

Options Care Limited

Options Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 20 December 2016 and 16 January 2017.

The provider was given 48 hours' notice of the first inspection date because the service provides domiciliary care and we needed to be sure the registered manager was available. The visit in January 2017 was unannounced in response to allegations made by some members of staff.

The previous inspection took place on 1 September 2014 and the service met the regulations we inspected.

Options Care Limited is a care agency that provides care and support to approximately 18 adults with varying needs in their homes.

The service had a registered manager. 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.

There were not always sufficient numbers of suitable staff available to meet people's needs. Staff did not go through an appropriate recruitment process before being employed.

Staff received initial training. Training included an induction process for new members of staff. Refresher training for existing staff was available through media accessed training. However, staff were not appropriately trained and assessed as competent to provide safe and appropriate care and support.

People told us they felt safe with this service. Staff had completed safeguarding training which meant they were aware of the different types of abuse that could take place and new how to raise any concerns. Risk assessments reflected people's needs and supported staff to provide safe and appropriate care and support. People's medicines were managed safely where required.

Staff were supported with regular supervision meetings and appraisals where any training and development was identified. The service was working within the principles of the Mental Capacity Act. People consented to their care and support. The service was meeting people's nutrition, hydration and healthcare needs.

People and relatives told us staff were caring and treated them with dignity and respect. The service supported people to express their views and to be involved in planning their care and support. Staff respected people's dignity and privacy and encouraged people to be as independent as they wanted to be. Staff supported people to make choices and respected people's preferences.

People's needs were assessed before the service started providing care and support. Care and support plans were person centred and identified needs, goals and preferences. The service encouraged feedback from

people and their representatives about their experiences of the service. The service generally managed complaints appropriately.

The service had systems to assess, monitor and improve the quality and safety of services provided, but these were not always effective in identifying problems and concerns. The provider did not ensure records relating to the provision of the regulated activity were accurate, up to date and fit for purpose.

You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe. We were not satisfied there were always sufficient numbers of suitable staff to meet people's needs. Staff understood safeguarding adults from abuse. Risk assessments were completed to ensure people using the service and staff were safe. Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff received initial training but their competency was not assessed and recorded. Staff were supported with regular supervision meetings and appraisals. People consented to care and support and the service respected the principles of the Mental Capacity Act.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with dignity and respect and supported with their preferences and independence.

Good ●

Is the service responsive?

The service was responsive. The service had an effective complaints system. Care and support were responsive to people's needs.

Good ●

Is the service well-led?

The service was not always well-led. Systems to monitor, assess and improve service provision were not always effective. Records were not properly maintained.

Requires Improvement ●

Options Care Limited

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 inspection took place on 20 December 2016 and 16 January 2017.

The provider was given 48 hours' notice of the inspection in December 2016 because the service provides care and support to people in their homes and we needed to be sure the registered manager would be available to speak with us. We arrived unannounced in January 2017 after receiving allegations from some staff about how the service was being run.

The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service.

During the inspection we spoke with the registered manager and the office manager. We looked at four records about people's care and support. We reviewed records about staff, policies and procedures, and 14 staff files.

After the inspection we reviewed staff rotas we spoke with five people using the service or their representatives. We spoke with nine members of staff during and after the inspection.

Due to unavoidable circumstances, there was a considerable delay between the inspection and the report. In these circumstances, we asked the provider to send us further information to identify if improvements had been made.

Is the service safe?

Our findings

We found evidence that not enough suitable staff were on duty to meet people's needs at all times. A number of staff left the service prior to, during and after our inspection. Some alleged to us the service suffered from staff shortages with staff rushing from call to call and staff working without appropriate recruitment checks. Some members of staff contacted CQC and the local authority and made allegations about staffing levels, staff working without training and appropriate and timely criminal record checks.

We asked the service for records of staff rotas for a period of three months. This was provided in the form of electronic call monitoring (ECM) records. This is a system where staff call a Freephone number at the start of a visit and at the end and identify themselves with a personal pin number. The system enables a service to have an accurate record of visits by staff and advises the office when staff are late for a call. The system also warns the person inputting information when a member of staff is being assigned to more than one location at the same time. The system shows planned times for visits and the actual times visits started and ended. Where staff fail to phone in the start time or end time the records show a blank space.

We were provided with ECM records for the period covering October 2016 to December 2016 which we have referred to as staff rotas. We looked at a random selection of 15 days records within these three months. When we examined the rotas of where staff had been sent and at what times we noticed significant anomalies in the records as we found staff were shown as being in more than one location at the same time. For example, on one day in October we saw one member of staff was recorded as attending one location between 8.24pm to 8.54pm; another location between 8.30pm to 9.00pm; and, another location between 8.32pm to 9.00pm.

There were numerous examples of staff leaving a call at one location and immediately starting at the next. We found 50 incidences of staff being recorded in two locations at the same time for 10 minutes or longer and this did not take into account any travelling time. We found five incidences where staff were recorded as being in three locations at the same time.

We were also provided with ECM records of staff hours and pay for the period between 9 and 15 January 2017. They were similar to the staff rotas as we found there were visits where staff were recorded as being in more than one location at the same time.

We asked the service for an explanation of these anomalies in the records. The registered manager said they had entrusted a member of staff to complete the rotas. There were problems with staff not telephoning their pin to show start and end times of visits and one member of staff had been dismissed for this and other reasons. On a number of occasions the registered manager went out on calls to complete observations and did not log in with ECM. We have considered these explanations but they do not clearly explain how the ECM rotas and staff pay records were showing people at the same location at the same time. Ultimately the registered manager has overall responsibility for rotas and staff numbers.

We spoke with people using the service or relatives. There were some people who were unable to tell us

about their experiences of the service and we were unable to contact their relatives. One person told us, "Good carers working long hours, carers persistently pressurised." Another person told us, "I don't think they ever let me down." One person said, "I was really happy with Options Care." People, relatives and representatives we spoke with spoke positively about the care provided by the staff coming into people's homes.

We had no confidence in the ECM records and were not reassured by the response of the registered manager and our conversations with staff. The service told us they were constantly trying to recruit new people. We saw from records there was a high turnover of staff. We were not satisfied they consistently had sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the inspection, due to staff leaving, the service has stopped providing care to some clients and this has been taken over by other services.

We also found the service's recruitment systems for staff were not meeting the requirements of the Regulations. These requirements included the provision of a full working history, explanations of gaps in their history, identification and where required permission to work in this country. Staff also needed satisfactory checks with the Disclosure and Barring Service (commonly known as DBS checks) which identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions. All of these should have been completed before any member of staff was allowed to provide care and support to people using the service.

We examined 14 staff files including the file for the registered manager. Some of the staff no longer worked with the service. We found one member of staff, who was a close family member of the registered manager, had been working unsupervised since the beginning of October 2016 without a completed DBS check. In fact they had no staff file at all. We found four other staff members had worked between two and three months before a DBS certificate had been issued. These members of staff were recorded as completing calls on their own. Some of these were when the registered manager was recorded as working at another location and would not have been able to supervise them.

We requested information about DBS checks for 18 members of staff who were working or had recently worked for the service. At the time of writing this report we had received DBS serial numbers for 12 members of staff and explanations about three others.

DBS checks provide reassurance for the service, other members of staff and people using the service that a member of staff is suitable to provide care. The fact staff were providing care without a DBS check having been completed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC is considering the appropriate regulatory response to these breaches of the regulations.

Policies, procedures and training in safeguarding vulnerable adults meant staff could recognise abuse of people they cared for and were aware of their responsibilities to report any concerns. Staff told us they had completed safeguarding training and would report any concerns to the registered manager. They knew about whistle blowing procedures if they needed to raise concerns outside of the service.

People's care planning included risk assessments to minimise any risks to people and staff. Risk assessments were put in place for when people started to be supported by the service. They covered a range of hazards and concerns that the service identified in relation to providing safe and appropriate care and

support. When necessary were responsive to changes in people's needs. We saw examples of where staff had identified issues or changes in needs and the service had responded appropriately. For example, the service identified two people at risk of pressure ulcers and they were referred to the district nurse through the relevant local authority.

We also saw the registered manager had delayed taking on a new client until their moving and handling needs had been assessed by an occupational therapist and appropriate guidance provided. In another case, the registered manager decided a specific aid for one person to use the stairs was not safe. After an assessment by the occupational therapist the equipment was changed. Risk assessments also included an assessment of the person's home environment to ensure both the person and staff could be involved in the provision of care safely.

We found medicines were managed safely. Staff completed training to administer medicines. One relative told us, "I regularly check the medicines." They had not identified any mistakes made by staff. Medicines policies and procedures were in place to support staff. Where staff gave medicines they completed medicines administration records (MARs). Wherever possible people or their relatives took on the responsibilities for managing medicines.

Is the service effective?

Our findings

New staff attended an intensive one day training course over 10 hours. This course covered areas such as health and safety, basic life support, moving and handling and safeguarding. The registered manager informed us new staff accompanied more experienced staff for a week or until they were deemed competent to provide care without supervision. One member of staff told us, "I shadowed for about five days and then started myself." Another member of staff told us, "I just did the day's training." One relative of a person using the service told us, "Sometimes carers have shadowed to learn what to do." The registered manager told us she was very hands on and often observed staff providing care to ensure they were doing so safely and appropriately. When we checked staff files there were no records demonstrating staff had been assessed as competent.

The registered manager was qualified to train staff in moving and handling, medicines administration, first aid, healthcare and safety awareness. This had been completed in November 2016. We did not see any records of training delivered by the registered manager in these areas at the time of the inspection bearing in mind how recently they had completed their training. The registered manager had also completed a Skills for Care Workshop and was a Care Certificate assessor. The Care Certificate clearly identifies the learning outcomes, competences and standards of care expected from care workers. We saw three members of staff had completed the Care Certificate.

Training, learning and development needs of individual staff members must be reviewed at appropriate intervals during the course of employment. We found there were only two members of staff who had worked for the service for over a year. There was a high turnover of staff. Consequently, we could not verify if there were systems in place to provide regular refresher training. The registered manager told us refresher training was available through social care TV. Both longer serving members of staff had completed the Care Certificate. One of them had completed, in their own time, a National Vocational Qualification in Health and Social Care. We saw evidence that some staff had received a variety of training relevant to their roles. However, four members of staff had no records of any further training delivered by the service other than the induction training and the Care Certificate. The longer serving members of staff had not completed any recent refresher training through the service. The member of staff who was a close family member of the registered manager was not shown as having completed any formal training at all.

The service did not ensure all members of staff received appropriate training and induction to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if staff were receiving support from the service through regular supervision meetings and appraisal of their performance; this is necessary to identify and address any training and development needs. The registered manager had carried out annual appraisals in the two months leading up to our inspection. We also saw evidence that staff received supervision and had regular contact with the registered manager.

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. We checked whether the service was working within the principles of the MCA. Care plans reflected people's consent to care and support. Initial decisions about a person's mental capacity had been made by the local authority funding the placement. Any issues or changes in a person's mental capacity were referred back to the local authority for assessment and direction.

People were supported to have a healthy diet as outlined in the care package and care plans. Where appropriate, people's care plans contained an assessment of nutrition and hydration needs.

People were supported with their health needs and were referred to healthcare professionals when necessary. Each person's care plans contained a health assessment and health history to ensure the service could meet their needs. Contact details of relevant healthcare professionals were readily available to staff and advice could be obtained from a member of staff who is a registered nurse. We saw records showing the service had referred people to healthcare professionals, such as the GP, district nurse and occupational therapist, when required.

Is the service caring?

Our findings

People using the service and their relatives and friends told us staff were caring. One person told us, "I liked [the care worker]; she always made sure I had a full wash in the morning. There were no problems. I was really happy with Options Care." Another person said, "There are some good carers, it's the organisation that's not very good." A relative told us, "This is the second provider we have had, they [Options Care Limited] are much better than the original one. All the carers have been lovely." Another relative said, "The carers were fine, the organisation was no good." A close friend of a person using the service told us, "By comparison with the previous agency they [Options Care Limited] have been fantastic."

We found people and their relatives were supported to express their views and be involved in planning the care and support provided. One relative told us, "I like the fact she came and visited me and [name of relative] and asked what we wanted." We found entries in records of people's views about their support needs and input from relatives where it was appropriate for them to do so. People using the service and relatives confirmed they were involved through daily contact with care workers, the registered manager and periodic reviews of their care. The manager occasionally visited people using the service to check care was being delivered safely and appropriately. One relative told us, "The [registered] manager comes round to make sure everything is okay."

People were supported to maintain their independence as far as they were capable and wished to do so within the confines of the care package. For example, one person was taken out once a week to do their shopping. This enabled them to complete tasks that would not be possible without the support of the care workers. One care plan stated, 'Support my independence, washing face and under arms (I can do this) and dentures.'

We spoke with staff about respecting people's privacy and dignity. They spoke about ensuring people were not embarrassed or uncomfortable when care was provided, especially personal care. Relatives confirmed this to be the case. One relative told us, "They do treat [relative] with dignity. I am always there."

Staff respected people's preferences. Staff told us people chose what they wanted to eat, drink, wear and for those people taken out where they wanted to go. Care records reflected this. For example, there was a section entitled 'What I would like to happen' that explained how people wanted their care provided.

Is the service responsive?

Our findings

People told us they would inform the registered manager or office if they had concerns or complaints. The service had policies and processes in place to deal with complaints. We examined these policies and processes which reflected current good practice for dealing with complaints. We saw records of three complaints made to the service since our last inspection. Although for one of these there were no clear records of what actions had been taken in response to complaints and to identify learning opportunities to improve the service, the other two complaints had been recorded and dealt with in line with their policy, with records showing that the provider had taken appropriate action in response.

We found people were assessed before the service began to deliver care and support. This was to ensure the service was able to meet their needs. We were told by the registered manager about an assessment where the service had refused to take on a person's care and support until an occupational therapist had reassessed moving and handling needs because they could not safely meet the person's needs. There were other examples of assessments where the registered manager had refused the care package or had insisted on changes to enable the service to meet people's needs.

The funding authority provided information about people they wanted to place in the service including an interim care plan. The registered manager completed their assessment and decided whether the service could accept the care package and meet the person's needs. Using information from the local authority, the assessment and conversations with the person and relatives a care plan was created to provide guidance to staff on how to provide safe and appropriate care and support.

We looked at a random selection of care records. Care plans addressed a range of people's needs including areas such as moving and handling, nutrition and hydration, cultural, communication and personal care. They were person centred, used person centred language and identified people's needs, goals and preferences and how they were expected to be delivered. For example, care plans included section on 'what is important to me, what I would like to happen and who are important to me.' This information about people provided guidance to support staff to deliver person centred care and support. We found staff were aware of people's preferences which meant they were better equipped to deliver personalised care and support.

The service was responsive to changes in people's needs. For example, the registered manager had renegotiated an increase in time for one person to enable the service to meet changes in their needs. We saw and were told about care packages where the registered manager had decided they could no longer meet the person's needs that resulted in people moving to a service that could meet their needs. This demonstrated the service was not taking on packages for people without careful consideration of whether they were in a position to fully meet their needs.

The service obtained feedback from people and relatives about their experiences of the service. People told us there was regular contact with the service. The registered manager visited people using the service periodically to ensure there were no problems and make sure people were happy with the care being

provided. In addition to these regular checks, the service sent out annual surveys to people using the service and relatives to obtain feedback about the quality of service provided. We saw completed survey forms.

Is the service well-led?

Our findings

We were concerned the service was not as open and transparent as they could be. On the second day of the inspection we noticed on the ECM a close family relative was providing care to people using the service and was scheduled to do other visits. We had not seen any staff files relating to their employment. When we asked about this we were told this person had just started as a result of staff leaving and were accompanied to visits by the registered manager. The registered manager had come in to the office to see us and was not accompanying the person. When we checked staff rotas we found the relative had been working for the company since the 1 October 2016. It may have been longer but we only had rotas that went back to that date and there were no staff file we could refer to. It transpired the relative had not received any formal training and did not have a current DBS.

We found staff had the opportunity to attend regular meetings to discuss their work. We saw evidence that the registered manager regularly worked alongside staff. The registered manager enjoyed providing care and recognised they needed to spend more time managing the service. Although records showed staff had opportunities to give feedback about the service, we did not find evidence that improvements had been made as a result of this.

The registered manager told us they carried out spot checks on staff approximately every three months. Some members of staff confirmed they had worked with the registered manager from time to time. People and relatives told us they had received visits from the manager to check everything was okay. We saw evidence to confirm these contacts took place. It was quite apparent there were a number of issues relating to staff and managing the service that the registered manager was unaware of or ignored. Although the service did have systems to assess, monitor and improve the quality and safety of services provided, these were not effective in identifying the issues we found during this inspection.

There have been a number of issues around records identified in this inspection. The provider did not ensure records relating to the provision of the regulated activity were accurate, up to date and fit for purpose.

We found there was a lack of effective quality assurance systems to identify shortfalls and make improvements and records were not contemporaneous or accurate. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Contact with staff, people using the service and relatives was not systematically recorded. There were no staff meetings to enable staff to feedback their experiences of the service. There was a lack of formal systems to assess, monitor and improve the quality and safety of services provided. Records relating to the regulated activity were not always accurate, up to date and fit for purpose.</p> <p>Regulation 17(1)(2)(a)(b)(d)(e)(f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Not all members of staff had been checked by the Disclosure and Barring Service before starting employment and delivering care and support to people using the service. Recruitment processes were not robust.</p> <p>Regulation 19(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service did not have sufficient numbers of staff assessed as competent with regular training and relevant experience to meet people's needs at all times. Staff were not supported with periodic supervision and appraisal.</p> <p>Regulation 18(1)(2)</p>

