

Option Care Ltd

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Inspection report

Conway House
31 Worcester Street
Gloucester
GL1 3AJ

Tel: 07789475993

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Option Care Ltd is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of our inspection there were 41 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Comprehensive and detailed care records were now in place which provided staff with the information they needed to support people. People's risks had been assessed and their care plans described the actions staff should take to help mitigate people's risks.

People were safeguarded from the risk of harm and abuse. All incidents and concerns were recorded, reported and actioned to help reduce the risk of reoccurrence. The provider was aware of their responsibility to notify CQC of significant events and concerns.

Enough staff were available to support people. People and their relatives confirmed that staff were kind and reliable. They felt the provider and managers were responsive to any concerns that they had raised.

Safe recruitment practices were being used when recruiting staff from the UK and abroad. However, we have made a recommendation about recruiting staff from abroad and any associated risks. Staff felt supported and trained to carry out their role.

People's medicines were managed effectively by staff who had been trained in the management and administration of people's medicines. Protocols relating to 'as required' medicines were being reviewed and implemented.

People and their relatives were assured that safe infection controls measures were taken by staff such as wearing PPE.

Improvements had been made to the provider's governance and quality assurance systems. This had helped them identify shortfalls and take any actions needed to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 November 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 12 October 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Option Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Option Care Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The nominated individual managed the service and supported the inspection while they recruited a manager who would apply to be the registered manager with CQC.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the provider's action plan from the last inspection; reviewed the intelligence we held about the provider and sought feedback from the commissioners and health care professionals to help direct our inspection plan. We used all this information to plan our inspection.

During the inspection

We spoke with one person who received support from the service and nine people's relatives about their experience of the care provided. During and after the inspection we spoke with the nominated individual, four senior staff members and four care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training, rotas and some of the provider's policies and procedures were reviewed.

After the inspection we continued to review the providers quality assurance records and seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure accurate, complete and contemporaneous records were maintained for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Assessing risk, safety monitoring and management

- Each person had an accurate, and detailed care plan in place describing their support requirements and how staff should support them.
- People's risks associated with their health and well-being had been identified, assessed and recorded as part of their initial assessment.
- Risk assessments and management plans provided staff with the detail they required to support people to reduce people's risk of harm. People's care records prompted staff to monitor people's needs and risk and report any changes to the managers and families/health care professionals where necessary.
- People and their relatives reported they were confident in the staff who supported them. They felt staff understood how to support people to manage their personal risks and were made aware of changes in people's health needs. For example, one relative shared with us they had found good moving and handling practices being used since receiving care from Option Care Ltd. They said, "We've had no issues at all with moving or handling with this organisation." Another relative said, "Yes, I've seen carers use the hoist for [name] and they do it very safely. They know what they are doing."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place which safeguarded people from harm and abuse.
- People and their relatives confirmed that they felt safe being supported by staff. One relative said, "I think [pronoun] is safe in their care; they [staff] are very caring and thorough and I know [name] is very pleased with them [staff]." Relatives reported that staff were respectful of people's homes and belongings.
- Staff had been trained in safeguarding adults and children and had access to the provider's safeguarding policies.
- Staff were aware of their responsibility to report any safeguarding concerns, incidents or near misses.
- When incidents occurred, lessons were learnt to prevent them reoccurring. The provider had reviewed all incidents or safeguarding reports and taken action to address the concerns such as reviewing staff training or referring people to relevant health care professionals. Effective communications systems were used to share changes in people's support requirements with staff.

Staffing and recruitment

- Safe recruitment practices were being used to recruit staff. The provider had applied the same recruitment processes for staff recruited from abroad. Employment and criminal checks from the staff's country of origin and 'Right to work in the UK' documentation had been obtained.
- People confirmed they were supported by a regular staff team who knew them well and were reliable. Systems were in place to manage and monitor people's care calls and the punctuality of staff.

Using medicines safely

- Safe medicine management practices were in place.
- Staff had been trained and were assessed as being competent in managing people's medicines.
- The service was reviewing people's prescribed 'as required medicines' to ensure detailed protocols were in place. This would ensure staff had sufficient information to support them to administer 'as required' medicines. This information is important for people who may not be able to communicate their medicine needs.
- Information about the application of people's medicinal creams were in place. However, staff would benefit from body maps to help direct and identify areas which require cream application.

Preventing and controlling infection

- People were protected from the risks of infection by staff operating good infection prevention and control practices. Their infection control practices were observed and checked by managers to ensure high standards of care were being maintained.
- People's relatives confirmed their family members received safe infection control support with their personal hygiene needs and risks relating to COVID-19. We received comments such as, "Yes, staff have always used the full PPE of gloves, masks and aprons when they visit."
- Staff confirmed they had access to sufficient stock of PPE and were aware of their responsibility to maintain a safe working environment when supporting people in their own homes.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

At our last inspection the provider had failed to ensure effective monitoring systems were in place to drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Comprehensive monitoring systems were in place to help the provider to monitor the quality of care being provided and the management of staff such as systems to manage staff training and practices.
- There had been no registered manager in post since January 2020. We found registered manager applications to CQC had been made by managers, but these had been unsuccessful. The provider was reviewing the management of the service and making the necessary arrangements for identified managers to apply to become the registered manager.
- We checked the provider's recruitment processes when recruiting staff from abroad using the Home Office Sponsorship Scheme. Suitable employment and criminal record checks had been completed and obtained from the country from which an international staff member was applying from. However, the provider had not considered whether DBS checks would be required to support their vetting and recruitment process for staff who were being recruited from abroad and whether they had previously lived in the UK.
- The provider's recruitment policy did not reflect their recruitment practices using the Home Office Sponsorship Scheme and any associated risks when recruiting from abroad.

We recommend the provider considers current guidance and associated risk when recruiting staff from abroad and reviews their recruitment policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection the service had expanded and was delivering care to more people. The provider had implemented systems and recruited sufficient staff to ensure the service could support more people safely.
- The nominated individual had developed a senior staff team to assist them in the running of the service

and to help monitor people's care needs.

- Staff worked well as a team and were proud of their performance in maintaining a good quality service. Staff said their views and suggestions were listened to by the management of the service.
- The provider promoted a positive and person-centred approach to delivering care to people in their own homes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about the service and the care they received. People's diverse needs and wishes were considered and respected as part of their initial assessment and on-going care.
- Relatives felt the service was responsive to any concerns or complaints and were confident that the managers would respond. We received comments such as, "I think the organisation is very well managed. Carers are usually on-time, they are always polite and helpful and very well trained" and "I think the organisation is well managed. They do very well. The Manager is always easy to get hold of; whatever time of day or night, he will respond to a text or phone call."
- Staff told us they enjoyed their role and felt the management team was supportive and approachable. They said communication between their colleagues and the managers was good. They spoke genuinely about the people they cared for.
- The nominated individual was considering alternative ways of gaining and recording people's feedback and views about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- All incidents were reviewed and actioned by the nominated individual. They were aware of their responsibility to be open and honest with people who they supported when something goes wrong which may have resulted in harm to the individual or the potential to cause them harm or distress.
- Systems to manage incidents and concerns were in place. Reports described each incident and the actions staff and manager had taken and any lessons learnt. The provider had ensured relevant agencies and health care professionals had been informed of any concerns or changes in people's well-being. However, we found one incident which should have been notified to CQC. The provider explained this had been an oversight. We confirmed and were assured the provider had a good understanding of their responsibility to notify CQC of significant events.
- Various systems of communication were in place to ensure staff were aware of any changes in people's support requirements. Any lessons learnt were reflected on and shared with staff.

Working in partnership with others

- The provider and staff worked well with people, their families and other health and social care professionals to ensure staff understood people's needs and reported any concerns. For example, the service had been commissioned to provide care to one person who planned to move from a care home to their own home which had been adapted to meet their needs. Staff observed the care of the person for four days in the care home to ensure they fully understood the person's needs before supporting them in their own home.