Options Autism (8) Limited

Options The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Options the Old Vicarage provides accommodation and personal care for up to eight people who have a range of needs including autism, mental health needs and/or learning disabilities. There were seven people using the service at the time of this inspection. The provider has a range of registered care services including several adult social care services across the country.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, responsive and well led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right support:
• The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Right care:
• People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The staff supported people in a person-centred way and respected their privacy, dignity and human rights.

Right culture:
• Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

There were systems and processes in place to protect people from the risk of harm. Risks to their safety and wellbeing were appropriately assessed and mitigated. The environment was clean and hazard-free. There were robust systems in place for the prevention and control of infection and the staff followed these. People received their medicines safely and as prescribed.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said the staff were kind, caring and respectful and they had developed good relationships with them.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements. The provider worked closely with other professionals to make sure people had access to health care services.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

Rating at last inspection
The last rating for this service was good (published 24 August 2018). We also carried out a focused inspection on 14 July 2020 but did not change the rating. At this inspection, the service remains good.

Why we inspected
The inspection was prompted in part due to whistleblowing concerns received about the management team. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

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?

Good

The service was 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?

Good

The service was well-led.

Details are in our well-led findings below.

Options The Old Vicarage

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.

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 one inspector and an Expert by Experience undertook telephone interviews with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Options the Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of being 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
This inspection was unannounced.

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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with three members of staff including the manager, deputy manager and support staff and met two other members of the support team.

We reviewed a range of records. These included four people's care records and the medication records for all the people who used the service. 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 emailed and received feedback from two professionals who regularly visit the service.

Good

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 were protected from the risk of abuse. People we spoke with told us they felt safe living at the service. One person said, "Despite lockdown, it has been better over the last 12 months. Management best to date" and another stated, "It is the safest it has been." A relative agreed and said, "No concerns. Impressed with the service, perfectly fine."

● The provider reported safeguarding concerns and worked with the local authority's safeguarding team to investigate these. We saw they took appropriate action to make improvements where this was required.

● Prior to our inspection, we received a number of whistleblowing concerns in relation to the new management team. These concerns were investigated by senior managers who found the allegations to be unsubstantiated.

● The provider had a safeguarding policy and procedure in place and staff had access to these. There was a whistleblowing policy which staff were aware of. People were given information about safeguarding and what to do if they had a concern or felt unsafe. This was available in an easy-read format.

Assessing risk, safety monitoring and management

● Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and detailed. Staff were familiar with the needs of people who experienced particular challenges and risks, along with the measures in place to manage these. They described individual routines and needs, for example of those who smoked, those who went out unaccompanied, people with mobility risks and those at risk of self-neglect and how to manage each issue.

● People had personal emergency evacuation plans in place which were regularly reviewed. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire or other emergency.

● The provider had put in place a robust system for the management of people's personal money, after a concern had been raised about missing money. This involved using a new safety code to the money folders for each transaction and recording this on the audit sheet. We saw each transaction was clearly recorded and receipts were in place. Records matched people's money. The manager ensured only authorised staff had access to people's money and they carried out monthly audits.

Staffing and recruitment

● There were enough staff deployed to meet people's needs. However, one relative thought extra staff were needed when people had appointments to attend. We raised this with the manager who told us, "By utilising the presence of the manager and deputy manager in the home during the day, it has been possible to allow

a member of staff to be free at most times to accompany residents on a daily basis. This includes medical appointments, college trips and support if they need help with their individual shopping. Also activities planned during the day and any trips."

● There had been some recent changes to the staff team. A new member of staff had been recruited, and some staff had left. The deputy manager told us they were looking to recruit another night staff member. They told us staff were no longer required to undertake sleep in duties and instead required staff to work waking nights. This was to help ensure people's needs would be met 24 hours a day. The manager told us they did not require the use of temporary (agency) staff.

● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

● People received their medicines safely and as prescribed, including controlled drugs. There were procedures for the safe handling of medicines. All staff responsible for administering medicines had received training in these and the managers regularly assessed their skills and competencies to manage medicines in a safe way.

● People's medicines were recorded on medicines administration record (MAR) charts. These were signed appropriately by staff to indicate people had received their medicines as prescribed. We checked stocks of people's medicines and found these to correspond with the signatures on the MAR charts.

● Where people were prescribed 'as required' (PRN) medicines, there were protocols in place and these were followed by staff to help ensure people received these medicines as needed. People's medicines were reviewed by the GP and relevant healthcare professionals to ensure these were appropriate to their needs.

● People had medicines care plans and risk assessments in place. Risk assessments recorded the level of support the person required depending on their understanding. Where possible people signed these to evidence they understood and agreed the content. Where people had specific health conditions and medicines were prescribed for these, for example, epilepsy, a care plan was in place explaining the reason for the medicines, how these should be administered and how to recognise signs the person may need these.

● Medicines were kept in a clean and well-ventilated room. Staff recorded the temperatures of the room and medicines cabinet, and these were within a safe range. The manager had commissioned a pharmacist to carry out a thorough audit of the medicines and the outcome of this had been positive. The manager had ensured they had made further improvements based on the feedback.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. The staff and management met regularly to review any incident or accident, discuss what went wrong, and any learning from these.

● Accidents and incidents were recorded appropriately. These included the nature of the incident, events leading to it, actions taken and outcome. We saw where a medicines error had been identified, the manager had taken appropriate action, such as calling the GP for advice and raising a safeguarding alert with the local authority. They had met with the staff responsible and provided them with the necessary support and training. They had also put in place better auditing systems to help ensure errors would be identified more promptly.

Good

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's needs were recorded and met. Care plans were developed from the initial assessments and were comprehensive, consistent, well organised and up to date. They contained all the necessary information about the person, including their ethnicity and religion, medical conditions and wishes and preferences in all areas of their lives.

● Care plans included a background of the person, any difficulties they may have, and how to support the person with these, for example prioritising their skills and abilities and positive risk taking. Care plans were divided in sections such as health and wellbeing, communication, social interaction, challenging behaviour and risk and independence and functional skills. Each section clearly recorded the person's abilities, and where they needed support to develop these. There was a missing person form which described the person's physical appearance, their normal way of dressing and any distinctive features, so people may recognise them if they went missing.

● People's healthcare needs were met, and we saw evidence of correspondence with a range of healthcare professionals involved in people's care, for example the GP and mental health services. The staff kept a record of people's daily routines, significant events or occurrences, health and wellbeing and nutrition and hydration. We saw these records were recorded in a person-centred manner.

● People had a 'My care passport' in place. These included 'things you must know to keep me safe', 'things that are important to me' and 'my likes and dislikes'. These were clear and person-centred and written with the person's own views. They included pictures so the person could understand and participate in these plans.

● People had individual 'COVID-19 grab and go' guides in place. These recorded basic information about the person, their health needs, preferred name, how they would indicate 'yes' or 'no' to questions, how to recognise signs of pain, hearing and prescribed medicines. These were in place in the event a person may be admitted to hospital with COVID-19. People were provided with easy read information about COVID-19 and the vaccination.

● Where people displayed behaviour that challenged, we saw they had a positive behaviour support plan in place. These recorded information about the person, their background, needs and understanding and what may trigger behaviours. For example, one person's plan stated they sometimes got impatient if they did not get something straight away. The support plan clearly outlined how staff could support the person with this and how to recognise triggers and use de-escalation techniques to prevent the person reacting. For example, 'Help me understand and gain ownership of my behaviours and emotions'.

● People had 'positive re-enforcement charts' in place. This worked based on reward when a target had

been achieved. For example, when the person stayed calm and polite, this resulted in a reward of their choice. The person was fully involved and had signed to show they had agreed with this. The person also had a pictorial timetable so they knew the routine and this prevented them from becoming anxious. The staff used behavioural charts when people displayed behaviours that challenged and these were completed appropriately. Based on these, they were able to identify triggers and help the person to understand how to manage these.

● People were encouraged to undertake specific tasks that were achievable, and had 'goal setting' plans in place, for example, making a simple meal or snack. The person had an achievement record drawn up which recorded their accomplishments and helped set future goals. For example, one person had managed their anxieties and no longer required medicines for this. They also had improved their living skills.

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 recorded in their care plans and met. Each person had a communication profile within their care plans. These stated how people expressed themselves, their understanding, their preferred communication and how staff could meet their needs in this area. For example, one person's care plan stated they 'found it hard to express their feelings and emotions and would benefit from staff to give them time to process requests'.

● Another person responded well to visual cues and pictures and we saw a range of pictorial boards in their room to communicate a variety of activities, for example, daily routine, meal plan, and what was happening on particular days.

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 were supported to undertake activities of their choice. During the pandemic, people had not been able to participate in their usual community activities such as attending college or going to the local sports centre. However, the staff had organised meaningful activities to help prevent people from being bored and losing motivation, such as visits to local parks and picnics, arts and craft projects and an Easter egg hunt in the garden.

● The provider employed an activities coordinator. Each person had an activity profile and record which included photographs of activities undertaken. For example, one person had managed to cook a complete meal by themselves. Activity profiles recorded what the person liked doing and how to plan activities they enjoyed with them.

● The provider had obtained permission to build a gym in the garden and work was planned to start soon. The manager told us people who used the service had been involved in planning this, choosing equipment and colours for the décor.

● People were supported to keep in touch with their friends and relatives by telephone and visits. One relative told us, "I generally phone [family member] once or twice a week. We plan to visit in the next few weeks." One person was able to go to their relative's every weekend. Relatives told us they were involved and kept informed of their family members' progress. One relative said, "We are informed of everything all the time. More than ever. Everything is more transparent now."

Improving care quality in response to complaints or concerns

● Complaints were logged and taken seriously. There was a complaints policy and procedures in place and these were available in an easy-read format. People were also given information about advocacy services in

case they needed someone to act on their behalf.

● None of the people or relatives we spoke with had any concerns about the service. One relative told us, "No we don't have any concerns. Everything is okay" and another said, "No concerns. They seem to do everything well."

● The provider took appropriate action when a complaint was received. This included investigating this and putting plans in place to prevent this from happening again. We saw the complainant was responded to in a timely manner and in line with the provider's policy and procedures.

End of life care and support

● The provider had an end of life policy. However, the manager told us none of the people living at the service were willing to discuss this as they were still young and this was an uncomfortable subject at present.

Good

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 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

- There was a positive culture which benefited people who used the service. People who used the service were complimentary about the management team and the staff who supported them. Their comments included, "Definitely excellent", "Things are ok. The new manager is better, working well, no concerns" and "The changes have been very good." A relative echoed this and said, "Very good working, excellent, much better. Impressed that they are good at keeping in touch, by phone calls and emails." A healthcare professional added, "The staff are friendly and when I see the residents, they all appear happy."
- The culture at the service had been negative in the past and although this had improved following the departure of some staff, aspects of a negative culture were still evident when the new manager took over. They told us, "I used my own initiative and experience when I came here. We have a duty of care, and I have used that to implement change within the culture. It was not easy, as the staff did not like the changes, but I know I had to challenge this as it was not safe."
- Relatives we spoke with told us they had noticed an improvement in the overall culture of the service. One relative stated, "[Family member] is more than happy with the new management. [Family member] has [their] own idea of how [they want] things done. Over the years there have been some issues. As far as the home is concerned now that [manager's name] has taken over, it's been better. [They are] now happy to go back after social leave."

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 manager was transparent and told us they understood how important it was to be honest and open when mistakes were made, or incidents happened, and to offer an apology.
- Records showed incidents and accidents were reported appropriately to the relevant agencies as required. The manager met with the staff to discuss any concerns in order to work as a team and encouraged them to report concerns openly.

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

- The provider had robust systems in place for monitoring the quality of the service. Audit tools were in place and used appropriately. The registered manager undertook audits regularly and these were thorough.

They included audits of incidents and accidents, safeguarding concerns, complaints and compliments. Where concerns were identified, there was evidence prompt action was taken to make the necessary improvements.

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

● People who used the service were engaged and involved in the service development. People who used the service were given a 'Resident handbook' when they started using the service. This contained all the necessary information about the service, in an easy-read format. For example, what support they might expect to receive and their rights.

● People were encouraged to be involved in the recruitment of new staff. One person told us, "I have been asked to help out by the top managers and have been involved in developing a prototype recruitment approach… I have been working with them since 2020 and it does make me feel more independent."

● The manager told us they believed in empowering people and the staff and developing their skills. They said, "The residents are now more involved. It is really good and we have made a lot of improvements. The staff are settled and they feel they know what to do. Before they had no structure but now they have been more educated and there is an accountability. We have come a long way and it is now implemented as good practice."

● The deputy manager shared the manager's vision and believed in teamwork. They told us, "The staff now are more involved. We encourage them to think outside the box. They are coming up with ideas, like one of them thought of developing a sensory garden. Then the staff have a discussion and talk as a team on how to do this." They added, "It's really nice to see, they ask questions, they can come and talk to us."

● There were regular meetings for people who used the service, where people were able to raise concerns they may have and were consulted about the development of the service. Relatives were also involved in the service and the welfare of their family members. The manager told us, "We involve families in all decision making. We need to involve the families, and work together for the residents. We have done one relatives' meeting and will continue to do this."

● Staff meetings took place monthly. All staff received regular supervision and yearly appraisals. There was a newsletter circulated to people and relatives to keep them informed of news, development of the service any activities undertaken.

● People had the chance to discuss their care and support during meetings with their keyworker. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.

Continuous learning and improving care

● The manager and deputy manager worked well together to help ensure they ran a good quality service and met the needs of the people who used it. The deputy spent time with all the support workers to ensure they understood their roles fully and what to do in the event of an emergency. The manager said, "They now have more confidence about how to support people and liaise with the relevant healthcare professionals and relatives." They added, "The residents did not have enough activities before. I employed an activity coordinator. They became 'Employee of the month', and the residents were involved with this."

● The provider kept a log of all compliments they received. We viewed a range of these and saw comments including, "I just wanted to let you know that [person's] key worker [name] has been fantastic and we have seen a really positive change in [them]", "Management have been very supportive towards everyone and we all know that they are always available to us if needed" and "[Person] was very happy with the care and support [they] receive from the staff, [Person's relative] is very happy with the support their [family member] has been given."

Working in partnership with others

● The manager worked in partnership with other organisations and professionals, such as the local authority who invited them to attend regular provider forums.

● The manager had a good working relationship with a range of healthcare and social care professionals such as the safeguarding teams to support care provision, service development and joined-up care. A healthcare professional told us, "I can tell you how impressed I am with [Manager] and the situation [they] found [themselves], being newly appointed and finding [themselves] running the home without any experience. I find [them] very open and transparent; [they are] quick to highlight when [they] need advice or support and [are] not afraid to ask. [They are] professional and [have] acted accordingly in some difficult situations."