Options Health Care Services Limited

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Inspection report

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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

Options Health Care Services is a small service that provides personal care to people in their homes. It does not provide nursing care. The people who use the service may be older people or living with dementia, learning disabilities, mental health issues or a physical disability. At the time of the inspection six people were receiving personal care.

People's experience of using this service and what we found
A safeguarding incident that was being investigated by the local authority had not been reported to CQC as required.

The provider had been denied access to their office by the landlord due to a dispute. The provider told us they had not had access to the office since 4 March 2019.

Monitoring systems were not adequate to ensure people had received their calls and that people were safe.

The provider failed to demonstrate that adequate quality assurance processes were in place.

At the last inspection we had identified an issue with recruitment processes. At this inspection we were unable to review recruitment processes to ensure the required improvements had been made.

People and relatives told us they were happy with the care. People confirmed that they received their calls on time and if staff were running late they would be contacted and advised of the lateness. However, one person told us about a missed call.

People told us that they had contact details for the staff and the provider. They confirmed that they knew who to contact in an emergency. This was not everyone's point of view one person told us that they were unable to contact the office and they had now resorted to sending emails, but this was not working effectively.

Staff confirmed they had regular training and supervisions. They felt supported by the provider.

Staff and relatives all commented that staff were kind and caring. People had developed caring relationships. People felt their privacy and dignity were promoted and staff supported their independence.

People confirmed they were supported with their nutritional and fluid requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the provider confirmed that all people they were providing care and support had full capacity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Good (the last report was published 4 May 2017).

Why we inspected
The inspection was prompted in part due to concerns raised. The local authority was investigating these concerns under their safeguarding procedures. Concerns included late care visits, missed care visits and not effectively and safely implementing the advice from the physiotherapist for moving and handing. The local authority visited the providers premises to carry out some checks and found that the provider had been locked out of their offices. The local authority withdrew their contracts from the service.
The provider under the regulations had a duty to inform CQC of the safeguarding but failed to notify us. A decision was made for us to inspect and examine those risks. The local authority confirmed the safeguarding concerns was substantiated. We found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Options Health Care Services

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the provider for this service and the provider has been referenced throughout the report.

Notice of inspection
We gave the service notice of the inspection. We contacted the provider on the 24 April 2019 and arranged a meeting for the 29 April 2019. However due to the provider not being able to attend the meeting was rearranged for 13 May 2019. We met the provider at a CQC office because the provider had no access to their own office location. We requested that they bring documentation with them such as care records and evidence of their quality monitoring.

Before the inspection we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We also looked at other information we held about the service. This included information from statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

What we did before the inspection:
Prior to our inspection we contacted the local authority to ask them about their views of the service. Their views helped us to plan our inspection. We also contacted people who used the service, their relatives and staff to find out their experiences of the service.

What we did during our inspection:
The inspection took place between 29 April 2019 and 9 June 2019. It included speaking with people and their relatives by telephone and contacting the local authority. We spoke with three people and two relatives. We also spoke with four staff and the provider. We met with the provider on the 13 May 2019 to discuss how they were monitoring the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and protect people from the risk of abuse. They understood how to report any concerns if they needed to. However, we found a safeguarding concern being investigated by the local authority had not been reported to CQC by the provider as required.
- We asked the provider to demonstrate what checks had been in place since they had been unable to access their office to ensure people were safe.
- The provider told us they used telephone monitoring to ensure people were happy and had received their calls. However, this monitoring was not consistently carried out and did not ensure missed or late calls would be identified.
- Appropriate measures were not in place to ensure people were receiving their calls on time.
- Of the three people and two relatives we spoke with four told us that they had experienced late calls. Although they explained that usually staff arrived on time and if they were late staff contacted them to inform them about this. One said, "Staff generally arrive on time never drastically late, but they will call me if running late." Another person told us, "Staff arrive, on the whole, on time, they are mainly on time. If they are late they will call me.
- However, one person told us that they had one missed call. The substantiated safeguarding concerns investigated by the local authority detailed a call that was five hours late.

Assessing risk, safety monitoring and management

- People we spoke with told us they were happy with the service and felt staff were well trained. One person said," [Staff] know my care needs, they definitely have the skills to look after me. They have known me a long time." However, the provider was unable to demonstrate how people's risks were managed appropriately.
- The provider had not produced people's care records when requested to enable us to check if changes and risks were being recorded and updated appropriately when required. Staff confirmed care plans were updated when people's needs changed and they were aware of people's individual risks

Staffing and recruitment

- At the last inspection we found there was no employment history available for one staff member. However, the provider told us they had rectified this following the inspection and they fully investigated the gaps. The provider also gave assurances that they would be more vigilant and investigate any gaps for future employees.
- The provider was unable to demonstrate this due to not having access to these records.

Using medicines safely

● Staff received medicine training to ensure best practice. However, at the time of the inspection people were independently taking their own medicines and staff prompted people when required.

Learning lessons when things go wrong

● The provider told us that there were team meetings and any lessons learned would be shared with staff. However, the provider failed to produce evidence to support this and could not tell us the actions they had taken following the recently investigated safeguarding investigation.

Preventing and controlling infection

● Staff confirmed they maintained good hygiene, using personal protective equipment (PPE) such as aprons and gloves before providing personal care. One relative said", Staff always use gloves and aprons."

● Staff received appropriate training for preventing and controlling infection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider confirmed people's needs were assessed before they started using the service. They discussed people's care and support needs to ensure these could be met.
- The provider and staff confirmed people's preferences and choices were promoted.
- One person told us, "Staff have reviewed my care. I also have calls to check I am ok." One relative said, "We have talked about [name] care."

Staff support: induction, training, skills and experience
- One person told us, ''Staff are very professional, they know what they're doing.''
- Staff confirmed they had an induction into their role and they receive regular training. One staff member told us, "We get regular training, the last one was back in November. We did our safeguarding training."
- Staff told us training included moving and handling, administration of medicines and safeguarding people.
- Staff confirmed they received supervisions and competency assessments to ensure they remained competent in their job roles. The provider was not able to provide evidence of this. However, the provider did send us the staff training matrix that detailed when staff had completed their training.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported with food if appropriate. One person said, "Staff get me up and make my breakfast. "Another person told us, "[Staff] Support me with lunch."
- We saw evidence in the visit logs, people were supported with their food. One entry documented read, "[Person's] breakfast was prepared and served. [They] ate all and had a cup of coffee."

Staff working with other agencies to provide consistent, effective, timely care
- Staff knew what to do should they needed to contact professionals such as GP's if required.

Ensuring consent to care and treatment in line with law and guidance
- 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 told us that they were always asked for consent before staff supported them. One person said,

''Staff are always checking what I want.''

● A relative said, "Staff are always asking me what I want."

● Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and spoke with them in a respectful manner. One person said, "Staff are kind and caring they take time to talk. They even support my [relative]. They are very helpful and kind." Another person told us, "Staff are definitely kind and caring, a fantastic team. I have a great relationship with the staff and they know me, can't fault them."
- One relative said, ''We have been with them three years, happy with the care can't fault it. They care for [name] well, they are kind and caring.''

People's preferences and cultural needs were discussed. One person said, "The care is all about what I need."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved with decisions about their care. One person said, "We have had a care plan review."
- Staff and management asked for people's views about their care. The registered manager confirmed they completed telephone monitoring to gain people's feedback. People were asked how they felt about their care and support. One relative said, "[Provider] came around and asked how things are, we see them about every three months to discuss any issues, but I can always call them, and they are very responsive."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. Staff told us they communicated what they were doing and always checked they had people's consent. One person said, "Staff encourage me to be independent but help me where needed."
- Staff told us they promoted people's independence. One staff member said, "It's important to respect people's choices." One relative said, "[Staff] encourage [relatives] independence, but are very supportive as well." People were encouraged to do what they could.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Personalised care

● People told us they received care and support as they liked it. One person said, "Staff are absolutely fine, I adore them. I have four calls a day, to support me with lunch, personal care. They do my washing and house chores and get my shopping."

● Staff confirmed they knew people well and care plans gave good guidance to peoples care and support needs.

● People told us they were happy with their care and support they received. One person said, "I feel supported." One relative commented, "I am completely reliant on them and [relative] is completely safe in their hands."

● The provider failed to give us access to people's care plans to allow us to review these at the inspection. We had given plenty of time to allow this documentation to be made available.

Improving care quality in response to complaints or concerns

●Most people told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person said, "I have their contact details." Another person told us, "If I have any problems I have got the mobile numbers for staff and [provider]. However, one person told us the communication was not good and they did not know who to contact in an emergency.

End of life care and support

● The service did not provide end of life care support for people. The provider told us people's cultural, religious beliefs and preferences were respected. People told us that their preferences were respected.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We found that the provider had failed to notify the Care Quality Commission of a safeguarding incident which had taken place which, under the terms of their registration, they had a duty to report. This meant we could not check that appropriate action had been taken. The provider has not provided any further details of the actions they had taken as a result of the investigation. The provider had also failed to notify us that they were unable to access their office location or to provide any timescales or details of how this was being resolved or the contingency arrangements in place to mitigate risks to people and ensure the continued delivery of safe care.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The provider was not able to provide access to accident and incident records to ensure best practice was followed. The provider was not able to evidence accidents and incidents were reviewed for trends and demonstrate any actions taken.
- The provider was unable to demonstrate audits were routinely completed to ensure the quality of the service. For example, we asked the provider to show us how they had monitored the service to keep people safe since they had been denied access to their office since 04 March 2019. They did not provide this information.
- The provider completed telephone monitoring and people had the providers contact details if there were any issues. However, the telephone monitoring was inadequate to ensure people received their calls on time daily.
- The records we received documented calls made from the 04 March to 25 April 2019. We found one person was contacted twice during this period and another person had been contacted five times. This was not adequate to ensure people received their calls. However, all people who used the service had been contacted.
- On 13 May 2019 the provider had introduced a new electronic monitoring system which enabled them to monitor calls. This demonstrated people received daily calls and calls times could clearly be monitored. We also noted that people's daily notes were recorded indicating the care and support received
- Staff told us they worked in a supportive team, they were clear about their roles and they knew what was expected of them. One person told us, "I am happy with the [staff] no problem, but not the office… what office, never get any answer." They also said, "Not sure standards of care were always maintained.

● The provider ensured staff received their rotas on time and they used a private social media site to share updates. One staff member said, "We get a weekly rota, we know what we are doing, and we get any updates on [private social media site]."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care
● The provider failed to demonstrate they had effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care.
● People told us they were happy with the service and that they received good care. Staff were positive about the provider. One staff member said, "The provider is nice, we all have their contact details. I have contacted them on a couple of occasions and they are easy to get hold of."
● Staff received training to ensure staff delivered care that met people's needs. One person said, ''The care is all about what I need.''

● The provider failed to demonstrate they had systems in place to support continuous learning and improving care. The provider was unable to demonstrate how they ensured the service was monitored and how improvements were made when things went wrong.
The lack of effective monitoring and oversight of the service was a breach of Regulation 17 of the Health and Social Care Act (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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify CQC of a notifiable incident.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to mitigate risks relating to the health, safety and welfare of the service users.