Caring Options Limited

Care Options

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

Care Options provides personal care services to people in their own homes. At the time of our inspection 66 people were receiving a personal care service from the agency, most of whom were older people or people with physical needs.

The inspection took place between on 12 September and 5 October 2016 with visits to the Care Options office on both of these dates.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was also the provider of Care Options.

We previously carried out an inspection of this service on 19 December 2013 where we had no concerns. We made one recommendation as a result of this inspection. Whilst the service had received no formal complaints, it was clear that minor issues had been raised and dealt with by the management team. These issues were not always documented. As such we asked the provider to consider ways of capturing people's concerns in order to identify and possible trends and themes.

There were systems in place to ensure the service safely recruited sufficient and appropriate staff to support people. Once employed, staff completed a comprehensive programme of induction and training to ensure they had the necessary skills and experience to meet people's needs. Communication systems across the service were good and staff were supported and enabled by the management team to deliver safe and effective care.

People's needs and homes were fully assessed before care was provided. As such, any risks associated with their care were identified and managed safely. The service had appropriate systems to safeguard people from the risk of harm or abuse and staff were knowledgeable about how to keep protect people and keep them safe.

Care staff worked in small geographical teams which meant that most people benefitted from the support of a regular team of staff. People told us that care staff knew them well and that as a result they received consistently good care. Staff were kind and compassionate and demonstrated the values of the agency to provide high quality care. People received care that was provided in a respectful way that promoted their privacy and dignity.

The service was responsive to changes in people's needs and tailored their services accordingly. People were involved in the planning and reviewing of their care and supported to be as independent as possible. Staff respected people and their decisions. Staff understood the importance of gaining consent from people

and demonstrated an awareness of the Mental Capacity Act 2005. Staff were clear about what they should do if a person refused to accept their care.

People were supported to maintain good health. The service worked in partnership with other healthcare professionals to ensure people had access to the necessary services and support they needed. Where people were supported with their medicines, this was done safely. Staff received training in the management of medicines and checks were carried out to ensure they were competent in this area. People told us that staff supported them with their medicines appropriately.

Staff understood the importance of supporting people to maintain adequate nutrition and hydration. Care plans identified people's risks and staff were knowledgeable and creative in the way they supported people to eat and drink safely.

Care Options had good systems in place to monitor and improve the quality of its services. People were regularly asked for their feedback and satisfaction surveys sent to both people and staff were used to identify areas of concern or improvement.

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 systems in place to appropriately safeguard people from the risk of abuse and avoidable harm.

Risks to people were identified and managed in a way that balanced people's safety and freedom.

The service had good recruitment processes which ensured that there were sufficient and suitable staff to meet the needs of the people they provided care to.

People were safely supported with the management of their medicines.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with current best practice.

Staff understood the importance of gaining consent from people and demonstrated an awareness of the Mental Capacity Act 2005.

People were supported to maintain adequate nutrition and hydration.

People were supported to maintain good health. People's health and support needs were assessed and care staff worked in partnership with other healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People and their relatives praised the kindness of the care staff who supported them.

People received care in a respectful, dignified and inclusive way.

There were good systems in place to ensure care staff delivered high quality and compassionate support.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their changing needs.

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences.

There were systems in place for people to raise concerns or complaints if they needed to.

Is the service well-led?

Good

The service was well-led.

The service was well organised with effective management systems in place to oversee the delivery of care.

There were good systems in place to regularly monitor quality and identify areas for improvement.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the services provided.

Care Options

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 between on 12 September and 5 October 2016 with visits to the Care Options office on both of these dates. The first inspection visit was unannounced with an announced follow-up visit on the second date to interview staff. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience conducted telephone interviews with people who used the service and their relatives in the period between the two inspection dates.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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. Along with the PIR, the provider sent us a contact list of people who used the service and their relatives, Using this information we sent out questionnaires to a random selection of people. We received responses from 12 people and three relatives.

As part of our inspection we spoke with five people who received a service from the agency and seven of their relatives. We also received telephone feedback from two health and social care professionals that have regular dealings with Care Options. We formally interviewed four care staff and three members of office staff. We met with the registered manager on the first inspection date. We reviewed a variety of documents which included the care plans for five people, five staff files, medicines records and various other documentation relevant to the management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with said that they felt safe with the care they received from Care Options. One person told us that they felt safe because they knew that if either they or their partner collapsed that the care worker would know what to do. A relative told us that when they went on holiday they felt confident about the safety of their family member, they commented, "We went away and felt totally comfortable" that their loved one would be cared for safely.

People were protected from the risk of harm. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff told us that they had completed training in safeguarding both adults and children. Records confirmed that this learning was regularly refreshed. Policies and procedures were in place for staff to follow if they suspected abuse. All staff confirmed that that they felt able to share any concerns they may have with the management team and had confidence that any concerns would be handled appropriately. Staff were also clear about how to correctly report abuse to relevant external agencies if necessary.

Risks to people were identified and managed in a way that balanced people's safety and freedom. Prior to the commencement of care, a member of office staff undertook a detailed assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. Where specialist equipment, such as hoists were used, staff had taken steps to check that these were kept in good working order. Where people had aids to support them to manage their safety, for example, where people had personal alarms, the care plan reminded staff to ensure the person was wearing the alarm before they left them.

Risk assessments were kept under on-going review and staff confirmed that they understood the importance of reporting any new risks to the office. When people's needs changed, such as their mobility decreased or they experienced falls, risk assessments had been updated in a timely way and appropriate action taken. Staff talked confidently about how they supported people to manage their individual risks such as pressure wounds, dehydration or choking.

People and their relatives had no concerns about the way the agency managed access to their homes. Appropriate steps had been taken to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. Staff demonstrated that they understood the importance of maintaining people's confidentiality and keeping their properties secure.

People were protected by the systems in place to manage and report any accidents and incidents. For example, we saw that where people had experienced falls, these were fully documented including the completion of body maps and appropriate action taken. Whilst it was clear that staff immediately reported any accidents to the office, the actual records were not always brought back to the office for review. This was discussed with the management team who immediately set up a new system of requiring all incident /accident forms to be returned to the office on completion.

People received care and support when they needed it, as the service had safe systems to deploy staff. Staff were allocated work within defined geographical areas which provided consistency of care for people and minimised the time staff spent travelling between calls. For most people, this system worked well. One relative told us, "Mum has the same on or two carers for continuity and this works really well." The feedback from professionals was positive about how Care Options managed staffing, with one professional telling us, "They have a good team of staff and their clients are well supported. There are never any issues with missed calls." Where people required two staff to support them that this was provided and care staff confirmed that they were never expected to mobilise people using hoist on their own. Where two staff were allocated to a call, both staff members were required to sign the daily records to evidence that both had been present for the delivery of care.

Provision was made for people to be care for in an emergency. For example, there were clear systems in place to manage disruption caused by advrse weather. Staff also told us that they were allocated sufficient time to support people effectively and that if there was ever a problem, then they called the office and one of the management team would assist. For example, care staff told us that if a person fell, then they would stay with the person and the office staff would arrange for their next call to be covered.

Appropriate checks were undertaken before staff began work, to ensure they were safe to work with vulnerable people. People said that good staff were employed and one relative told us, "The agency do a good job of recruiting good staff." Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification, such as passports in staff files. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services.

The service had good systems in place to safely support people with the management of their medicines. People told us that they received the support they needed. One person told us, "They know what they are doing and make sure I take my medicines."

Care records detailed whether people required support with their medicines. Where people required assistance, this was provided by staff who had been trained in the safe administration of medicines. Staff told us that in addition to completing an e-learning course on medication they also shadowed more experienced staff and had to pass a series of competency checks before they managed medicines. Staff were knowledgeable about the medicines they were giving. For example, we noted one person's pulse was taken before administering a particular medicine. It was not given if the person's heart rate fell below a pre-determined level in accordance with the prescription guidelines for this medicine.

Whilst staff knew which medicines were required to be taken before food and how this affected the person's usual routine on days when these medicines were given, this information was not always recorded in people's care plans. We highlighted this to the management team who immediately began updating the relevant care plans to include this.

Good

Is the service effective?

Our findings

People said that care staff were competent and well matched for them. One person told us that they knew that their care worker did regular courses and commented, "It is important, as they have to know what they are talking about." People told us that they felt care staff were good at their jobs. For example, one person said, "It all goes very well. The girl knows exactly what she is doing every morning."

The management team were committed to developing best practice. Staff told us that they had received a good induction when they commenced working with the agency which had included both online and practical training together with shadowing other care staff. We found that the length of time new staff shadowed senior staff was tailored to their previous experience and individual confidence levels. Staff recruited after April 2015 had either completed or were in the process of working towards the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Following completion of the Care Certificate staff were encouraged to complete a diploma in health and social care (QCF).

Staff training was ongoing with regular opportunities for care staff to update and learn new skills. In addition to the Care Certificate and QCF, staff completed a continuous programme of training. The provider had a policy that each year staff were expected to complete core training in topics such as moving and handling, first aid, safeguarding and health and safety. In addition to these mandatory courses, a new set of specialist training topics had recently been introduced. For example, staff had undertaken certificated training in dignity, diabetes and dementia. Staff spoke enthusiastically to us about the training they had done and how this had helped them feel more confident in their roles.

Staff had the skills and knowledge to meet people's needs. Staff spoke confidently and competently about the support they provided to people. They told us that they had access to good information about people's needs and that the support of a team of office staff that also worked hands on had helped them to deliver their roles effectively. Staff were able to describe how they managed difficult situations such as if a person refused care or using new equipment and said that the management team were very responsive if they ever needed help.

Staff told us that they felt well supported. One member of care staff commented, "I love it here, they really support me to be able to do my job." Another staff member said, "The management team really support you, if you need help they will talk it through with you or meet you at a person's home to show you." Every Friday, all care staff were required to attend the office to collect their schedule of work for the week ahead. All care staff said that this was a useful opportunity to get information and advice from each other. Care staff said that this regular face to face contact with both the management team and their colleagues provided invaluable support to them.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The service took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. We saw consent forms in people's care records and staff said that they would routinely ensure that people consented to their care. Staff were aware of the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible. Staff were able to demonstrate what they would do if consent wasn't given. For example, staff discussed the steps they took if a person refused to accept care. Staff were clear that they would never force a person to do something they didn't want to do and would always respect their wishes. Care staff told us how people would often be reluctant to accept help when the care package was first set up and described how they would spend time getting to know the person and building their trust before re-offering support.

People received appropriate support to ensure adequate nutrition and hydration. Care plans included information about people's likes and dislikes and how they should be assisted. Where people were at risk of malnutrition or dehydration, there were guidelines in place which advised staff how to support the person effectively and when concerns would need to be reported to other healthcare professionals for advice. Specialist dietary needs such as diabetes, food allergies or swallowing difficulties were recorded and care staff were able to talk about these needs for the people they regularly supported.

Staff were creative in the way they encouraged people to maintain adequate food and fluid intake. For example, one staff member told us how they noticed that a person they supported had not been eating well. They spoke with the person's relative and suggested they buy a range of frozen meals for the person so that they could have a wider choice. This led to the person regaining their appetite and eating more regularly.

People were helped to maintain their health and wellbeing. The service supported people as necessary to access other healthcare support. One relative told us, "Mum lives in a warden assisted property and the agency and care staff work really closely with them." Where people required specialist health care support, the service had appropriately liaised with other healthcare professionals such as district nurses or occupational therapists to ensure this care was delivered safely and effectively. We noticed that care plans did not always record the involvement of district nurses, although this information was seen to be held electronically elsewhere. The value of having this information readily available to care staff was highlighted to the management team. Immediate steps to update the care plans with this information were undertaken prior to the end of the inspection.

Good

Is the service caring?

Our findings

People spoke positively about the care staff who supported them. Comments included, "The girls I have are brilliant, they really are." People described care staff as "Caring," "Very kind and very nice." One of the professionals we spoke with told us, "I can't praise them enough. The families are always happy with Care Options, because staff do that little bit extra for people." Most of the relatives we spoke with echoed this view, telling us that, "They sit and chat with [my family member]," "A couple of them do a lot more than is in their programme." Another relative told us, "They are very caring and mum is very happy with the service."

People were cared for as they wished. Staff worked in geographical teams which enabled most people to receive support from the same small number of staff. People told us that they appreciated having the same care staff because it gave them consistency and continuity of care. Care staff also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided. Care staff told us that when they did visit a new client or cover for another member staff, that good information about the person's needs was always available and the office ensured a good handover of information.

People were supported by staff who were enthusiastic and compassionate about the work they did. Staff understood the importance of building positive relationships with people and demonstrated how they provided good quality care to people in a way that recognised them as individuals. For example, staff told us how they understood the importance of building a rapport with people so that they felt more comfortable when they were supported with personal care. Staff talked to us passionately about the way they had encouraged people to feel comfortable about rec eiving care. The feedback from people showed that they appreciated this approach. For example, one person told us, "We treat each other as family" and a relative that their family member "Looks forward to them coming."

Staff supported people to maintain their independence and be involved in their care where possible. Most people felt that staff were interested in them and took the time to treat them as an individual. Care plans highlighted the importance of staff involving people in their care and provided directions to ensure people were offered choice. For example, in one care plan it was recorded, 'Encourage [the person] to brush their own teeth and hair' and 'Assist [the person] to dress in clothes of her choice.' Staff recognised the importance of doing the little things in order to make people feel valued.

People generally felt that they were treated respectfully and that their dignity was respected. For example, one person told us, "They always pull the curtains when doing my personal care." Similarly, another person said, "The ladies make us feel at ease." Staff demonstrated that they understood the importance of delivering personal care sensitively and discreetly. Staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people privacy in the toilet. One staff member told us that they "Always ask people how they would like to be helped" and another said, "I'm always really conscious about how a person feels if there are two care staff providing support and make an extra effort to make sure the person doesn't feel awkward or embarrassed." Where people were supported at home by a partner, care plans guided staff about how to respect the

relationship and protect the dignity of both parties.

Good

Is the service responsive?

Our findings

People received a personalised service that was responsive to their needs. Most people told us that they felt listened to and that their care was regularly reviewed. The way the management team scheduled calls was flexible so as to be able to respond to requests from people. If people were going out and needed an earlier or later call, efforts would be made to accommodate them. For example, one person told us, "There have been one or two occasions when we have had to change the time and they have done that with no complaints."

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. Each person had been assessed prior to the commencement of care. Feedback from professionals was positive about the assessment process, with one professional telling us, "They always do an assessment of new people and spend time getting to know the person."

Information gathered at assessment had been used to formulate a plan of care that was personalised to the person. Care records included details about people's backgrounds, needs and what was important to them. People had been consulted about the support they needed and how they wished their care to be delivered. This information enabled staff to provide a personal service to people. For example, we saw details in people's notes about how they liked to be addressed and they order in which they liked their support to be delivered.

People's preferences such as the time and length of their care calls were documented and these were mostly seen to be reflected in the package that they then received. We noticed that people did not always have set call times and this was discussed with the management team. We were told that the system of more flexible scheduling had been introduced because people became anxious if they felt a set call was not met at the exact time. Staff said this system also allowed them to be more responsive if a person was unwell and required extra time. The process of scheduling calls was explained to people at the assessment stage and for most people this worked well. Where people required care at a particular time, for example due to administration of time critical medicines, then this was factored into the scheduling arrangements.

People's care and support needs were regularly reviewed. People received regular reviews to assess the suitability of the care plan. It was evident that people had opportunities to discuss the support they received and were involved in making decisions and expressing choices about the way their care was delivered. Staff also told us that when they reported concerns about people, a member of the management team would always go and review the person's needs without delay.

The provision of care was flexible to people's needs and staff advocated on behalf of people if things weren't right. A professional told us, "The agency have a good overview of all the clients they support." They went on to say, "The office is really responsive, always available and respond quickly." Staff talked to us about occasions when changes had made to people's care delivery, either by increasing the number or length of visits when people's dependency was higher or by scaling back support as people became more independent.

People who used the service and their relatives said staff were approachable and were confident about raising any issues or concerns with them. The service had a policy and procedure for the handling of complaints. People said that they felt able to contact the office if they had a complaint. For example, one person told us, "I just phone the office and the issue is sorted." Another person commented, "If you have to ring there is always someone there." Most relatives echoed the same view, with one telling us, "We have never had any concerns with the agency, but if we did then I wouldn't hesitate to raise them."

There were no recorded complaints since our last inspection. From our discussions with the management team, it was clear that some minor issues had been raised and appropriate action taken to resolve them. Details of these concerns however had not been documented.

It is recommended that the provider consider ways of capturing these concerns to enable any themes or trends to be identified.

Good

Is the service well-led?

Our findings

People told us that the service was well managed and as a result they received good care. One person commented, "The service is fantastic, we can't speak highly enough of them." Another person said, "They never leave me without anyone, they are well managed." Two people specifically told us that they would recommend the agency to anyone. Feedback from relatives was also mostly very positive and comments included, "I have good communication with the office who are very responsive." A professional told us, "Care Options are one of the better agencies; they go above and beyond what is expected."

The service was well organised with effective management systems in place to oversee the running of the service. The management team were regularly involved in care delivery which enabled them to have a good understanding of the needs of the people who received a serviceand gave the opportunity to hear about the standard of care people received. Staff said the 'hands-on' management style meant that they felt supported in their role and that communication was good across the service.

Care Options had good systems in place to monitor quality and identify areas for improvement. For example, the management team carried out regular spot checks on care staff to ensure they were working appropriately. In addition to spot checks, staff had one-to-one supervisions and yearly appraisals. Feedback from these sessions was recorded in staff files and that issues of best practice were discussed. Staff told us that they found the management team to be "Open" and "Approachable." One staff member said that they really appreciated the feedback they had received, telling us, "If you ever do something wrong, then they tell you straight away and give you the support to put it right."

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the care provided. In addition to the face to face reviews and the spot checking of staff, the service sent out regular satisfaction surveys to people to gather their views on the service. Feedback from the two most recent surveys sent out in September 2016 and June 2016 was overwhelmingly positive with all people stating that they were offered choice and treated with respect. Individual written feedback included, "I couldn't want anything better," "I'm so glad I use Care Options" and "I don't know what I would do without them."

Staff felt valued and that their feedback was listened to. The informal Friday drop-in sessions were the most appreciated form of staff support and communication. All staff told us that this facility enabled effective communication and provided them with good support. One staff member told us, "There's an open culture, where you can always raise suggestions." In addition to the weekly visits to the office, formal staff meetings were also held. We read that these meetings were used as a forum to improve staff practices in areas such as communication, incident reporting and medicine management.

Records were well maintained and stored safely. Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have quick access to people's current information. We found that regular audits of care and staff records were undertaken to ensure that they conformed to the agencies policies.

The registered manager was aware of the notifications that needed to be submitted to CQC and routinely completed these in an appropriate and timely way. Incidents and accidents were documented and evaluated to minimise the risk of re-occurrence. The PIR demonstrated that the provider had a good understanding about the performance of the service and how to continue to develop.