

Selborne Care Limited

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 

Overall summary

We undertook an announced inspection of Options on 5 and 7 January 2015. We told the provider two days before our visit that we would be coming. This was to ensure staff were available in the office to see us. Options provides personal care services to people in their own homes, specifically people who have a learning disability. At the time of our inspection 13 people were receiving support with personal care. Options also provide social support to around 90 people in the community.

At our last inspection in December 2013 the service was meeting the regulations inspected.

The service has 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.

There were systems in place to help keep people safe from unnecessary risks to their safety and wellbeing. There were enough staff to ensure people's needs were met in a flexible way.

Summary of findings

Staff were provided with regular training and understood what their roles and responsibilities were. The staff team had the right skills and experience to effectively assist people with their care and support needs.

The staff understood about the Mental Capacity Act 2005 and its impact on people they supported. They knew that this meant people had the right to make decisions about their care. They also understood that it meant people were to be properly supported and their rights protected when they were not able to give consent .

Staff supported people to meet their healthcare needs. Staff assisted people to go to GP appointments and to see other healthcare professionals when it was required.

People were consulted and involved in planning how their needs were met. They were supported by staff who were kind and caring in their approach. One person told us “ I get on brilliantly with the staff they have helped me a lot ”.

Where it was an identified need for people, they were supported to plan and cook a healthy and nutritious diet.

Recruitment and staff selection procedures were in place which helped minimise the risk of unsuitable staff being employed to work with people.

Staff felt supported by the registered manager and the office based manager who managed the staff team. There was an open and accessible management culture for people who used the services and the staff.

The registered manager carried out regular reviews with people to find out directly what they felt about the quality of the service provided. For example one person changed to a different member of staff supporting them based on the feedback they gave the manager.

Summary of findings

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.

There were systems in place to help protect people from the risk of abuse. Staff knew how to keep people safe and how to report abuse if they suspected it. Staff also understood how to whistleblow if they had any other concerns about the service and the way it was being run.

Risks to people who used the service and staff were managed safely.

There were enough staff employed to safely meet the needs of people who used the service. Staffing levels were planned in a flexible way to ensure people always received the help they required at the right times.

Good



Is the service effective?

The service was effective.

People felt staff had the right skills and knew how to effectively meet their needs.

Staff went on training so they had up to date knowledge to be able to carry out their role effectively.

The staff understood the requirements of the Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to prepare and cook their own meals. Guidance was provided to assist people to eat a suitable diet for their health needs.

Good



Is the service caring?

The service was caring.

People who used the service had positive views of the staff who supported them. They told us staff always treated them properly and they enjoyed their visits.

Staff understood how to respect the privacy of people when they assisted them with their support needs.

People were actively involved and also encouraged to make decisions about their care and the type of assistance they received.

Good



Is the service responsive?

The service was responsive.

Care plans clearly set out how to meet people's care and support needs. Staff understood how to meet people's support needs. They were knowledgeable about people's interests and preferences. This meant people received an individualised service.

There was an easy to follow complaints process so that it was straight forward for people to make a complaint if they needed to.

People who used the service and their relatives felt the registered manager and other staff were approachable and they could always make their views known about the service.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The culture of the service was open and transparent. People who used the service and the staff who supported them were encouraged to make their views known to the manager. Staff were also encouraged to make their views about each other known in an open way.

The registered manager and other senior staff regularly monitored the quality of the service provided. They always consulted people as part of this process to find out if they were happy with the service they received.

Good



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.

The inspection took place on 5 and 7 January 2015 and we gave short notice because the location provides a domiciliary care service and the staff are often not available in the office during the day. We also needed to be able to arrange our telephone calls to people who used the service.

The 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. The expert-by-experience had specific expertise in supporting people who have a learning disability.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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.

We also reviewed information we received since the last inspection including three notifications about medication errors that the provider had sent us. Notifications are changes, events or incidents that providers must inform us about.

During our inspection we went to the office and spoke to the registered manager and office manager reviewed the care records of three people who used the service, reviewed the records of four staff and records relating to the management of the service. We met two support workers and three senior staff and one person who used the service. We spoke by phone to six people and one person's relative.

Is the service safe?

Our findings

The overall response from people was that they were happy with their service. They all expressed that they were happy and felt safe. Comments included, “yes I feel safe”.

Staff were respectful of people’s privacy, and maintained their dignity and knew how to provide safe care. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they had epilepsy and were at risk of falls.

Staff understood how to recognise the signs of potential abuse and they also knew how to report abuse if they suspected it. They explained how they would speak to the managers or another senior member of staff. Staff said they had been on training to help them know how to recognise and report abuse. Staff were also guided to keep people safe by an informative safeguarding adults policy and procedure. These included the contact details for reporting any issues of concern.

There was a reporting system in place, if needed, to protect people who used the service. Staff told us what whistleblowing in the work place was and what it meant for them. They knew it meant to report to someone in authority if they thought there was malpractice at work. We saw that the whistleblowing procedure was current. It had the contact information of organisations staff could report concerns to. It was also prominently displayed so it was easily accessible.

Risks to people were assessed and actions were identified to keep people and staff safe. These included environmental risks and any risks due to people’s needs, such as if people experienced behaviours that challenged others. People’s risk assessment records had identified risks for people when receiving support in their own homes. For example, when staff prompted people with their personal care such as bathing there was guidance to

ensure people were supported safely. The staff told us they were aware of what was written in people’s care records and read them every time they visited someone to ensure they knew of any changes.

There were enough staff employed to ensure people’s needs were met safely. Staffing numbers were worked out based on how many people were using the service and how much support they needed. Staffing levels were altered and adjusted and increased accordingly if the needs of people varied. The majority of staff also lived in the area. People told us that it was very rare for staff to not make the agreed visit times to support them. The registered manager told us the service very rarely had any missed appointments. If staff could not attend a visit they contacted the office and cover was arranged so that people received the assistance they required.

Recruitment procedures and required checks were undertaken before staff were recruited to ensure only people who were safe and suitable to work with vulnerable adults were employed. When potential new staff were interviewed they were asked a range of questions about their employment history. Any gaps in their work history were also followed up to ensure potential new staff were suitable to work with people. A completed disclosure and barring service (DBS) check was carried out for all staff. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with vulnerable adults. Two employment references were undertaken before staff could work at the home.

Staff told us they sometimes provided support to people to take their own medicines. They said that the majority of people who used the service looked after their own medicines. There was a policy in place to guide staff when they did assist people with this. There was also training provided to ensure staff supported people to take their medicines safely. Up to date records showed staff kept a record each time they assisted people to take their medicines.

Is the service effective?

Our findings

People felt they were supported by staff who knew how to provide them with effective care to meet their needs. All the people we spoke with said that they felt their support was appropriate to their needs. One person said they were; “very grateful for the support from the staff and they always follow guidelines”. Another person said they had a “good support team around them, senior staff really know me well”.

People were assisted by staff who understood their needs and how to provide the care and assistance they required. The staff told us they were always fully briefed about new people’s needs and their care plans before they first visited them. They explained that if a person’s needs had changed before they carried out their next visit they were contacted by managers. The staff were updated so they had a current understanding of people’s needs and what assistance was required. They said they read each person’s care plan every time they arrived at their home to see them. This was so they were up to date about people’s current needs and knew what care was required.

Some people were supported with meal preparation to help them to buy, prepare and cook food of their choice. Staff told us they supported some people with their nutritional needs. One member of staff told us they helped one person to buy the ingredients and then cook nutritious meals. Staff also told us they had been on training in food safety so they were aware of safe food handling practices.

Staff told us they sometimes supported people to attend healthcare appointments if needed and they had on occasions liaised with health and social care professionals involved in people’s care. Health action plans were in place for each person. These set out how people who used the service were helped to stay healthy and the healthcare professionals who supported them.

Staff understood the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack the capacity to make their own decisions There

was an up to date policy in place and staff understood their responsibilities to support people to make decisions and choices, including when they may lack mental capacity to make certain decisions.

The staff also understood about the principle of seeking consent when they provided people with care. They knew they had to always seek consent and make sure people fully understood what type of care and support they wanted to offer them.

Staff spoke positively about the quality and regularity of training that was provided for them.

We met a new member of staff who was just starting their induction programme. They told us they were being well supported. All staff did an induction programme which was in line with the common induction standards published by Skills for Care, a recognised industry standard. This meant the induction programme looked at how staff could learn to support people effectively with their needs.

Staff told us they received regular supervision and appraisal from the registered manager or another senior member of staff to support them in carrying out their role. These meetings gave staff a chance to discuss their performance and identify any further learning needs they may have.

We saw copies of documentation in two of the staff records we looked at who had received supervision recently. The staff we spoke with told us they felt their supervision sessions gave them the chance to review their understanding of their roles and responsibilities. It was also a time to make sure they were properly assisting people who used the service. This included review of policies and procedures when required. The staff also explained that supervision sessions gave them a further opportunity to raise any concerns they had about the person they were supporting or the way the service was being run.

Staff spoke positively about the amount of training they were provided with to be able to care for people effectively. The training programme included learning about different health and safety subjects, the needs of people who used the service and how to meet them. Training records showed there was regular training available for staff.

Is the service caring?

Our findings

Every person we spoke with was positive about the way the staff helped them to meet their needs. One person said; “these guys seem spot on I only have good stuff to say”. They also said they had “very good communication with the staff I can tell from that they were trained well”. We were also told staff were; “very person centred. I’ve seen lots of staff before from other agencies and I’m really impressed with these staff”.

People told us they were happy with the staff and they had built up close friendships with them. One person said; “staff were nice and they help me” and that they felt staff “respected them”.

People received care, as much as possible, from the same care worker. When the care package started people were introduced to two staff, so when cover was required due to sickness or leave the person knew the replacement staff member coming to support them. One person told us; “It’s the same carer which is what I like.” A relative of a person who used the service told us, “they are so understanding about my relative’s needs”.

The service people received was consistent and people appreciated being visited by the same support workers for the majority of their sessions. One person told us senior

staff always made sure they were introduced to new support workers before they visited to see if they thought they would be suitable to support them. They said this was helpful for them as it reduced anxieties they may have felt about a new member of staff.

People were encouraged to maintain their independence and undertake their own personal care. Staff told us they prompted people to undertake certain care tasks rather than doing it for them where this was appropriate to help them be more independent.

Staff cared for people in a person centred way. This meant staff put people’s needs and wishes at the heart of all decisions around their care. Person centred care also aims to promote independence and choice. The staff told us some examples of how they did this. One member of staff told us they put this into practise by seeing people at the time of their choosing rather than just fitting them in at any time that may not be right for them.

They also said sessions were booked at times that suited the person concerned and were flexible where possible. They also said care plans were written with the full participation of the person if they chose to do this. The care plans we saw had been signed by the individual concerned. This was to confirm they fully agreed with the type of support described.

Is the service responsive?

Our findings

Staff demonstrated they had an in-depth understanding of the needs of the people who they assisted. They were aware of their preferences and interests, as well as their health and support needs. This helped ensure people received a personalised service.

An assessment was completed for each person who used the service. We saw these clearly explained what people's support needs were. There was a care plan in place outlining how each person's individual needs were to be met. We noted that one person's care plan had not been updated to reflect their current needs and the increase in the number of visits they received. We spoke to the staff member supporting this person and they told us the registered manager kept them fully informed about the changes in appointment visits and the support required. The registered manager told us they would update the person's care plan to reflect their current needs.

People's care records included the contact information for their GP. This meant staff would be able to contact them if they were concerned about a person's health. Staff were aware of this information and understood their role included supporting people when concerned about their health.

The registered manager and staff team learned from incidents and investigations and changes to people's care were put in place where needed. We viewed in the care records, information that showed the registered manager and the staff recorded when significant incidents and occurrences had happened. This information was used to update care plans and risk assessments. For example how to support someone when they felt upset was clearly set out in their care records.

People felt able to raise concerns or complaints should they need to. One person said I feel I could make a complaint, I've never needed to make one though." Another person explained "I've never needed to make a

complaint and I've been here for three years", "staff know the routine now and they help me do what I want. If there were a problem, I would talk to the manager." A further comment was "all the trivial matters that have ever been raised have been addressed quickly and sorted" and "my concerns were listened too".

When we were in the office, the registered manager took a call from a person's relative who had a general concern about the service they were receiving. The registered manager spoke directly to the person and listened to them and tried to resolve the matter they had raised.

People told us a copy of the complaints procedure was included in information given to them when they had started to use the service. This was in an easy to read format to make sure people could understand the procedure and knew how to use it. People felt able to raise concerns or make complaints about the service.

The service had received four complaints in the last year. Complaints and comments from people were used to improve the service. For example a complaint about the nature of support one person received had led to a change in the way they were supported when they were out in the community.

People were formally asked for their views of the service in a number of different ways. This was to ensure people's views were fully captured. At least every eight weeks a senior member of staff contacted them by phone or in person to find out their views. Satisfaction questionnaires were also used and sent out every three to six months to obtain feedback from people who used the service.

Recent feedback had been uniformly positive about the service. The registered manager used this information to analyse the quality of service that people received and make improvements where necessary. For example, recently the way care plans were written had been changed based on people's feedback. Care plans were written in an easy to understand way so that people could read them.

Is the service well-led?

Our findings

Staff were clear about the visions and values of the organisation they worked for. The staff told us one of the key aims was to treat people with the utmost respect at all times. They also said the promotion of people's independence was an essential value. Staff told us they did this by prompting and supporting people to try and do things for themselves rather than staff doing things for them. They also explained that one of the key values was to ensure care was provided in a person centred way. This meant making sure the person concerned and their views and wishes were at the centre of all decisions made about their care.

We observed how staff were relaxed when they need to see the registered manager. The registered manager made time for staff and was approachable in their manner with them. Another comment was "you can go and see them at any time." One person who used the service came to the office during our visit. They were very relaxed in the company of both managers. The registered manager spent time with them and encouraged the person to speak with us about the service.

There was a quality checking system in place to check on the quality of the service people received. Regular audits were carried out and areas which had been audited included care planning, the quality of care, health and safety, and training. Where shortfalls were identified we saw that the manager put in place an action plan. For example timekeeping was reviewed with staff to ensure people's sessions were not late.

Staff were well supported in their work by the registered manager and other senior staff. Staff felt the registered manager and another senior staff member were really helpful if they had any concerns. They told us, "they are very relaxed and very helpful". They said the registered manager and other senior staff member were both really supportive and always communicated with them about changes to the service and the needs of people they supported. Staff also told us they were encouraged to give feedback about each other in supervision meetings. They told us this helped to create an open culture where constructive feedback was given to each other.

People were actively involved in the quality checking system of the service. The registered manager monitored the quality of the care and service people received. Where action was needed this was implemented promptly. Most people who we spoke with said they were regularly contacted by the agency to find out their views of the service. One person told us; "I can go and speak to them in the office anytime I want".

We saw that a feedback form was given to people every six months. People were asked to give feedback about the service and to say if they had any complaints about the agency. We saw that responses in the feedback forms were reviewed. Examples of the areas people were asked to respond to included what their views were of the service provided, the attitude and approach of the staff, and any other issues people wanted to bring up about the service they received from the agency.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.