

Options Autism (6) Limited

Options Malvern View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Options Malvern View is a residential care home providing personal care to 22 people at the time of the inspection. The service can support up to 33 people living with a learning disability and/or autism.

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

Right Support: Risks associated with medicines were not always monitored or managed consistently. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

People were supported to have maximum choice and control of their lives 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.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. People who had individual ways of communicating, using body language, sounds, pictures and storyboards could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care and support plans were up to date and current. Staff were provided with detailed guidance to enable them to provide personalised support to people.

Right Culture: There had been changes to the way the home was run since our last inspection. Relatives told us this had started to make a difference to the quality of care. The registered manager and provider had identified some improvements were needed in the way people's medicines were managed and checked. Steps were being taken to address these. Management were open and visible and were committed to developing people's care further. Staff knew and understood people well and were responsive, supported their aspirations to live a quality life of their choosing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 6 July 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 12 and regulation 18.

This service has been in Special Measures since 7 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Options Malvern View on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Options Malvern View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, a member of the medicines team and a specialist advisor in learning disability care on the first day and 3 inspectors on the second day.

Service and service type

Options Malvern View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Options Malvern View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 December 2022 and ended on 26 January 2023. We visited the location on 04 and 05 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people using the service, observed the care provided, and spoke with 4 family members of people using the service.

We spoke with 27 staff which included the registered manager, deputy manager, care manager, specialist speech and language therapist/clinical lead, clinical therapy assistant, activities staff, senior care staff, care staff, agency care staff, maintenance, administration staff, quality lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we spoke to a visiting professional.

We reviewed a range of records. This included 5 people's care records and 5 medicine administration records, the current medicine systems for administration and the storage of medicines. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including the monitoring of incidents and restraints over the last six months, were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure lessons were learnt and actions taken to ensure that the management of medicines was safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Most people's medicines were managed safely. However, some improvements were required in the systems used to manage people's medicines safely. For example, storing medicine information together in one place, to reduce the likelihood of mistakes occurring.
- Controlled drugs, (CD), which are subject to higher levels of legislation for monitoring, were not always recorded accurately and clearly. Whilst we found no harm to people, this left people at risk of not receiving their medicines safely.
- Where people had allergies to medicines these were not routinely recorded on medicine administration records which is necessary to help to reduce and prevent harm to people.
- The registered manager and provider had identified the current medicine systems used required further development and were taking action to change and improve practices. This included changing pharmacy supplier and implementing a new system, to support the safer administration of people's medicines. Arrangements were in place to implement the new system in conjunction with the new pharmacist as soon as possible.
- Medicines were stored safely and securely with access only to authorised staff. Checks on medicine storage including temperatures were undertaken and recorded.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Monthly medicine reviews were undertaken by the Consultant Psychiatrist who ensured the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were followed. Information was available which demonstrated that the prescribing of medicines was reducing. Guidance was sought and followed from other health and social care professionals to achieve this.
- New systems had been introduced to ensure lessons were learnt after incidents. This included pictorial guides to encourage people to ask support when they wanted it, so they were less anxious. Staff were now guided on how to support people when there had been incidents. These were reviewed regularly to ensure lessons were learned. For example, opportunities to reflect on their practice at regular meetings and learning taken across the organisation.

Systems and processes to safeguard people from the risk of abuse, Assessing risk, safety monitoring and management, Preventing and controlling infection

At our last inspection the provider had not made or sustained enough improvements to demonstrate safety was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Since our last inspection a training system that focused on less restrictive techniques had been fully embedded. This, along with changes in staffing levels and changes within people's environments, had resulted in a reduction in the use of restraints.
- Since our last inspection there had been changes in how incidents were reported and monitored. This included a behavioural incident and debrief training course for all staff. Incidents were recorded, followed up and a full analysis and action plan was completed. Monitoring and reviewing of incidents and any restrictive holds were discussed at all levels and there is an audit trail from when the incident occurred to outcomes.
- Relatives told us staff knew their family member well and had the knowledge of how to support them safely. One relative said, "Staff know to avoid places and they [staff] are successful at doing this. Staff keep [persons name] safe in their own home environment." Another relative said, "[Persons name] is safe at the moment. Previously, about a year ago not a hundred per cent sure of [persons name] safety." A further relative said, "Staff do know [persons name]; I feel as though [person] is safe."
- Relatives feedback from a recent survey stated, "Care staff look after [person's name] very well, often in challenging circumstances, and try to ensure any needs are met safely and as best as possible." And, "The service continually reviews [person's name] safety needs and any issues we have had concerns about have been discussed and resolved in a positive way."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider had systems in place to admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- The provider had made improvements in the environment. This has created additional space for people and contributed to their enhanced well-being. An area for further development was the cleanliness of one kitchen area to promote hygiene practices.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions around visitation for friends and family.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of skilled and experienced staff to ensure people received the appropriate level of support to meet their needs. This was a breach of

Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Most relatives were positive about staffing arrangements and their knowledge about their family members care needs.
- The provider and registered manager were open and honest about recruitment challenges they had experienced. They had taken focussed action to address these challenges and had improved stability in the staffing team.
- Where agency staff were employed to cover staff vacancies the provider ensured, as much as possible, the same staff were booked so people knew them.
- Staff told us staffing levels had improved and we saw people did not have to wait long for assistance and were supported to do the things they wanted to do.
- Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff promoted people's choices and involved them in decision making. People were supported with their communication needs.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. 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 individualised care plans. These provided a good oversight of people's needs.
- People had positive behaviour support plans which were up to date and current. They were person centred and included information on important things to know 'about me' and what 'I' need from the staff team. This included people's communication preferences, sensory needs and environment.
- Staff knew people well and were responsive to their needs. For example, we saw staff responded to a person when they became anxious and took time to talk with them and helped them to be more relaxed. One relative described their family member as, "[Person's name], is very happy there [Options Malvern View]." Another relative said, "[Person's name] shows how happy [person] is at Options Malvern View."
- Feedback from relatives obtained through recent surveys confirmed people's individual needs were met through personalised care. For example, one relative's feedback said the specialist provision met their family members complex needs, "very well".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication passports and there was clear direction for staff to be able to communicate with people effectively. This helped to ensure people's views and choices were gathered and met.
- Staff used a range of communication approaches to ensure effective communication. This included, pictorial exchange communication system (PECS), objects of reference (OOR) and the use of technology such as iPads.
- Information was also made available to support visitors to the service to communicate effectively with people living at Options Malvern View.
- We saw a wide range of information was available in alternative formats to support people, and people had easy access to this. This included information on how to make a complaint, and to support people after they had been anxious. Staff use story boards to facilitate communication between people and staff to ensure people had a voice.

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

- Relatives described the space and onsite facilities as being important to their family members. One relative said, "The facilities at Options Malvern View [are] some of the best things [and include] the music room, art room, horticultural activities."
- Another relative described how their family member took part in more activities, which they were not supported with before. Lots of photos of the fun events and places the person wants to go to and described the benefits of the outside space which they like.
- We saw feedback from a relative obtained through a recent survey said, "Activities are planned for [person's name] which aim to entertain, stimulate and encourage independence as much as possible."

Improving care quality in response to complaints or concerns

- People were provided with information so they knew how to complain should they wish to. Most people would need support to raise their concerns. Staff involved people in supportive conversations about the care and support they received in a format they could understand.
- Relatives told us they were aware they could complain. One relative told us, "I would feel comfortable in raising a complaint. I would ask [registered manager name] something if I need to as [registered manager] is approachable." Another relative said, "When concerns are raised, things now get done."

End of life care and support

- The provider was not currently supporting anyone at the end of their life.
- There were systems and processes in place to consider and plan for people's end of life wishes and preferences. Staff were developing these plans further with people and those that are important to them.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our previous inspection we found systems were either not in place or robust enough to demonstrate the service was being effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remained in breach of regulation 17.

- There has been changes in the provider's staffing, structures and systems, which required embedding to establish and further improve the provider's governance systems of the home. This meant some improvements in the day to day running of the home and provider oversight of the quality and safety of the home were not yet fully embedded.
- The provider and registered manager recognised some governance systems required further improvement. For example, consistency of recording maintenance works undertaken and audits on the accuracy and recording of people's medication administration. The provider and registered manager gave us assurances they would review the frequency and breadth of their medication administration checks to address this, to ensure risks to people were always reduced.
- Relatives confirmed the new management were making ongoing improvements and these changes were starting to make a positive impact to the care provided to their loved ones. One relative said, "The new management are much, much better now." The relative told us the registered manager was, "Definitely approachable. Communication is much better. I just hope it stays this way and they keep the momentum up."
- The registered manager was committed to focusing on people's needs and developing a culture where feedback and their quality and assurance checks were driven through to improve people's individual quality of care.
- The registered manager and provider checked the work they were undertaking was improving the culture of the service and people's outcomes. For example, through discussions with relatives and staff and by analysing feedback provided by relatives through surveys. We saw positive feedback from relatives. This included comments from one relative who feedback, "Care staff are excellent and go above and beyond to ensure [person's name] has an enjoyable life and is as happy and well as can be."
- Relatives told us staff knew their family members well and had knowledge of how best to support them.

One relative told us, "Staff are absolutely amazing." Another relative said, "The care is there. Staff are very nice, friendly and helpful." We saw feedback from other another relative said, "The service leadership has had difficulties over the last couple of years because there have been many senior management changes, but any issues are now being addressed with the new management appointments (and excellent support staff at all levels) currently in place."

- Staff said they were supported to understand their roles. A staff member told us, "The recent restructuring, I feel, has had a positive effect for both the service users and staff. The environment is much better for the service users and staff are able to access each other and support quicker. Supervisions have changed and are much more open for people to speak rather than specifically focused on areas." Another staff member told us, "I feel there is a good management presence and I'm now able to do my role again."
- Staff gave us examples of the positive impact on people of some of the recent improvements in the quality of care provided. For example, people's dignity, independence and wellbeing had improved. One staff member said, "In recent months there has been a lot of changes with service users moving across from the other units or moving on. I feel that this has been a positive step to take and that the new environment is better for the service users."

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 understood duty of candour and the need to be open and honest when things went wrong. A relative described an incident their family member had been involved in and told us, "I was made aware of this and measures were put in place."
- The registered manager understood their responsibility to notify the Care Quality Commission (CQC) of reportable incidents.

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

- The provider was committed to promoting effective communication between people and staff. For example, staff received communication training as part of the induction.
- Relatives spoken with said their views on the care provided to their family members was regularly sought. One relative told us there was a parent support group and regular meetings were held and went on to say, "When concerns are raised, things now get done. [Registered manager name] is engaging with parents."
- Surveys were sent out to families in November 2022. Comments from those family members who had completed included, "To continue the current improvements in communication with parents, this has been a bit inconsistent in the past."

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed on improving the care provided.
- The provider had systems in place to share outcomes of any accidents, incidents and investigations. Managers met regularly which provided the opportunity for shared learning. This included outcomes of investigations and lessons learned to prevent similar incidents happening again.
- Records showed staff had contacted health care professionals such as the GP. This enabled people's health needs to be assessed so they received the appropriate support to meet their needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance procedures were not consistently established and effectively operating to drive through and embed improvements in practice.</p>