

Option Care Ltd

# Option Care Ltd

## Inspection report

Conway House  
31 Worcester Street  
Gloucester  
GL1 3AJ

Tel: 07789475993

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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. The service supported 17 people at the time of the inspection.

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

Accurate and complete care plans of people's care and medicine support requirements and associated risks were not in place. This meant staff did not have the information they needed to guide them on how to support people and to assist people in mitigating their personal risks.

The provider's quality assurance systems had not been expanded to help them identify the quality and accuracy of people's care records. Further development of the provider's quality systems was needed to ensure the service fully complied with legal requirements.

There was no registered manager in post. However, the manager of the service intended to be registered with CQC. The manager managed the day to day running of the service and also delivered care to all the people the service supported. This helped them to have oversight and monitor the service which reduced the risk of people receiving unsafe care. However, this approach would not be sustainable if the service expanded or the manager was not available. At the time of the inspection new staff were being managed through the provider's recruitment and induction process to help reduce the pressure on current staff and to enable the provider to expand the service.

Since our last inspection the provider had implemented changes to their safe recruitment practices to ensure new staff were of good character and fit to work.

People's relatives complimented the staff. They told us people felt safe when being supported by staff and confirmed staff were kind and provided care which was personalised and responsive to their needs. People were supported by a consistent staff teams who were familiar with their needs.

Staff told us they felt trained and supported. They were confident that the manager would address any concerns around their personal development and the safety of people who use the service.

Safe infection control practices were in place and being used to help prevent the spread of infection.

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 (and update)

The last rating for this service was requires improvement (published 23 February 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 regulation 19 (Fit and proper persons employed).

### Why we inspected

We carried out an announced comprehensive inspection of this service on 25 January 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.

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 Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. 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](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to accurate recording keeping and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service 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 Care Act 2014.

#### Inspection team

The inspection was carried out 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.

The service had no manager registered with the Care Quality Commission. However the manager in post stated they intended to apply to be registered with CQC.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 October 2021 and ended on 12 October 2021. We visited the office location on 12 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people's relatives who used the service about their experience of the care provided.

During and after the inspection we spoke with the provider and the manager (nominated individual) and received feedback from six staff by email.

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 three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People's risks associated with their well-being and support requirements had been identified as part of their initial assessment which was carried out by the manager.
- Staff had access to basic care plans which reflected people's local authority assessment of need and support.
- However, the provider had not ensured their own record of the assessment of people's needs and support were accurate and complete. This meant staff did not have access to comprehensive assessment and management plans which would provide them with guidance on how to mitigate people's risks. For example, staff did not have the information they needed to guide them in the correct management and monitoring of the risks relating to people's moving and handling requirements and catheter care.
- People's medicines support was assessed by the manager as part of their initial assessment and shared with staff. However, people were at risks of not receiving their medicines and creams as comprehensive medicines management care plans were not in place to guide staff in the safe management and administration of people's medicines.
- The manager's assessment of any environmental risks and the control measures that been put into place when supporting people in their homes had not been recorded.

We found no evidence that people had been harmed however, the provider had not maintained accurate, complete and contemporaneous records for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, we judged that the mitigation of risk to people was reduced as a stable staff team and manager supported people and understood their needs.

Staffing and recruitment

At our last inspection the provider had failed to ensure consistent and safe recruitment practices were used which may have put people at potential risk. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- We reviewed the staff recruitment documents of four new staff members and found safe recruitment practices were being used. Records showed checks of staff's previous employment, health and criminal

checks using the Disclosure and Barring Service (DBS) had taken place. We were satisfied that staff were safely being recruited.

- People were supported by a regular staff team who worked in a geographical area which provided consistency in the delivery of care to people.

The provider shared with us the progress of their current recruitment campaign.

- We were told that the additional staff would reduce the pressure on the current staff team and release the manager from delivering care.

#### Preventing and controlling infection

- People were protected from the risk of infections. The provider's infection prevention and control practices, policies and COVID-19 contingency plan had been updated as a result of the pandemic.
- Staff told us they had received additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection such as wearing Personal protection equipment (PPE) and hand washing. This was confirmed by people's relatives.
- Staff had access to an adequate supply of PPE. The provider was monitoring the staff's COVID-19 testing and vaccination compliancy.

#### Learning lessons when things go wrong

- Staff were aware to report any changes in people's well-being, accidents or incidents to the manager in a timely manner so immediate action could be taken.
- The manager observed staff care and medicines management practices and records when they delivered care to people to ensure staff were competent. Any issues were addressed with staff immediately, however their observations were not routinely recorded to demonstrate how they had taken action to improve the service.
- The manager told us there had been no accidents but actioned all concerns raised by staff and people who used the service. They provided examples of how they had addressed people's concerns.
- Any recommendations from their investigation would be shared with staff to help reduce the risk of repeat incidents.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service and complimented the kind nature of staff.
- The provider's safeguarding policy was in place to guide staff and supplemented the staff safeguarding training.
- Staff understood their role to report any concerns and were confident that the management system would act on any concerns or allegations of abuse.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

- The provider's current quality assurance systems mainly relied on the manager monitoring the service as they delivered care to people as part of people's care packages. We were not assured that this current system would be sustainable if the service expanded or if the manager was absent from their role.
- The provider did not operate a systematic process to monitor the quality and completeness of people's medicines, care and risk management plans. This meant that staff did not have access to a comprehensive care plan which was focused on people's preferences, consent to care and provided them with guidance on how to meet people's care and medicine support requirements and manage their risks.
- The manager frequently supported and worked along staff, observed their care practices and received feedback from people. They told us they reviewed people's medicines administration records when they delivered care to people to ensure staff were competent in safe medicines management practices. However, the manager was unable to show us the records they had kept relating to their observations and supervisions of staff, medicines record checks and feedback from people.
- The provider had not ensured that there were completed records of the manager's quality checks. The provider was therefore unable to demonstrate the effectiveness of their quality monitoring systems and how they had sustained and improved the service.
- There was no registered manager in post at the time of the inspection, although a manager was in post intended to apply to CQC to be registered. They explained they had prioritised their time to deliver care to people due to staff shortages which meant their management and governance systems had been compromised.

We found no evidence that people had been harmed however, the provider's monitoring processes and records were not effective in demonstrating how they monitored the service to enable them to drive improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, we found the provider had maintained systems to monitor the training requirements of staff and the COVID 19 testing and vaccination of staff in the line with government guidance. The provider's training matrix helped the manager to monitor the training requirements of staff. Staff had been given opportunities to attend practical training in subjects such as moving and handling to support their online Learning.

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

- People's relatives told us they could contact the manager at any time, and that staff were responsive to their requests.
- However, the provider had not consistently checked that people, their relatives and visiting health care professionals could access a copy of relevant key information about people's current health, medicines and support requirements. Two relatives stated they had requested but hadn't been given access to people's care plans or staff daily records to help them understand people's welfare. This meant key people may not have the information they needed to support people such as in an emergency or hospital admission.
- The provider agreed to take immediate action to audit the records kept in people's homes and address this concern.
- Staff told us they felt supported and trained to carry out their role. Staff told us communication from the management team was good.

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

- The manager led by example and was passionate about ensuring staff were trained and supported to carry out a role which focused on delivering person centred care. Staff complimented the support they received from the management of the service.
- The manager was aware of their responsibility to be open with people, investigate when things went wrong and reports any significant incidents to CQC. They explained that staff were aware of reporting any concerns, accidents and near misses promptly and as a team they would take actions to prevent the incident reoccurring and learn from any mistakes.
- Throughout the inspection, there was an open approach by the provider and manager to make changes to improve people's care records and the monitoring of the service. They acknowledged that improvements were need to documentation and governance systems to ensure the service could expand safely.

Working in partnership with others

- The manager told us they had received good support from professionals during the pandemic and had continued to liaise with community staff such as occupational therapist where required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not maintained accurate, complete and contemporaneous records for each person.</p> <p>The provider's monitoring processes and records were not effective in demonstrating how they monitored the service to enable them to drive improvements.</p>