispensing system that will alert them when to take their medicines. They said this would mean they would have more independence in this area. They praised the support they had when refurbishing a bathroom and the increased independence they now had.

- People told us the staff respected their right to privacy. One person told us that when they had visitors the staff would make themselves scarce, so they could spend time with friends and family. Another said, "If I want to be alone I can go to my bedroom".

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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

- People had a care plan that clearly described the support they needed and when. These were very individualised and provided staff with clear guidance on what support was needed.
- The registered manager said each person's care plan was always evolving as they got to know the person. Whilst it was evident the care plans were current and had been frequently reviewed these had not been signed or dated. The registered manager said this would be addressed.
- People were working towards very individualised goals from healthy eating and learning about budgeting, enabling them to pay their rent and bills. Others had goals such as planning a holiday, social activities or finding work.
- Some were working towards more independent living. Some people had initially received 24 hour support. This had been gradually reduced with some people receiving either minimal support or no support at all. This was because of the support from staff to learn life skills such as budgeting and home management.
- Some living in the supported living houses were supported to spend short periods of time with no staff support. It was evident this was always done at the pace of the person to ensure they had the confidence, skills and were safe to do this. A relative said, "X (name of person) is doing really well and is doing so much more than I expected".

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

- People told us about a variety of activities that they took part in with staff such as going to the gym, swimming, shopping and going out for lunch. One person said, "I go to Zumba, but today I am going to the gym". They said afterwards they were going to get a salad lunch at X (a local food shop)".
- People told us about how they were supported to go on holiday with other people that use the service and not necessarily those that they lived with. It was evident friendships had been made.
- A member of staff said they ran a small group session with people and from this group friendships had been made. Some people were meeting up outside of the group independently to celebrate birthdays and other social events outside of the group. They were proud of the people they supported and the progress they had made in gaining more independence.
- Staff helped people find voluntary work and jobs. One person had a job at a local charity shop. They said they really liked working there and meeting new people. Staff said this had increased their confidence and because they were meeting people they were more articulate.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. Care plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand.

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

- People confirmed they knew how to raise concerns if they needed to and would speak with the staff and the registered manager. One person said, "I can always contact the office".
- An accessible complaints procedure was available to people and their families. There had been one complaint in the last 12 months and this had been dealt with promptly.

### End of life care and support

- There was no one at the end stages of life. People using the service were generally a young group of people. There was a person centred approach to care where staff knew what was important to the person.
- The registered manager said that in the event of person being end of life they would liaise with the family and other health professionals to ensure the person was comfortable and pain free.

# 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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they received the care and support they needed. Staff spoke about people in a very person centred way. Each person was seen very much as an individual. People told us they could make decisions about the care they wanted and needed.
- The registered manager and staff were passionate about providing care that was very much led by the person. Staff said that in recent months there had been an improvement about how people were involved in social events that minimised the risks of feeling isolated. Links were being built with people, so they could make new friendships. Two people had met through the links that had been fostered and now were boyfriend and girlfriend and another couple had got married and were living together. Other people talked about the day trips organised and the friendships that have been build. This was evidently empowering for the person increasing their social skills and confidence.

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

- The registered manager and the senior management team were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.
- The themes of honesty and being open were mentioned by staff at all levels and were clearly values that were important. Staff said the management team were all approachable and they would have no hesitation in contacting the on-call for advice.

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

- The quality of the service was continually monitored by the management team who used regular auditing tools to assess and monitor the delivery of care and support and associated record keeping. The management team was supported by the provider who conducted quality visits to further monitor and assess the quality of the service.
- The registered manager compiled weekly and monthly monitoring reports for the provider to share areas of risk such as staffing, training, complaints and safeguarding concerns.

- The registered manager was aware of the risks to the business. They discussed in detail staff recruitment and retention and how this had improved in the last two years. They had attended job fairs and initiatives such as refer a friend scheme to attract new staff. Agency had not been used in two years because of the ongoing recruitment. Staff said this had been really positive in that now people were supported by consistent staff teams.

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

- The views of people, their relatives and staff were sought through an annual survey. Surveys were used to evaluate the whole service. Feedback continued to be positive about the care and support they were receiving.
- People and relatives told us the registered manager, care coordinators and team leaders were helpful and approachable. One relative said, "They keep me fully informed and are very approachable." Another relative told us, "The staff and management often ring us to keep us informed about [name] but I can also phone them". Another relative said, "Yes I know all the staff that support X (name of person). They are all approachable." There was an 'open door' policy at the office and it was evident there was a good professional and friendly working atmosphere from our observations and speaking with staff.
- A variety of social events were organised to bring people together such as an annual sports day and Christmas Party. People and staff spoke positively about these events and how they brought them together. A member of staff said these events had improved over the last 12 months in their regularity. They were now organising holidays and opening these up to more and more people. A newsletter was sent out to people and their relatives telling them about these events.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager, senior management team and staff. The registered manager was in the process of developing a service improvement plan based on a new audit tool that had recently been introduced.
- Senior management meetings were happening regularly and staff meetings every six months. Staff said they received regular updates during their supervisions. Daily handovers were used to communicate updates keeping staff informed about any changes to people's care and within the organisation. Staff said they felt well supported and informed of any changes. They said communication and staff morale was very good.

Working in partnership with others

- The registered manager and the team were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals.
- The registered manager and the management team attended local networking groups such as the learning disability forum run by the local council. They also attended meetings with other managers working for the organisation.