

Options Health Care Services Limited

# Options Health Care Services

## Inspection report

Suite 3 Ground Floor, Beechwood House,  
Unit 5, Arlington Court, Whittle Way, Arlington Business  
Park  
Stevenage  
Hertfordshire  
SG1 2FS

Tel: 01438314840  
Website: [www.optionscare.co.uk](http://www.optionscare.co.uk)

Date of inspection visit:

12 May 2016

16 May 2016

18 May 2016

20 May 2016

Date of publication:

23 June 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 12 May 2016. We gave the provider 48 hours' notice to ensure the people we needed to assist with our inspection were available. This was the first inspection for this location.

Options Health Care Services provides personal care to people living in their own homes. At the time of our inspection, five people were receiving support from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

Where people had been supported with medication this had not always been documented accurately and the provider was unable to demonstrate that audits had been completed.

There were inadequate systems in place to monitor the quality of the service and address any shortfalls.

People received care and support that met their needs. Staff respected people's choices, preferences and promoted their dignity.

People were supported by sufficient numbers of staff who had been recruited safely and had the appropriate skills for their role. Staff received regular support and supervision and had the opportunity to attend meetings.

Staff knew how to identify abuse and risks to people and respond appropriately. People's medicines were managed safely. The management team were available for guidance and support should it be needed. Everyone we spoke with was positive about the management of the service and the ethos of the service. Staff knew what was expected of them and people told us that they were all very kind and caring.

People's feedback was sought and this was responded to appropriately.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People's medicines were not always managed safely.

People felt safe using the service and staff knew how to identify and report abuse.

People were supported by staff who had been recruited safely and there were enough staff to meet their needs.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who were trained and supported appropriately.

People's consent was sought before providing care.

People were supported to maintain a healthy and balanced diet.

People were assisted to contact healthcare professionals if needed.

### Is the service caring?

**Good** ●

The service was caring.

People told us that all staff were kind and caring.

People were involved in planning their care and felt respected.

Confidentiality was promoted and staff knew the importance of maintaining people's confidentiality.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's needs were met. However, care plans did not always give staff clear guidance on how to deliver care or support.

People were aware of how to make complaints if they needed to.

**Is the service well-led?**

The service was not always well led.

There were not adequate systems in place to monitor the quality of the service and address any issues.

Care plans lacked guidance and had incorrect information for staff

People and staff were positive about the leadership and management of the service.

**Requires Improvement** 

# Options Health Care Services

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Options Health Care Services on 12 May 2016. We also telephoned and spoke with people who used the service and staff. We completed this on the 16, 18 and 20 May 2016. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. We gave the service 48 hours' notice to ensure that the registered manager would be available to meet with us. During the inspection we received feedback from two people who used the services, one relative, four staff members, and the registered manager. We also received feedback from professionals involved in supporting people who used the service we viewed information relating to five three people's care and support. We also reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

People felt safe using the service. One person said, "I feel safe to have them in my home, they are trustworthy." Another person said, "I feel safe when they are lifting me in the hoist."

People's medicines were not always monitored by the provider. Staff told us that they prompted people to take their medicines and that they also assisted people to take medicine. We saw from one person's care plan that staff were responsible for the administration of their medication. We also noted that their Medication Administration Records (MAR) had not been documented accurately. We asked to see the audits for the medicines but the provider was not able to locate them. The lack of medicine audits meant that errors and gaps on the MAR charts had not been identified.

However people we spoke with confirmed that they received their medicines and one person confirmed that staff always applied their cream. However the provider was not able to demonstrate that they had audited the medication and there had been no actions taken to review the errors on the MAR chart.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Staffs were aware of how to identify and reports any concerns relating to the risk of abuse. Staff had received training in safeguarding people. One staff member said, "I would report any concerns straight away to my manager." Another staff member commented, "You get to know people's behaviour and any concerns I had I would report this to my manager." Staff we spoke with knew how to report concerns to other agencies such as the local authority and CQC.

The provider told us they had enough staff to meet people's needs and they also provided care to people regularly. Staff we spoke with told us that there were enough staff and that they were able to meet people's needs. Staff also confirmed that if they were running late they would communicate this to the person waiting for the call. One person said, "If staff were running late they will contact me." The provider showed us the staff rotas that demonstrated they had enough staff to cover the required calls.

People told us that staff were on time and did not miss calls. However one person told us, "I would like a different call time but that's my only gripe." They were pleased with the care they received. Another commented, "Staff stay for the allotted time, I don't feel they rush and they won't leave until everything is done." People we spoke with told us they had not had missed calls and they knew who to contact should this happen. We asked people if they were receiving their calls on time and the feedback we received was positive. One person said, "The time keeping is very good." Another person said, "Staff are always on time and they always turn up." One person commented, "Staff are very good and arrive on time."

People had their individual risks assessed and had a plan in place to manage these. For example, in relation to nutrition, pressure care, moving and handling and falls. Staff told us how they supported people to reduce the impact of these risks. For example, one person required support to have their skin regularly moisturised and for staff to monitor and report any changes in the condition of their skin. Staff we spoke

with understood this and the person who received the care said, "Staff always put cream on my skin and check my skin. They tell me about any marks or changes."

## Is the service effective?

### Our findings

People felt staff had the appropriate skills and knowledge for their roles. One relative said, "Staff are really competent when using the hoist." One person said, "Staff are trained well, I wouldn't change them because they are good."

Staff told us that they were up to date with their training and felt supported to do their job. We spoke with staff who confirmed that they had all received an induction and were shadowed by an experienced member of staff until they were competent. One staff member said "My induction lasted four days and during my shadowing I was shown how to use the hoist and I feel confident now." Another staff member said, "If I had a problem or didn't know something I would call the manager and ask." We saw that staff received one to one supervision, and the provider carried out spot checks which ensured good care was delivered. The provider said, "I am happy with what I have seen, the staff are good carers."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People were supported to make their own decisions and consent was sought prior to care being delivered. One person said, "I am involved in my care and they [Staff] listen to me." A relative told us, "They have the capacity to make their own decisions and are involved with their care." The provider told us that people they supported had capacity to make their own decisions. However, they were aware of the process to follow to support someone should they require an advocate if they became unable to make their own decisions.

Staff supported people where required with their meals and drinks and gave encouragement to people to support their independence. One relative told us, "Staff feed [Name] and monitor their weight." They also confirmed that the nutritionist had been involved and they were happy with the support their relative received. However we found that care plans did not always give detailed guidance for staff on how to provide care but people we spoke with confirmed the care they received was good. For example, one person's care plan noted the person's skin was tender and delicate. They were at high risk of developing pressure ulcers as indicated by a high waterlow score. (A waterlow score gives an estimated risk for the development of a pressure ulcer). However there was not enough guidance for staff contained in the care plan on how to manage this and to take steps to reduce the risks to the person.

People we spoke with were generally independent in regards to health care appointments or were supported by their relative to attend these appointments. We were given examples where professionals were involved with people's care. For example, regular district nurse visits. Staff told us that if people were unwell they would contact the GP if required.



## Is the service caring?

### Our findings

People told us that staff were caring, friendly and kind. One person told us, "I have no worries with the care I have. Staff are lovely, no issues on that score." Another person said, "They are a joy to be with."

People told us they were involved in planning their care and their choices were respected. One person said, "Staff talked to me about my care." One relative said, "The care plan has been reviewed when needs have changed and we discussed for example, if night care was needed." We saw that people's care plans were reviewed but had been written in a way that did not always give detailed guidance to staff on how to support people's needs. For example, there was no guidance around applying people's creams. However people we spoke with confirmed they had their care needs and preferences met. People told us, "They are quiet a small team, so I know everyone. They have gotten to know me well and they know what I need." A relative said [Name] has a lot of care time and they know my [Relative] well." The person had four daily visits.

People told us that staff listened to them and that their choices were respected. One person said, "I am involved in my care and staff listen to me." Another person said, "Staff are respectful and caring." Staff were able to demonstrate they knew how to protect people's dignity and privacy. One staff member said, "I always communicate what I'm going to do to make sure that it's alright and I always offer choice, what you would like for breakfast or to wear." Another staff member commented that they always closed curtains or doors and they explained how they maintained the person's dignity when they provided personal care.

One relative told us that their family member had their own religious beliefs and had communicated to one of the staff that they would like to receive communion and the member of staff arranged for this person to receive Holy Communion in their own home. This demonstrated that staff listened to what people wanted and supported people to achieve their goals.

Confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure. Staff understood the importance of maintaining people's confidentiality.

## Is the service responsive?

### Our findings

People told us they received care and support that met their individual needs. One person said, "I am happy with the care they [Staff] give, they do the job properly." Another person said, "They always let me know if there are any changes." A relative told us, Options Care have been excellent. They are prepared to spend the time; they have empathy and provide excellent care. All the care [Name] needs is provided in conjunction with the district nurse." We were told by people that they had been asked about their preferences. For example, staff gender. One person told us that this did not matter to them and felt it was nice to have both.

People's individual care and support plans were not always person centred. We looked at three care plans. We found where they had documented the persons likes and dislikes and how they would like to be spoken to. All three care plans had identical answers and did not contain information specific to each individual. We found that there had been incorrect information recorded. For example, there were instructions for staff to perform a task and record results. However staff were not qualified to carry out this task. We saw from the daily notes that this had not been done by staff and had only been completed by the district nurse; the provider told us they would amend the care notes and confirmed that staff did not perform this task.

People we spoke with all confirmed that they had been involved with their care and that they felt listened to. We found that although care plans had been reviewed and risk assessments completed there was not always guidance for staff on how to manage these risks. For example in one care plan it stated that the person had poor skin integrity but there was no guidance about how staff should manage this. Staff we spoke with were able to demonstrate they knew how to provide good skin care and people we spoke with confirmed that they had good care provided. Staff were able to explain that they checked skin for marks and they kept skin moist. This demonstrated that the issue were around documentation and not the care people received.

People were aware of how to make a complaint should they need to. However, everyone told us that they were very happy with the service. One person said, "I know how to complain, but have no reason to complain." Another person said, "They [Staff] have been great where there had been a problem with equipment they came within an hour to sort it out." We saw that the provider had a complaints policy in place and we reviewed the complaints log. We found that all complaints had been responded to; we also noted a compliments folder that contained letters and cards of thanks. Staff told us that they checked that people were happy with the service. The provider told us, "I use time during my visits to make sure that people are happy with the service." One person said, the [Provider] comes round often, they check whether I'm happy. If I had a problem I would speak with the [Provider]." Staff we spoke with new how to complain should they require.

## Is the service well-led?

### Our findings

People told us that the service was well led and they felt listened to. One person said, "When I call the office I always get through to someone." One relative said, "The communication is good by phone and email."

We found that there were no adequate systems to monitor the quality of the service. For example there was not an adequate monitoring system in place to ensure that people had received their calls. The staff recorded in people's daily notes the time they arrived and the time they left. These daily notes were taken back to the office at the end of each month and reviewed by the provider. However the provider was not able to demonstrate that these were checked. This meant on a day to day basis people calls were not monitored. The provider told us that they see people on a regular basis as they provide care to people every other day and would ask if there were any problems and they also commented that people and staff would communicate if they had a missed call.

We also saw that care plans contained an audit sheet that had been ticked to say that the care plans had been audited and there were no issues. However, we found that where creams were applied staff had not completed the records chart to show this. We asked to see the medicines audits for the last two months to see whether this issue had been identified in there; the provider was unable to produce these audits. There was incorrect guidance in one care plan we looked relating to the care that staff were required to give and this had not been identified. There was no evidence to show the provider had reviewed audits and there had been no action plans or improvement plans to develop the service.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

Staff attended regular meetings and had the opportunity to have their say. Staff confirmed they felt the provider was approachable. One staff member said, "We have supervisions and staff meetings every month but I can speak to [Provider] at any time if I need to discuss something." Staff were positive about the management of the service. One relative said, "I would be scared to lose them because of the relationships that exist. They have outstanding qualities and the communication is excellent."

The provider told us that they had support and had links with other organisations that supported them with training and updates to best practice. The provider told us they had attended seminars. They had outside organisations that provided information and updates to changes in policies.

The approach of the provider was to put people first. They told us that the most important thing was to make sure people received good care. They explained that because they supported people with care on a regular basis, they had built up good relationships. They said, "This allows people to talk with me about any concerns they may have and for me to monitor and guide my staff." Staff were clear about what was expected of them and where to go for support or guidance if they needed. Staff were positive about working for the service and felt that people received a good standard of care.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not kept under review by the provider to ensure safe practice.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were not adequate systems to monitor and improve the quality of the services provided.