Heritage Care Limited

Community Options Domiciliary Care Branch

Inspection report

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Date of inspection visit:
19 December 2017

Date of publication:
09 February 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This announced inspection took place on 19 December 2017. This was the first inspection of this service which was registered with the Care Quality Commission in November 2016.

Community Options Limited – 2a Fielding Lane is a domiciliary care agency. It provides support to people with mental health problems living in the community. At the time of our inspection approximately 70 people were receiving personal care and support from this service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had appropriate safeguarding and whistleblowing procedures in place. Staff were aware of the procedures and understood how to safeguard the people they supported. Risks to people were assessed and identified and there was clear guidance for staff on how to support people. Accidents and incidents were monitored to reduce them reoccurring. People using the service did not have their medicines administered by staff. Staff had received training in infection control and food hygiene so people were protected from risk of infection. Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's care and support needs in a timely manner. There was a live electronic monitoring (ECM) system in place for the service to monitor missed and late call visits.

Assessments of people's needs were carried out prior to them joining the service to ensure the service could meet their care needs. Staff completed an induction when they started work and they had completed a mandatory programme of training that was relevant to peoples' needs. Staff were supported through regular supervisions and appraisals. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and acted according to legislation. People's consent was obtained before staff provided care and support. People had access to relevant healthcare professionals when required.

People were treated in a caring and kind manner. People had been consulted about the care and support requirements. People's privacy and dignity was respected by staff and they encouraged people to be as independent as possible. People were provided with information about the service in the form of a service user guide.

People were involved in planning their care needs. Support plans were clear, well organised and provided clear guidance for staff on how to support people in meeting their individual needs. People were aware of the complaints procedure should they wish to make a complaint. Complaints were managed and dealt with in a timely manner. Staff had received training on equality and diversity. The registered manager said that the service would support people according to their diverse needs if and when required

The service had effective processes in place to monitor the quality and safety of the service. The provider carried out regular competency and spot checks to ensure people were being supported in line with their care plans. There was an out of hours on call system in place to support staff when they needed it. Feedback was sought from people about the service, through regular surveys. Staff were complimentary about management and said that they enjoyed working for the service.

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

The service had appropriate safeguarding and whistle-blowing procedures in place and staff had an understanding of these procedures.

Risks to people had been assessed and reviewed regularly. Accidents and incidents were monitored to reduce them reoccurring.

The service had a live electronic monitoring (ECM) system in place for the service to monitor missed and late call visits.

People were protected from the risk of infections.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good

The service was effective.

Pre-assessments of people's needs were carried out prior to them joining the service to ensure the service could meet people's care needs.

Staff completed an induction when they started work and received appropriate training in line with people's needs.

Staff received regular supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA).

People for their consent before they were provided with care and support.

People had access to healthcare professionals when required in order to maintain good health.

Is the service caring?

Good

The service was caring.

People were felt cared for.

People had been consulted about their care and support needs.

People's privacy and dignity was respected. People were encouraged to be as independent as possible.

People were provided with relevant information about the service.

Is the service responsive?

Good

The service was responsive.

People were involved in planning process of their care.

Care plans were clear and well organised.

People were aware of the complaints procedure and complaints were managed appropriately and dealt with in a timely manner.

Staff had received adequate training on equality and diversity.

Is the service well-led?

Good

The service had a registered manager in post.

There were effective processes in place to monitor the quality of the service.

The provider carried out regular competency checks to make sure people were being supported in line with their care plans.

There was an out of hours on call system in operation to support staff when they needed it.

Feedback was sought from people about the service, through regular surveys.

Staff were complimentary about the management and said that they enjoyed working for the service.

Community Options Domiciliary Care Branch

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 checked 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 inspection site was carried out on 19 December 2017. We gave the provider 48 hours' notice, to ensure that the registered manager would be available to assist with the inspection. The inspection team comprised of one adult social care inspector and one expert by experience who carried out telephone calls to people using the service following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Usually we would ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and improvements they plan to make. However, in this instance we did not request a PIR as we brought this inspection forward due to some concerns we had. We also asked the local authority commissioning the service for their views of the service.

We spoke with seven people for their views about the service. We also spoke with the registered manager, the deputy manager, two occupational therapists and six staff members. We reviewed records, including the care records of six people, six staff members' recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe. I know the team and I am happy with them." Another person said, "I've never really worried about safety and that hasn't changed".

The service had appropriate safeguarding and whistleblowing procedures in place. Staff understood the types of abuse that could occur, the signs they would look for and action they would take to protect people. They knew who to contact should they have any concerns, this included the service's registered manager, CQC and local authority. Staff knew about the organisation's whistleblowing policy and told us they would not hesitate to use it if there was requirement. Staff told us, "I would report any concerns to my line or deputy manager. I would escalate to deputy director of operations if required." Staff had received up to date safeguarding training. One staff member said, "I had my safeguarding training less than 12 months ago." We saw that the registered manager submitted safeguarding notifications to the CQC as required.

The service carried out risk assessments in relation to physical health medicines, mental health, finances, health and safety and environment. Risk assessments were regularly updated and available in care files so that staff had access to them. Risk assessments identified potential risks and included clear guidance for staff on how to support people to reduce the likelihood of these risks. For example, one staff member said, "I have a client with a condition which affects their mobility and they are at risk of falls. One of the things I set up in agreement with them was to install a key safe, so that staff can let ourselves in and the client does not have to get up to open the door. This has really made a difference as they live in a high floor flat and helps prevent the risk of falls."

Staff did not administer medicines as people had been assessed as being able to administer their own. Staff ensured that people were taking their medicines independently. Where people's assessments identified they required reminding or prompting to take their medicines this was recorded in their support plans. When people did not take their medicines as prescribed, staff immediately notified the registered manager and the Community Mental Health Team (CMHT) who made arrangements for their support to be reviewed. Staff had undertaken medicines administration training and under took regular competency checks. One staff member said, "Although I don't administer medicines, I have had to have medicines training and had a medicines assessment which I had to pass before working with the clients".

The provider had a live Electric Call Monitoring (ECM) system in place so that they could monitor and ensure people received their care on time and on the correct days. It showed if staff were running late, when they had arrived, how long they had spent with people. All staff were provided with mobile phones which enabled them to log into the live ECM system on a daily basis so that the service was aware of details of their daily calls. The registered manager told us that travelling time was factored into people's appointments. One person told us, "I don't really remember them not ever turning up on time". Another person said, "I've been using the service for a number of years now and they rarely turn up late". A third person said, "[Staff] have never missed a call. They are very efficient and reliable". The service operated an out of hours call system to ensure people had support outside the office working hours. One person said, "[Staff] will call back immediately, as soon as they get a message".

The service appropriately managed accidents and incidents this included recording details of the accidents/incidents, the action that had been taken to keep people safe and how to reduce the risk of similar future occurrences. For example, one person who self-medicated had taken their evening medicines twice as they had forgotten they had already taken their evening dose. Staff found that the person had become quite agitated, an ambulance was called and the person taken to hospital where no adverse effects were reported. The service took action by installing a medicines safe that was opened by staff at the required time so that the person could take their medicines safely. There were also arrangements in place to deal with foreseeable emergencies. Training records confirmed that staff had completed first aid and fire training.

There was an infection control policy in place and staff had completed infection control training. Personal protective clothing (PPE) was available in the office which staff collected when they visited. We saw from reports spot checks were carried out to ensure staff were wearing PPE and observing the correct hand washing techniques when supporting people. One staff member said, "I have had infection control training in June 2017. The manager does regular spot checks." Another staff member said, "Yes, spot checks are done." A third staff member said, "There is infection control information on the notice boards [in the office]."

The provider carried out appropriate recruitment checks before staff started work at the service. During the inspection we were unable to check staff recruitment files in full as these were held at the organisation's head office. The service did hold a checklist of the documentation that had been completed. However, following the inspection the human resources department sent us full information which confirmed that all staff had completed application forms that included their full employment history. They had obtained criminal record checks, employment references, health declarations, proof of identification and checks to ensure staff were entitled to work in the UK before they commenced work.

Staff rotas were planned in advance so staff clearly knew the shifts they were working. We saw rotas showed that there were enough staff to meet people's needs and people had regular staff attending to their care needs. We saw that travel time between client calls had been factored into the rotas. One person said, "Yes there are enough staff, they're very capable and able bunch". Another person said, "They have enough staff and all the right people are in place. I have no issues". One staff member said, "Yes there are enough staff".

Good

Is the service effective?

Our findings

People told us that staff were well trained. One person said, "I've been very impressed with the staff. They're very knowledgeable and educated in mental health issues". Another person said, "I'm really happy with the staff. They are knowledgeable and have the right skills. They have been very helpful to me in my care".

Staff completed an induction when they joined the service. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. All staff had completed a mandatory programme of training which included safeguarding, medicines, mental well-being, self-harm, health and safety, first aid, equality and diversity, infection control and fire safety. Also the Mental Capacity Act, alcohol awareness and understanding personality disorder.

Staff also had training regarding the recovery star approach which the service uses. The recovery star is a program designed for people to manage their mental health and support them to recover from mental illness. It identifies people's, strengths, dreams, and aspirations.

New staff shadowed more experienced staff when they started to work until they were deemed competent to work alone. We saw records that confirmed this. One staff member said, "I completed my induction and all my training is up to date. I also shadowed another member of staff."
Staff received regular supervisions and appraisals with their line manager. Areas discussed included communication, health and safety, medicines, infection control, training and job progression. One staff member told us, "I have supervision every month and an appraisal". Another staff member said, "I feel supported, I see my manager every month".

An occupational therapist (OT) working for the service also provided specialist one to one support training for staff. They said, "I offer one to one support to staff with writing support plans and risk assessments for the clients they keyworker. For example, understanding the links between the recovery star model, support plans, identifying risks and understanding how they may be managed (preventative measures) and formulating goals. This means staff are equipped to offer person-centred care and support to people in order to achieve their goals.

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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals. This was to ensure

appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA. Staff understood the need to gain consent when supporting people. One staff member said, "I make sure I effectively communicate with my clients. Mine know what they want but I always ask them".

Care plans showed people did their own shopping and prepared their own meals although if needed staff would offer any individual support required. One person said, "I do my own cooking every day. I do the shopping also". Another person said, "I do my own shopping. The staff help me with this when I need it".

People's care files contained information about their scheduled healthcare and medical appointments. Tis ensured that staff were able to support people by reminding them to attend appointments.

Staff monitored people's health and if there were any changes they immediately notified the office or would refer them to the appropriate healthcare professional. This includes, GPs, psychologists, hospitals and Community Psychiatric Nurse appointments (CPN). One person said, "[Staff] help me get appointments with my care coordinator. They will be there when I ring them up to offer me moral support, especially when I need some counselling."

Good

Is the service caring?

Our findings

People told us they felt cared for and supported. One person told us, "If I feel down [staff] try to talk to me, help me out. They do show compassion". Another person said, "[Staff] come round to see me and check to see how I am doing. They are good in that way". A third person said, "[Staff] are friendly, easy-going, good to talk to, always at hand to help".

We saw staff were caring, kind and concerned about people. One person whilst in hospital had their front door damaged. During the inspection we saw that the occupational health therapist contacted the Citizens Advice Bureau (CAB) about acquiring some funding to replace the door. The CAB were unable to provide any funding so the occupational therapist booked an appointment to see the person the following day to discuss how the door was to be replaced..

People said they were consulted about their care needs. One person said, "We talk about any issues and [staff] always listen to what I have to say". Another person said, "I feel like I'm involved in my care. I am happy with the service. A third person said, "I use the recovery star. That's quite in depth. Staff do involve me in decisions about my care".

People had a choice in having a male or female staff member and this was met wherever possible. One person said, "My main key worker is a lady. I wouldn't want a man". Another person said, "I don't mind whether they are male or female".

People were treated with respect and their privacy and dignity was respected. One person said, "[Staff] are always discreet. They value my privacy and confidentiality. Staff would even suggest going upstairs or to another room if they think that it may protect my privacy". Another person said, "I live in a house with other people so the staff will always try to protect my privacy". A third person said, "My support worker would never go anywhere near my bedroom. They have boundaries and are very professional". Staff told us they always knocked on people's doors before entering their room and closed doors when offering support

Care records were stored securely in locked cabinets in the office. Only authorised staff had access to people's electronic records. Staff files were stored securely locked in cabinets within the office and only authorised staff had access to them.

Staff told us they knew people well. They were aware of people's likes, dislikes and preferences, such as singing. One staff member said, "I take a lot of time getting to know the clients and finding out their preferences. We ask them what they like. This is something we all do very well." Another staff member said, "I take time to talk to the client to get to know them and build trust". A third staff member said, "Care plans have this information about people's likes and dislikes". This included calls being planned around the time people liked to get up and go to bed.

People were encouraged to be as independent as possible and to do as much as they could for themselves. One person said, "If I need help the staff help with me if needed, or else they will speak to me to make sure

that I know exactly what I am doing". Another person said, "I take my own tablets. I do my own shopping. I'm also good with budgeting. The staff help me with these when I need it".

Staff encouraged people to carry out daily living skills in order to prepare them for independent living if this was possible. Such as establishing a daily routine, including cleaning their homes, sorting out recycling and checking their fridge/freezer to check there was enough food. Checking food had not expired and ordering food from a meals service to ensure they always had meals available.

With people's consent, staff supported people to check their mail, to ensure that they responded to appointments and important correspondence. Staff helped people to organise a filing system so that they did not misplace documents and had easy access to all their correspondence .One person said, "Staff support me with the bills I sometimes receive. They're very clued up".

We saw that people were provided with appropriate information about the service in the form of a service user guide before they engaged the service. This ensured they were aware of the standard of care they should expect. This included the cost and the services offered as well as the complaints policy.

Good

Is the service responsive?

Our findings

People as well as their keyworkers, care co-ordinators and relevant health professionals had been involved in planning people's care and support needs which were reviewed on a regular basis. One person said, "I know what's in my care plan because I'm involved with the process. They really contain pointers that highlight my path or progress". Another person said, "[Staff] give me a form with a record of my care plan".

The registered manager told us that referrals requiring support for people were received from the local authority Community Mental Health Team (CMHT). Assessments of people's needs were carried out by senior staff to ensure the service would be able to meet people's care and support needs. We saw these assessments included physical and mental health needs, communication, personal care and medicines. Support plans were developed using all of this information to ensure a person-centred care approach was delivered to people.

Support plans were easy to follow and were reviewed regularly. They included information about nutrition, medicines, personal care and mental health. This also included clear information for staff on how people's care needs should be met. For example, one person's support plan documented should they have a relapse regarding their mental health, they should be offered time and space to discuss any concerns they have with their keyworker or mental health team. Daily progress notes were maintained to record the care and support delivered to people. Care files included detailed information about calls times and the tasks that would be carried by staff. The service was flexible in that they accommodated a change in tasks, call times and days requested by people.

Staff had undertaken equality and diversity training and we saw that care records documented people's ethnicity, preferred faith, and cultural needs. One staff member said, "I have clients that go to church and we will ensure that visits don't clash with this." Another staff member said, "We have some clients who are Muslim. I will support my client to go to the mosque." One person told us, "[Staff] help me and support me with attending church". There weren't any people with other diverse needs or preferences. The registered manager told us if this changed then there would be individualised support.

People were assigned individual key workers to give them individual and focused support. Keyworkers held regular meetings with people which were documented and detailed and highlighted any changes in the support people needed. For example, one person was making good progress by becoming more independent. Therefore, the number of calls they required were reduced. People had a CPN who was assigned to the Community Mental Health Team who also provided individual support to help people talk through any problems they may be experiencing and offering practical advice and support. People's keyworkers and CPN's worked closely together to ensure that people's mental health was stable and provided the necessary help and support when required, for example, a change in medicines. Staff supported people to attend their CPN meetings. One person said, "If I have a meeting with my CPN psychologist then a member of my team would come with me. They'll always provide me the necessary back-up". Another person said, "I have really progressed in the past year, so yes, I do believe that they offer and provide care to meet my need". A third person said, "There are times when I have felt like I'm regressing

but there's usually someone there to reach out to".

The service also had dedicated occupational therapists (OTs) that provided individual support to clients. Following referrals received from the local authority, the OTs carried out an assessment to determine the support that could be offered. Support given to people included re-structuring visit schedules for improved engagement, skills development regarding daily living, exploring community leisure opportunities, travel training and anxiety management. The OT had regular documented meetings with people to identify and provide on-going support they needed and the progress they were making. For example, one person progressed significantly through support of the OT to de-clutter and reorganise their home as well as re-engaging in activities that they had previously been interested in as their mental health had improved. The OT support another person received contributed them in moving to more appropriate accommodation.

A CPN told us they thought the service was good and they worked closely with Community Options staff assessing people's needs and making sure their needs were met. They said, "I meet with my client and discuss how they are getting on. I find liaising, corresponding and sharing information with Community Options very productive. As a service I would happily suggest a client use this service."

People were encouraged to participate in a number of activities that were facilitated by the service to help people in their recovery and to prevent social isolation. The service ran gardening and horticulture workshops that people were encouraged to attend as this had a positive impact on their mental and physical well-being. These workshops also gave people the opportunity to gain a qualification and work related skills. People were also invited to participate in a singing group which performed at the O2 arena and at the service's Christmas party. This group enabled people to meet new people, to learn new skills and improved their confidence and self-esteem. The service also facilitated a ceramics workshop where people are encouraged to participate in creating ceramic wares. Pieces created by people were sold to the public and the money received was reinvested back into the workshop.

The service had a complaints policy in place and complaints were appropriately managed. People had been provided with the complaints policy in the service user guide and as part of documentation kept in their homes. The complaints policy showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. We saw there had been no complaints received, however the registered manager told us if any complaints were received they would be investigated in line with the complaints policy. One person said, "I know how to make a complaint, I would feel comfortable in making a complaint, but I've never felt the need to make a complaint, as everything is going really well". Another person said, "I would know how to make a complaint. But the care and services are good and I don't think there is a need for that".

Good

Is the service well-led?

Our findings

People were positive about the service and the care and support they received. One person said, "I think they're excellent. The manager and assistant manager would come round and find out how I am, how their service is, and I how I find the care". Another person said, "Everyone from the top down are very impressive". A third person said, "Everyone involved in my care, plus their managers or seniors, are commendable".

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

In speaking to the registered manager, staff, people and healthcare professionals it was clear that the service was practising it's ethos assisting in people's recovery, promoting independence, and improving their confidence and skills, enabling them to lead meaningful lives in the community. An OT we spoke with said, "The service as they are passionate about mental health care with a focus on recovery and supporting people to be as independent as possible. I find that show genuine care for the wellbeing of clients and that this is the forefront of the work we do".

There were effective systems in place to monitor the quality and safety of the service. This included safeguarding, incidents and accidents and complaints. The quality of the service was monitored by the registered manager carrying out spot checks on staff to determine that they were dressed appropriately, attended calls promptly used the required protective clothing and the correct infection control techniques and to ensure that people's care was delivered in line with their care and support needs. We saw no issues were identified.

Care files and risk assessment audits were carried out to ensure care files were up to date. The last care file audit in July 2017 identified that some support plans did not have all people's goals identified. We saw that this had been rectified at this inspection. We also saw records of telephone monitoring calls made to people to find out if they had any problems with the care and support they were receiving. We found there were no issues. One person said, "Daily visits help me to organise myself with appointments. I look forward to [staff] visiting every day."

We saw the service had good community links with the local council that provided support services for people with mental health needs. They were offered one to one support, to understand and manage their mental health needs as well as to maximise their independence. The service encouraged people to engage in this service as it provided additional support for people.

The service sought people's view about the service by carrying out regular telephone monitoring surveys as well as personally visiting people to at their homes to obtain their views. Feedback was positive and did not report any concerns. One person said, "Staff ask for feedback every time they come". Another person said, "Everyone is great. I couldn't do without the support. I am ever so grateful". A third person said, "I have no

issues". , As the feedback received was positive there were no changes that needed implementation. The registered manager told us they would use any negative feedback to make positive changes.

We saw both manager and staff meetings were carried out regularly and were minuted. Items discussed included, the service overall, training, accidents and incidents, health and safety and client telephone surveys. This meant that the learning was disseminated to try and prevent future accidents or incidents. A staff member said, "We meet regularly, team working is very much encouraged". Another staff member said, "I feel supported and meetings really help with communication between staff and managers".

Staff were complimentary about the management and said they enjoyed working at the service. One staff member said, "[Managers] are open and they listen and support people." Another staff member said, "The service has an open culture. We can talk to our managers and they do listen." A third staff member said, "The [managers] are open and they listen and support people."