

Options Care Limited

# Options Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Options Care Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 3 people were receiving personal care, most of whom were adults who required support for much of the day due to a learning disability or physical disability to remain as independent as possible. Not everyone who used the service received personal care and not everybody had a learning disability. 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

#### Right Support: Model of Care and setting that maximises people's choice, control and independence

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 policies and systems in the service supported this practice.

#### Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People received the right support in relation to risks, such as those relating to a learning disability, health conditions or mobility. There were enough staff to support people safely and staff knew people well having worked with them consistently, for a long time. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). People received the right support in relation to their medicines and the provider had good oversight of this through electronic systems and audits.

#### Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The registered manager and staff understood their role and responsibilities. The registered manager engaged and consulted well with people using the service, relatives and staff. Staff were well supported by the registered manager. The registered manager understood their responsibility to notify CQC of significant events as required by law.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for the service was good, report published October 2018.

#### Why we inspected

This inspection was prompted because of the length of time since our last inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Options Care Limited

## 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 completed by one inspector.

#### Service and service type

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

#### 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 a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 21 March 2023 by visiting the provider's office to meet with the registered manager and the director. We then contacted people using the service and staff. Inspection activity ended on 27 March 2023.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a 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. We used all of this information to plan our inspection

#### During the inspection

We received feedback from 3 people using the service and/or their relatives about their experiences of the care provided. We spoke with the registered manager, a director and 3 care workers. We reviewed a range of records including care and staff records and records relating to the management of the service. After the inspection we continued to 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe with the staff and were encouraged to raise concerns with the service or social services if necessary. A relative told us, "[My family member] safe with the staff, no problem!"
- Systems were in place to protect people from the risk of abuse such as annual training for staff on how to recognise abuse and take the right action. Staff understood their responsibilities in relation to this.
- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider identified and assessed risks to people, such as those relating to mobility, medical conditions, and the home environment. People were supported to take positive risks. For example, a person preferred to travel independently at all times and so agreed with staff they would travel separately to medical appointments, but staff would support them once inside, leaving separately afterwards.
- Guidance was in place for staff to follow to reduce the risks and staff were aware of people's risks and how to reduce them, having worked with them consistently for lengthy periods of time. A relative told us, "Staff know the [specific] risks and they know what to do." A second relative said, "Staff are good with the moving equipment."
- Staff understood how to respond to accidents and incidents and received training on this. Systems were in place to record and review accidents and incidents and to put in place any learning from these, although there had not been any in the past year.

Staffing and recruitment

- There were enough staff to support people safely. The service had a low staff turnover and was not presently recruiting as staffing numbers were sufficient and stable. A relative told us, "The staff know [my family member] well. Most have worked with them for a long time."
- People and relatives did not raise concerns regarding staff timekeeping. Staff worked a long shift with the same person and so travelling between calls was not a concern.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider did not always explore gaps in people's employment records and the registered manager told us they would do so going forwards.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. A relative told us, "Staff use masks and gloves. I'm happy with the infection control."

- Staff also received training in food hygiene and people and relatives did not raise any concerns about the way their food was handled.
- During spot checks and in gathering feedback from people the provider checked infection control practices to ensure staff followed current guidance.

#### Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well, and staff had reliable guidance to follow.
- Staff received training in managing medicines safely and the registered manager checked their competence to do so. A relative told us, "Staff do medicines well enough."
- Medicines administration was recorded in line with best practice. The provider had invested in electronic medicines records so they could check people received their medicines in real time and investigate any concerns.

#### 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were receiving care and support in line with the principles of the MCA. A person who lacked capacity in relation to their care had a relative who had legal authorisation to make decisions for them. The registered manager understood their responsibility to assess people's capacity where necessary and made decisions in their best interest, consulting their relatives and others involved in their care.
- Care workers understood their responsibilities in relation to the MCA and received training in this.



# 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 good. At this inspection this key question has remained the same. This meant service leadership was consistently well managed and well led. Leaders and the service culture they created promoted high-quality person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The service was focused on continuous learning and improving. The registered manager was knowledgeable and understood their role and responsibilities. They were completing a qualification in leadership and management in adult social care and kept up to date with annual training in all care related topics. A relative told us, "[The registered manager] is good. If I tell her anything she takes responsibility. If something is wrong, she takes action immediately. She always listens and I get a good result." A second relative told us, "[The registered manager] resolve issues quickly and listens. Staff are good too. They understand what they are supposed to do."
- All staff were clear about their roles. The registered manager was well supported by the director who spent much time directly supporting them in the office. Both the registered manager and director understood people's needs well having worked with them for many years.
- The provider had a system of audits to check people received quality care. These included checks of all care records, staff support and supervision, spot checks and training and feedback from people using the service to ensure their care was empowering and met their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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

- Care was provided to people in a person-centred way. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them. For example, one person requested staff who would best help them to maintain their hair due to their cultural needs, and the provider met this request. People with learning disabilities were supported to set and achieve goals that were important to them.
- The provider communicated well with people and relatives with regular phone calls and visits to check they were happy with their care, plus an annual survey.
- The registered manager communicated well with staff to keep them informed of any changes to people's care or service developments. Staff were asked for their feedback and felt engaged and supported by the registered manager.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.
- The provider communicated with external health and social care professionals such as specialist nurses and GPs to ensure people received the care they needed.