Options Care Limited

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Inspection report

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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 inspection took place on 5 and 7 September 2018.

At our last inspection of Options Care Limited which took place over December 2016 and January 2017 we found the provider to be in breach of three regulations of the Health and Social Care Act (Regulated Activities) 2014. These were in relation to good governance; fit and proper persons being employed and sufficient staff being deployed. At this inspection we found the provider had taken the appropriate actions to address each shortfall and was no longer in breach.

Options Care Limited is a domiciliary care agency that provides care and support to people with varying needs in their homes. At the time of our inspection Options Care Limited was providing support to 10 older adults and two people with a learning disability. All of the people receiving a service lived in the London Borough of Sutton.

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.

People's care was delivered at the agreed times and for the agreed durations by staff who were safe and suitable to provide support. Staff were recruited through a rigorous and consistently applied process. People were protected by the infection prevention and control practices of staff and received their medicines in line with the provider's instructions.

The care and support people received was delivered by staff who were trained and supported. The registered manager supervised and appraised staff. People participated in their needs assessments and were supported to access healthcare services. People's assessed nutritional needs were met and staff delivered care with people's consent.

Staff were kind, caring and compassionate. People and staff shared positive relationships. People had their privacy respected and staff treated them with dignity. Staff promoted people's independence and supported their cultural needs.

The care people received was personalised and based upon their individual needs. People were involved in the development of their care plans. Where people received funding so to do they were supported to engage in activities to counter the risk of social isolation. The registered manager addressed people's complaints in line with the provider's policy.

The registered manager used feedback from people, their relatives and from staff to shape and improve the service. Quality assurance processes were in place and the provider gathered feedback from people,

relatives and staff about the care being delivered. People benefited from the provider's partnership working approach in which the service liaised with external organisations and professionals.

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. There were sufficient numbers of suitable staff available to deliver timely personal care to people.

Robust recruitment practices were in place.

People's risks were assessed and plans were in place to reduce them.

Staff followed the appropriate hygiene practices to minimise people's risk of cross contamination.

Is the service effective?

Good

The service was effective. Trained staff delivered care and support to people.

Staff were supervised and supported by the registered manager.

People's needs were identified and assessed.

Staff supported people to eat and drink in line with their assessments.

People were supported to receive input from healthcare professionals when required.

Is the service caring?

Good

The service continued to be caring. People told us that staff were caring.

People and staff knew each other well.

Staff protected people's dignity and privacy.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People participated and in the

planning and review of their care.

People received their care at times of their choosing.

The service provided support to counter the risk of social isolation.

A complaints procedure was in place which operated effectively.

Is the service well-led?

Good

The service was well-led. The provider gathered and acted upon feedback from people, relatives and staff.

Staff felt supported by the registered manager and the leadership team.

A range of checks and audits were in place to monitor the quality of the care being delivered.

The service engaged in collaborative working with external agencies and professionals.

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 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 took place on 5 and 7 September 2018. The provider was given 48 hours' notice of the inspection because we wanted to ensure that the registered manager and care staff were available to meet with us.

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with four people, five staff, the director and the registered manager. We read the care records of seven people. These included needs assessments, care plans, risk assessments and medicines administration records. We reviewed the records of seven staff. These included records relating to recruitment, induction, training and supervision. We inspected records related to the providers quality assurance processes including audits, feedback and complaints.

Following the inspection we contacted three health and social care professionals to obtain their views about the care and support being delivered to people by Options Care Limited.

Good

Is the service safe?

Our findings

At our last inspection we found evidence that not enough suitable staff were on duty to meet people's needs at all times. This resulted in people experiencing late and missed care visits. Accordingly, we rated the service 'Requires Improvement'. At this inspection we found that people received their care visits from staff on time and that staff stayed for the agreed period of time to deliver care and support.

One person told us, "Staff do arrive on time." People, staff and the registered manager told us that the procedure for staff running late to a care visit involved staff notifying the registered manager who in turn contacted people. Where delays were expected to be lengthy, for example when staff waited for an ambulance with a person at a previous care visit, the registered manager arranged for alternative staff to deliver care and support. The service used electronic call monitoring to confirm the arrival and departure times of staff. The registered manager understood their responsibility to report missed care visits to both the local authority's safeguarding team and to the Care Quality Commission.

Care records noted how staff should gain entry to people's homes. This included the use of key safes and intercoms. Where people or their relatives let staff into people's homes, plans were in place to guide staff on the actions they should take in the event that nobody came to the door. These actions were detailed within the provider's no response protocols and included informing the registered manager and liaising with relatives and neighbours if people had agreed to this. The registered manager had a list of emergency contact numbers for each person and told us they would contact social services or the police if they assessed a person to be at risk.

People were protected against the risk of unsuitable staff. Since our last inspection the provider had implemented a new recruitment progress. New staff were recruited through a rolling recruitment programme which meant that applications were continuously being reviewed and interviews were regularly conducted. The registered manager undertook robust checks when recruiting staff. We reviewed the files of seven staff and found they contained applications, records of interviews, references, proof of identities and addresses. Staff files also showed that checks had been undertaken by the Disclosure and Barring Service (DBS). DBS checks enable employers to make safe recruitment decisions by reviewing criminal records and checking lists of people barred from working with vulnerable adults. In addition, we found that the registered manager routinely asked staff during supervision meetings whether there had been any recent changes to the information in their DBS records.

People were protected from improper treatment. Staff received safeguarding training. This provided them with the knowledge and skills they required to respond in line with the provider's safeguarding policy if they suspected people were at risk of abuse. Where safeguarding concerns were raised the provider reported these to the appropriate authorities in a timely manner and the registered manager made themselves available to assist investigations.

People's risks of experiencing avoidable harm were reduced by the risk management plans in place. The registered manager supported people with an assessment to identify risks. Where risks were identified,

action was taken. One person told us, "I get up in the morning, but I am prone to falls, so the staff safely support me with one behind me." Care records noted the support people required to reduce their risk of falling. For example, one person's care records directed staff to ensure the person's Zimmer frame was always comfortably within arm's reach. One member of staff told us, "We help people to use their mobility aids and make sure there are no obstructions for them to trip over." Where people were at risk of self-neglect this was assessed and plans put in place to minimise the risk. These plans included care visits from staff throughout the day and support to meet personal care and nutritional needs. The registered manager and office staff reviewed risk assessments every three months to ensure they continued to be accurate and relevant. Where risks changed, people's needs were reassessed and new risk management plans were written.

People's medicines were administered in line with their assessed needs. The support people required to receive their medicines safely was assessed. These medicines assessments included a review of the support people required to order, open, administer and dispose of medicines. Medicines assessments also noted the support people required to remember to take their medicines. Staff signed people's Medicines Administration Record (MAR) charts to confirm people had received their medicines in line with the prescribers' instructions. We reviewed 17 MAR charts. Where there were omissions in MAR charts resulting from staff not signing the reason for the gaps were detailed on the MAR chart and confirmed by the registered manager. Where people were prescribed 'when required' medicines, staff had guidance in care records as to they should be administered and the maximum number of doses permitted in a 24 period. Care records also provided staff with information about people's medicines including their uses and possible side effects.

The hygiene practices of staff protected people against the risk and spread of infection. Staff received training in infection prevention and control and wore personal protective equipment (PPE) when delivering personal care. PPE included single use gloves, shoe covers and aprons. PPE was delivered by the provider's field supervisor to people's homes and staff also collected these items from the provider's office.

Good

Is the service effective?

Our findings

At our last inspection of Options Care Limited we determined that the service 'Requires Improvement' because of the lack of on-going training for staff and records of staff training maintained by the registered manager. At this inspection we found training records in place for each member of staff detailing the training they had received as well as planned training.

People told us that the staff who provided their care and support had the training and skills to do so. One person said, "I can't praise them enough." New staff received a package of induction activities. This included training around areas such as the role of a keyworker, communication, the recognition of people's cultural and spiritual needs and managing medicines. Records showed that staff in post completed training including, health and safety, first aid, mental capacity, and safeguarding. Staff also completed training specific to people's needs for example, moving and handling, autism and supporting behaviours which may challenge. All staff had completed or were working towards completing the nationally recognised Care Certificate. Staff completing the nationally recognised Care Certificate were supported through the course by an external assessor. Staff told us they received enough training and enjoyed the courses they studied. One member of staff told us, "I do training. It helps me do my job better." The registered manager maintained records of the courses staff undertook to ensure their skills and knowledge were up to date.

People received their care delivered by supervised staff. The registered manager supported staff with one to one supervision meetings. Staff received three supervision meetings each year. One member of staff told us, "Supervision is something I like. It helps me correct my mistakes. That's good for me and for people. It's all learning." Another member of staff said, "Supervision gives me the opportunity to talk face to face about problems. I have definitely got the support I need." In addition to supervision the registered manager supported staff with an appraisal each year. Annual appraisals provided staff with the opportunity to review their own performances and set objectives. Additionally, appraisal meetings were used by the registered manager to evaluate staff performances in the delivery of care and support to people. The records of appraisals showed that the registered manager and staff agreed training and plans for the coming year. The success of these plans were reviewed at the annual appraisal the following year.

People's needs were assessed prior to receiving care and their needs were reassessed periodically and when their needs changed. People told us they participated in their needs assessments. One person told us, "Before they [Options Care Limited] took over [the delivery of care and support] I was very impressed with the questions staff asked me, they are a marvellous team." Care records contained the detailed assessments undertaken by health and social care professionals as well as the assessments undertaken by the service.

People received the support they required to meet their assessed nutritional and hydration needs. Where people were identified as having poor appetites or were at risk of malnutrition they were supported with food supplements including high calorie drinks. Staff maintained a record of people's food and fluid intake. One member of staff told us, "It's important to leave fluids within people's reach as I'm leaving so that they remain hydrated throughout the day when I'm not there." People's favourite foods were listed in their care records. A member of staff told us, "People chose what they eat. Without a doubt toast and marmalade and

porridge are the most popular breakfasts but people can surprise you and change their minds. That's fine." Where people required the use of adapted cutlery or drinking aids these were detailed in care records.

People had timely access to healthcare services. The service enabled people to attend appointments with healthcare professionals such as chiropodists, GPs and psychiatrists. Where people's needs changed the registered manager made referrals to relevant healthcare professionals. For example, when one person's mobility needs increased a referral was made for an occupational therapist to undertake an assessment. This resulted in the person being supported to have a bath chair installed. People had health action plans [HAPs] in place. HAPs detailed people's health needs and the support they required to meet them. HAPs also recorded the outcomes of people's healthcare appointments and the dates for planned reviews.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with understood the MCA and said there was no reason to believe the people they delivered care to may lack capacity. Consequently, there had not been a need for the provider to undertake mental capacity assessments.

Good

Is the service caring?

Our findings

People told us that they were supported by staff who were caring and nice to them. One person told us, "Staff are very kind and caring and extremely respectful." Another person said, "The staff are so lovely." Staff we spoke with told us about their commitment to delivering a caring service. One member of staff said, "I imagine how I would want my mum or nan treated and it pushes me to do my best each day."

People and staff shared positive relationships. Staff understood people's communication needs supported them in line with their preferences. One member of staff said, "Some people can talk and some not so much. But all like it when I talk to them. It's reassuring and humanising." Where people had specific communication needs these were assessed and recorded in care records. For example, one person with a learning disability and high support needs was supported with a flip chart detailing their activities for the day and the staff members who would be supporting them. The person found this reassuring and it enabled them to engage with staff and participate in activities as planned.

Staff were guided by personalised care records when delivering care and support. Care records noted people's preferred names which they told us staff used. One member of staff told us, "People decide what we call them. Some people still want to be called Mr or Mrs this or that after knowing us for years, but that's fine it's their choice and we respect it." The provider was developing a life histories element in people's care records. We read examples of life stories that had been written with people and their families. These included information that people chose to share about their lives including their childhoods, families and work lives.

People's cultural and spiritual needs were assessed. Where cultural and spiritual needs were identified the provider liaised with people and their relatives to ensure these needs were met. For example, one person's religious beliefs necessitated that their foods be prepared in a specific way. The person's care records detailed how this person's food would be prepared in advance by relatives and how staff would support them to eat. In another example, one person required a head scarf to be placed on them and worn in a specific manner. The registered manager arranged for relatives to provide training to staff on the correct procedure for putting on the garment.

Care records noted people's choices around their delivery of care and support. For example, where people chose not to sleep in their beds this was recorded in care records along with people's stated reasons and the steps that staff were required to take to ensure people were safe and comfortable overnight. Where people required support around decision making staff supported them to access advocacy services. People met with their advocates in private to maintain confidentiality and advocates were invited to attend care plan reviews and reassessments.

People told us that staff maintained their privacy and treated them with dignity. Staff greeted people warmly when they entered their homes and people told us that staff treated their homes with respect. Intimate personal care was delivered in line with people's preferences in the privacy of closed bathrooms and bedrooms to promote people's dignity. A number of people receiving care and support from Options

Care Limited had eye conditions that made them sensitive to changes in light settings. As a result, staff asked people for permission before opening curtains or turning on lights.

Staff promoted people's independence. For example, older people were encouraged to maintain the aspects of their personal care they were able to. Whilst people with a learning disability were supported to develop their independence skills. For example, one person was supported with travel training so they could travel to specific locations independently. Once able to complete journeys independently people phoned to confirmed their safe arrival at their destination in line with their support plans and risk assessments.

Good

Is the service responsive?

Our findings

People received care and support in line with their preferences and which met their assessed needs. The registered manager worked with people and their relatives to develop individualised care plans. People's care plans included guidance to staff on meeting people's needs. Care plans were regularly reviewed with the involvement of social care professionals form the Local Authority funding people's care.

People's changing needs were supported responsively by the provider. Where people's needs changed and more support was required the provider liaised with the funding authority. For example, when one person required more support around their personal care and mobility in the morning the registered manager engaged with commissioners to increase the duration of the morning care visits. Similarly, when another person's behavioural support needs decreased and their levels of independence increased the registered manager arranged to reduce their hours of staff support. Where people presented with mobility needs that necessitated the use of a hoist the provider ensured that two staff were available for each care visit and this was stated in care records. The use of two staff in these circumstances is in line with good practice and ensured people transferred safely.

People participated in the process of determining their packages of care. People told us they were satisfied with their care arrangements. One person told us, "My care package is brilliant, I couldn't wish for better, they make sure I have everything I need." Most people were supported with four care visits each day from staff. Care visits varied in time from 30 minutes to one hour. One relative told us, "Initially [family member] had half an hour in the morning, but this wasn't enough so it was increased to one hour."

People's care records were personalised. The provider supported people with individual care and support plans and was rolling out person centred plans (PCPs). People's PCPs included 'life stories'. Staff told us the information in people's life stories was helpful because it enabled them to have meaningful conversations with people on a day to day basis and could be referred to as a tool to calm people if they felt anxious. Within one person's life story we read their recollections of the pets they owned throughout their lives. Another person's life story noted their lifelong hobbies.

People were supported with social inclusion. The registered manager told us, "Loneliness is an issue for a number of people who live alone and use our service." For example, one person who had not been to the shops in ten years was supported to undertake this activity with staff support. Another person was supported to buy fish and chips every fortnight. Staff told us this person regarded the activity as, "A real treat as [person's name] has been homebound for so long." Where people were funded to engage in activities as a part of their care package this was reflected in care records and people received support. This included support to go to social clubs.

The provider had a complaints procedure in place. We read the details of the complaints made by and on behalf of people since our last inspection. In each case complaints were investigated and responded to in writing by the registered manager. Where complaints were upheld it was acknowledged and actions were taken to prevent recurrence.

None of the people receiving care and support at the time of our inspection had been identified by healthcare professionals to be on the end of life pathway. The registered manager had a certificate confirming attendance on an end of life care training course and confirmed that the service would liaise with specialists and support a person in line with their wishes should palliative care be required.

Good

Is the service well-led?

Our findings

At our last inspection the service received a rating of Requires Improvement when we addressed the question 'Is the service well-led?" This was because the service was not open and transparent, did not act on feedback to make improvements and the systems to assess, monitor and improve the quality and safety of services provided were not adequate. At this inspection we found the provider had taken action to address each of these shortfalls.

The registered manager had developed an open culture within the service. The provider gathered people's views through surveys which asked people questions about the care and support they received. Surveys included questions about staff punctuality, training, politeness and presentation. Additionally, people were asked whether they felt safe and their home secure when staff supported them. We read the responses of six people. Comments included "My carers are always very helpful and friendly", and "Friendly and reliable service and the carers are nice." The provider conducted an analysis of survey responses and presented them in a detailed report which included statistical breakdowns, interpretative commentary and a summary of findings. Staff shared their views with the provider through annual staff surveys. Staff used these questionnaires to share their views around the training they received.

The registered manager arranged meetings for staff to attend. Team meetings took place six weekly and were used to discuss people's needs including health, activities and support. One member of staff told us, "It's really positive to meet colleagues at team meetings because we generally work alone which can be isolating." Team meeting records showed discussions and decisions being made around people's changing needs and the best approaches to supporting people.

Staff told us they felt supported and encouraged in their role. One person told us, "The management is good because they provide me with what I need to do my job and make it easier. They care about staff." Another member of staff said, "I respect the registered manager so much. She is industrious and supportive." The registered manager in turn told us, "I am fortunate to have a staff team that is passionate about the work we do." The registered manager had 25 years' experience of working in adult care social and had attained a degree in management and a level five National Vocational Qualification. This meant the registered manager had accredited skills and knowledge related to leadership and the management of a care providing agency.

The registered manager collated and developed an information folder for staff. This resource was used to improve staff knowledge and awareness. The folder contained information about a range of conditions including dementia, epilepsy and Parkinson's disease. The folder was accessed by staff to support their learning on certified courses and to develop their overall knowledge.

The registered manager undertook a number of audits to determine the quality of the service people received. These checks included routinely checking the contents and quality of care records and staff files. Complaints were audited to ensure they were addressed in a timely and thorough way and in line with the provider's complaints policy. Staff maintained daily care records. This included the time and duration of

care visits, the name of the staff who undertook them, the support they provided and any concerns they had. These daily notes were collected each month and checked by the registered manager. The registered manager also arranged for the collection of people's MAR charts each month and reviewed these. Care records and quality monitoring documents were in good order and easily accessed when requested. This was evidence of good governance.

The registered manager undertook spot checks in people's homes. Spot checks were not announced to staff in advanced and were used by the registered manager to monitor staff punctuality, presentation and friendliness upon arrival at people's homes. During spot checks the registered manager observed staff delivering care and support and recorded what they had seen. This included whether staff delivered care in line with care plans, how medicines were administered and the quality of recording in care records. Where issues were identified at spot checks the registered manager recorded them and addressed them with staff.

The provider worked in collaboration with health professionals such as OTs, community nurses, GPs, commissioners and with social workers when creating and reviewing care plans. The service used external trainers to support staff with their induction, care certificate, health care diplomas and refresher training. When required the service liaised with other providers to support transfer between placements. This process including a handover with the provider, liaison with commissioners and maintaining ongoing communication with people and their relatives. In line with the requirements of their registration the registered manager kept the CQC informed about important events affecting the service.