

Options Autism (2) Limited

Options Watermill House

Inspection report

Common Road
Wressle
Brigg
South Humberside
DN20 0DA

Tel: 01652652147
Website: www.optionsgroup.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Options Watermill House was inspected on 16 and 17 July 2018 and was unannounced.

Options Watermill House is a care home providing accommodation and personal care for up to ten younger adults with a learning disability, autistic spectrum disorder and associated complex needs.

Options Watermill House consists of two separate buildings, the house and the bungalow. Those living in the house have their own en-suites and quiet spaces. People are encouraged to personalise these areas. They share access to kitchen, lounges, and dining facilities. There is also a fully equipped single occupancy flat within the house.

The bungalow has four independent, high quality single occupancy flats. This means those who use the service have the opportunity to practice independence skills and develop these with a view to moving to more independent living at a future date, should they wish to do so. Every flat has access to a patio or garden area. People who use the service have access to the other facilities on site which include; a sports hall, an activity barn, a woodland area, sensory room, computer room, external gardening, hydrotherapy pool and specialist outdoor activity equipment.

Options Watermill House 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. At the time of our inspection there were 9 people living at the service.

At our last inspection in November 2015 we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that showed serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Options Watermill House have maintained and further developed the outstanding model of care and support provided to those who live in the service, which underpins the values of Registering the Right Support. The service is extremely committed to person-centred planning making every effort to assist people to be involved in and understand decisions about their care and support to enhance their self-esteem, quality of life and confidence.

Staff were compassionate and kind and went 'above and beyond' to ensure people received positive outcomes. Recruitment processes were robust to ensure prospective staff had the right skills and were

suitable to work with vulnerable people. Staff had regular supervision and their personal performance was evaluated at an annual appraisal. Staff were very well qualified, competent and had extensive training based on best practice and guidance, to equip them with the skills and knowledge needed to support people extremely effectively.

The service continued to support an extremely person-centred approach, care plans were comprehensive and showed people whose behaviour had previously isolated them, had been supported by the service to develop new skills and successfully become involved in their local community and achieve extremely positive outcomes. For example, one person had particularly high needs regarding their behaviour, when they first arrived at Options Watermill House other providers had stated they could not meet their complex needs. Staff had worked tirelessly with the person to improve their quality of life. Relatives and professionals told us they were amazed by how stable and content the person had become and these improvements were due to the dedicated and caring staff and the support the person receives at the home. They have recently moved to their own flat and this is working extremely well.

The strong person-centred culture continued to be a driving force in delivering an exceptionally consistent approach to support and enabled people to try new things and to make positive changes in their lives. Each person who used the service played a very active role in developing their individualised programmes of care and personal development and their individual choices were fully respected. Staff supported them in the least restrictive way possible. Positive risk taking was encouraged throughout the organisation, balancing the potential benefits and risks of choosing one action over others, to support people to live as ordinary a way of life as possible.

Staff spoke consistently and passionately about the service being a good to place to work and described working together as a team, dedicated to person-centred care, helping people to achieve their full potential. They [staff] also spoke about the support they received from their manager and colleagues, describing the registered manager as very approachable, available, and supportive and that people were at the heart of the service. Staffing flexibility allowed people to live independent, fulfilled lives and helped them to reach their full potential. The philosophy of the organisation was thoroughly embedded throughout the service.

The registered manager and the staff took the safety of people who used the service very seriously and were fully aware of their responsibilities to protect people's health and well-being. Extensive systems were in place to reduce the risk of harm including medication which was managed well and the staff had detailed knowledge of the system in place. The environment was well maintained and all required safety checks completed.

Complaints were investigated and resolved whenever possible to the complainant's satisfaction and any lessons learnt shared with staff.

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 remains good.	Good ●
Is the service effective? The service remains outstanding.	Outstanding ☆
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains outstanding.	Outstanding ☆
Is the service well-led? The service has remains outstanding.	Outstanding ☆

Options Watermill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This comprehensive inspection took place on 16 and 17 July 2018 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager, a house manager, two life skills instructors (staff), a vocational life skills instructor (staff) and the maintenance technician. We also spoke with three relatives during our inspection and three healthcare professionals after the inspection.

We reviewed six people's care and medicine records, looked at three staff files and reviewed records relating to, complaints, training and how the registered persons monitored the quality of the service.

We used the Short Observational Framework for Inspection 2 (SOFI 2). SOFI 2 is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People's relatives told us staff knew their family member's safety needs well. Comments included, "I do feel that [Name of person] is safe living there and the staff are very swift dealing with any anxiety, pain or medical needs for them" and "Management and staff always have [Name of person's] best interest at heart."

Safeguarding policies and procedures were in place. Staff had completed training and had a good understanding of their roles and responsibilities to protect people from harm.

The medicines systems remained safe and people received their medicines as prescribed. The registered manager described the challenges some individuals had in relation to behaviours prior to coming to the service. They explained the organisation had pledged its support to STOMP (Stopping over medication for people with a learning disability, autism, or both with psychotropic medicines) and the service had worked with individuals to manage risks and removed the need for psychotropic medication for some people.

The culture of the service supported people to remain as independent as possible and live a life the same as anyone else within their peer group. Staff understood people needed support to promote independence within a framework of assessing risk, without being risk averse. Risk assessments were comprehensive, identified hazards and how these would be minimised to enable people to go about their daily lives as safely as possible.

Staff responded well to people's behavioural needs in their practice. Care plans held detailed information of how staff could best support people in all aspects of their identified care. This was based on the principles of positive behaviour support, which reflected the least restrictive option. A PRICE co-ordinator (Protecting Rights in a Caring Environment), supported the staff team.

The provider's recruitment processes remained safe. Staff were deployed in sufficient numbers to meet people's needs in line with the agreed packages of care. New rotas were introduced to provide more continuity of care for people living with autism and staff were allocated to work throughout the service.

It was clear throughout the inspection that the service strived to continuously improve and provide a safe service to people. Accidents and incidents continued to be fully reviewed, with prompt action taken and any learning cascaded to staff. The service was clean and well maintained. The provider ensured all safety checks of the building and equipment were completed.

Is the service effective?

Our findings

Without exception people's relatives and healthcare professionals we spoke with expressed the upmost confidence in the staff team and felt they understood the needs of their family members well. One relative told us, "There is a core of excellent management and staff at Watermill and they have a good understanding of [Name of person]." Another said "[Name of member of staff] appears to be very knowledgeable about autism and how to make this knowledge person specific for [Name of person]." A healthcare professional told us, "The staff are very skilled and want to work with and support people to enable them to be as independent as they possibly can be."

People continued to receive an outstanding level of effective care based on current best practice for people living with autism. Staff knew the people they worked with exceptionally well and involved them in decisions about their care and support throughout their interactions, greatly enhancing their quality of life. For example, the registered manager told us about a person, who prior to their placement at Options Watermill House, had a history of self-harming and spent long periods of time in the bath. Staff worked thoughtfully with them to set up a more constructive bathing routine but also ensured they had access to other activities which involved water.

This has been very effective, the incidents of self-harming have reduced substantially and the person was now engaging in activities both in the home and out in the community, which included the use of a sensory bath, hydrotherapy, and swimming. The registered manager told us they were much happier and content since the introduction of the varied activities they took part in and a relative told us, "Staff have been very keen to involve [Name of person] in decisions about their life through ways in which they can communicate. Staff are very enthusiastic and tell me when [Name] has particularly enjoyed an activity."

The service continued to strive to find ways of working successfully with people to promote personal growth and independence. The registered manager told us about a person's earlier experience before they moved to Options Watermill House. The person's placements had failed and their needs had not been met due to displaying behaviour which challenged staff. There was little interaction with the individual which heightened their anxieties and they were kept in their room and isolated from others for much of the time.

When the person arrived at Options Watermill House they were accommodated in a bespoke log cabin in the grounds of the home to help reduce their anxieties and enable them to adapt to their new environment. Two members of staff were dedicated to improving the person's quality of life, they developed an extraordinary connection with the person using a person-centred approach to engage in positive relationship development. The individual and their relatives were encouraged and engaged in the planning of their care to ensure the correct level of support was provided.

The care plan implemented due to the enthusiasm of the staff was extremely detailed and personalised which assisted other staff to deliver the support the individual wanted and needed. This resulted in positive enhancements to their health, wellbeing and abilities and they increasingly became more independent. The person moved into their own flat with other staff introduced over time. The desire the two staff members

showed to improve the quality of life for the person had been very effective. The efforts of the staff team has led to the person engaging in a wide variety of activities and accessing the community on a regular basis leading as full a life as possible.

A relative told us, "Being at Watermill has made a tremendous difference. [Name] is much happier, calmer, everything is so much better. I always worried about them, it was dreadful. Now it is like having a grown-up child who has moved away from home and living a normal life." And, "[Name] even gives us little kisses, my heart melts."

Staff had an excellent understanding of individuals who used the services and how they communicated and expressed themselves. During our inspection we saw staff working with and interacting with people in a warm and attentive way. Individuals were seen to use different ways of communicating and the staff understood them. For example, a nonverbal person kept lifting their arms, staff were very intuitive to their needs and responded at once to the individual explaining to us this is how they communicated they wanted something, and that they would also lead staff to what they wanted.

The service continued to be accredited by the National Autistic Society and employed a behavioural support specialist to train staff and share best practice initiatives. Staff completed all the relevant mandatory training but also had access to specialist training in autism, epilepsy, and accredited training in positive and proactive care in a caring environment. A member of staff told us, "I have always found the in-depth training on behaviour and autism really interesting and informative." Another told us, "They [the organisation] invest a lot of time in staff, are keen for us to develop and there are opportunities for career progression." Staff told us they had regular structured supervisions and appraisals which supported best practice and attended staff meetings.

A relative told us, "Staff are also well trained in the law in relation to [Names'] DoLS and Mental Capacity Act and always work under the ethics of this." 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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. We saw people or their legal representative, such as a Lasting Power of Attorney (LPA), had provided written consent to the care provided. Where people lacked capacity, and had no-one to legally act on their behalf, we saw any decisions made for them was by way of a best interest meeting.

Comprehensive case files continued to hold extremely individual health action plans, with clear guidance for staff on how to improve people's health and well-being to meet their assessed health needs.

Peoples nutritional needs were assessed and detailed information about potential risks, preferences for food and the level of support each person needed during mealtimes was recorded.

Is the service caring?

Our findings

The service has remained good.

Relatives told us they were consulted in all aspects of care and support needs, one said, "The home has been great for [Name of person], he is very settled and has a good relationship with the staff" and "The staff that I speak to are very caring and compassionate and enthusiastic about [Name of person]. Staff tell me about his days out or activities with real fondness and joy when he has particularly enjoyed something." A staff member said, "We care about the families; we have just got a rabbit so we are sending cards to all the families so they know when they next visit and can discuss it with their family member."

The service continued to promote their commitment to a strong person-centred approach in line with the government's 'Autism Strategy' and 'personalisation agenda' to ensure their personal needs and development were met. Using a person-centred approach staff supported people to develop their individual plans and involved them in decision-making. We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. Staff continued to deliver a high-quality service for people and had created an environment in which people thrived.

Care records were available in pictorial and easy read format and had the information staff needed about people's significant relationships including supporting contact with their family. Relatives told us they could visit when they wanted to. One relative confirmed, "There have never been any restrictions on visiting." Another told us, "They keep in regular contact with us and tell us how their day has been."

We saw that the service recognised the importance of treating people equally and continued to provide care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion, and sexual orientation. Training records showed that staff had completed equality and diversity training. A healthcare professional told us, "People are treated with dignity here. I always knock before entering a room and if the person does not want to see me I have to come back another time, it's their home and I have to do what they want."

Information about accessing advocates was displayed throughout the service and we saw they had been involved in supporting people to make decisions about their care and treatment.

Is the service responsive?

Our findings

Relatives were extremely positive about the staff and support provided. One told us, "They [staff], without exception, take note and act upon any suggestions or recommendations from ourselves or professionals." A second relative told us, "Management and staff always have [Name of person's] best interests at heart, [Name of person's] behaviour can be challenging at times but staff show they care. We talk to the service at least twice a week and they always contact us if there are any issues." Other relatives we spoke with confirmed they were involved in the development and review of their relative's care.

A healthcare professional we spoke with told us that the actions of the service were key to enabling a person to remain in the service. Comments included, "My service user's anxious behaviour was increasing and becoming a risk to themselves and others, so the service looked at them having a flat of their own where they had their own space, but next to other flats so they were not isolated" and "Considering [Name's] high needs and behaviour, if it wasn't for the actions of the service and the determination of the staff they would have to be moved to another service. Here the staff want to work with the person, rather than saying they cannot cope and [Name] needs to move on."

The staff gave exceptionally responsive care, designed around the needs of people who used the service. Care plans had a detailed section called, 'All about me'. This provided staff with a summary about the person they were supporting including: communication methods, family and friend's birthdays, qualities, and passions. Care plans were person-centred and showed what each area was aiming to achieve and the steps staff should take to support the individual with this, in line with their personal preferences. We saw certificates of achievement for people for organising a spa day, taking part in a sports day and completing daily living tasks, another collected the post and was seen taking it to the registered managers office, emphasising the progress people had made to be independent.

We saw people were supported to go on holidays or had holidays planned which enriched their lives. These included breaks to centre parks or staying in a cottage. One person was also visiting a centre where it was possible to book the swimming pool out for their sole use. Without the dedication of the staff team these holidays would not be possible. Staff devoted much of their own time to research places which could meet people's needs and enable them and take part in activities. The registered manager told us, "Some people here had never had the opportunity to go on holiday before" and "Each activity off site has a risk assessment, but we look at how these are managed, how it went and how effective the activities are." A relative told us, "The service always takes [Name] on a short holiday and they are always out and about on activities, both inside and outdoors".

The service was extremely dedicated to protecting people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. Staff promoted the providers initiative around activities called the 'inclusive group', which involved all the residents going on day trips or taking part in other activities in the home. The 'inclusive group' involved staff and people who used the service working together to promote inclusion. Staff and residents had recently been on a trip to the coast. A staff member told us, "Although they do things on their own and alongside each other rather than together, they

do seek each other out and ask where their peers are when they are out."

The vocational life skills instructor, whose job it was to engage with people and support them in activities of their choice, told us about one person who had been reluctant to engage in any activities. For example, they missed sports day due to the noise, but still wanted to experience new hobbies and interests. This staff member spent time with them creating a bespoke activity programme to empower them to take part in activities which were suitable. The staff member told us the person had so much fun running around playing games in the garden and how much they had loved the interaction with just one other person. The staff member had so much wanted to meet the person's needs, and achieve this.

We saw people taking part in activities of their choice, including baking, and looking at family photographs. Staff also supported people to use technology to enrich their daily lives. They had access to iPods to listen to music and take part in music sessions. One relative told us, "[Name] goes out all the time. They were in York this week, they go swimming, to the beach, theatre, Doncaster Dome, home to family, Centre Parks, take walks and drives and go shopping."

At the last inspection we found the provider had suitable systems to manage complaints, at this inspection we found the system remained effective.

The service produced information in line with the Accessible Information Standards (AIS). This meant they delivered information in a way that people could understand. The service showed they understood the AIS values through a wide variety of communications. We saw care plans, medication information, letters, training, and service updates, which conformed to the AIS.

The registered manager told us how the provider had continued to develop information for people about all aspects of the service, for example, the service had developed a new document 'About my end of life'. The document had pictorial images and symbols, which enabled staff to work positively with people and their family members when completing the forms. Forms were in relation to the wishes and preferences of the individual regarding what should happen when they die.

Is the service well-led?

Our findings

The service had a very experienced registered manager in post. The leadership of the service was outstanding, it was clear that the registered manager offered strong and experienced leadership and had a clear vision about the direction of the service. The registered manager and provider were passionate about improving people's lives and continued to promote the values of providing people on the autistic spectrum with all the support they needed to develop social, communication and life skills to make choices about their lives and to reach their individual potential for independence. Staff had the same high standards and were extremely dedicated to these values.

Relatives and professionals, without exception, held strong beliefs that the service was well-led. A relative told us "The manager is excellent." We contacted health and social care professionals who had regular dealings with the service and without exception they all told us that the registered manager had a thorough and complete understanding of the service users and their needs and was extensively involved in the day to day running of the service. One commented "They are very knowledgeable in their field of support."

The culture of the service was very supportive of staff, encouraging them to develop in their roles and the registered manager adapted their style of management dependent on who they were interacting with. Staff continued to tell us they had an excellent relationship with the registered manager and felt both valued and supported. They told us they could raise any issues or concerns and their opinions were valued and always listened and responded to. One member of staff told us, "As a team we consult and support each other, we have good support networks. I love working here, it is so calm and welcoming." Another told us, "The manager is very supportive. I really enjoy my job and feel content and happy here. Everyone is friendly and supportive, it's a great team. We all have the opportunity to come together regularly to look at things and this enables us to provide a consistent approach."

Effective methods of communication were in place as well as systems to discuss any matters arising. For example, at the start of each shift all members of staff met in the gym and took part in a daily handover. This enabled staff on duty to handover a full and comprehensive account of people's day and any issues staff needed to be aware of to ensure continuity of care for them. It also allowed the registered manager to provide staff with up to date information about emerging trends, risks, and concerns. The registered manager told us, "It's important to keep on top of new initiatives" and "I have a passion for the place to be the best it can be." A relative told us, "There is a core of excellent management and staff."

During the inspection we saw evidence of staff meetings, team meetings, supervisions records and appraisals for staff which empowered staff and enabled them to effectively shape the service. The provider set high standards for their staff and rewarded them for achieving this. Staff were nominated for 'employee of the quarter' awards. These recognised staff's contribution to making a difference to people's lives. Staff were given positive feedback about their good practice, which had been received and congratulated them for their efforts. One nominated member of staff told us, "I am very touched and very proud of my nomination."

The registered manager had a comprehensive and effective audit programme to ensure a high-quality service delivery.

All accidents, incidents and complaints were reported and recorded and thorough investigations completed to identify and remove factors that contributed to the issue or concern.

The registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to develop the service further. For example, the registered manager was part of an 'outstanding society'. This was a group of providers who had achieved a rating of outstanding, who met regularly to support other providers to improve and develop their services based on networking and sharing best practice initiatives.