

Option Care Ltd

# Option Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Option Care Ltd is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported five people at the time of the inspection.

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

Option Care Ltd registered with CQC in April 2018. Since registration, the service had experienced some management changes which had disrupted their quality monitoring and governance systems.

We found the provider had not always ensured that there had been a consistent approach in their quality checks of the service and safe recruitment practices. The provider carried out employment and background checks as part of their recruitment process, however there was limited evidence that the provider had fully explored staff employment histories to check they were of good character.

We found the new manager and provider had identified the areas of improvement and were working together to take action to improve the service and governance systems. Progress was being made in staff development and reviewing people's care needs and care records.

The manager had oversight of the service while improvements were being made as they worked alongside staff to deliver care which enable them to monitor the quality of care and staff practices.

People and their relatives complimented the service and told us staff were kind, supportive and caring. People were supported by a small team of staff who visited them regularly and were familiar with their needs. Relatives told us they found that staff provided them with emotional support and found them friendly and caring.

People confirmed that staff were responsive to their needs and felt safe amongst staff. Staff had been trained in safeguarding and knew where to report concerns.

Where required, people were supported with their nutritional needs and medicines. Safe medicines management practices were being used.

Care plans were in place to direct staff on how people's support should be delivered in line with people's preferences and care assessments. People's risks were assessed and known by staff. However, staff would benefit from further recorded details of how to support people to mitigate their risks and escalate any concerns.

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. However, we have made a recommendation that the provider seeks further guidance about the management of people's lawful consent to care.

Enough staff were available to support people. Staff told us they felt trained and supported to carry out their role.

The provider and manager valued the feedback from people and staff and were responsive to any concerns raised.

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

This service was registered with us on 23/04/2018 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration in April 2018 and there was currently no registered manager in post. Therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### 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 monitor the service 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 safe recruitment of staff 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** 

# Option Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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, since our inspection the provider has employed a manager who has applied to be registered with CQC.

#### Notice of inspection

This inspection was unannounced.

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

Inspection activity started on 25 January 2021 and ended on 28 January 2021. We visited the office location on 25 January 2021.

#### What we did before the inspection

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 one person who used the service and two relatives about their experience of the care provided. During and after the inspection we spoke with the provider, manager (nominated individual) and received feedback from four staff via email.

We reviewed a range of records. This included five people's care records and medication records. We looked at 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 and received feedback from the local authority commissioners.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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.

### Staffing and recruitment

- People were at risk of being supported by staff who may not be suitable to carry out their role.
- The provider had not ensured there had been a consistent approach in the safe recruitment of staff in line with the provider's recruitment policy.
- We reviewed eight staff files and found the employment histories and health background of staff had been shared with the provider during the recruitment and interview process. However, there was limited evidence to show that the provider had explored the gaps in staff's recruitment documents and checks to determine that they were of good character and suitable to carry out the role of delivering personal care.

We found no evidence that people had been harmed, however, the provider had not ensured consistent and safe recruitment practices were used which may 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.

- People were supported by suitable numbers of staff who knew their needs well.
- The manager had reviewed the staff rotas to ensure people were supported by a consistent team of staff who arrived on time. People's preferred gender of staff to support them with their personal care needs was implemented.
- The reliability of staff was confirmed by people and their relatives. One relative explained there had been a high turnover in staff, but this had now settled down and they were happy with the staff team.

### Assessing risk, safety monitoring and management

- People's personal risks such as the risk of falling had been identified by the provider from the information shared with them from the funding authority and their own assessment of people's needs.
- Staff were aware of how to manage and support people with their risks such as monitoring people's skin integrity and applying prescribed creams as needed.
- We found no negative impact on people, however the risk management care plans for some people needed more information to describe the agreed management and monitoring of people's risks and medical conditions. This would help staff to recognise changes in people's well-being and where to escalate any concerns.

### Using medicines safely

- Where required, people were assisted safely by staff to manage and administer their prescribed

medicines.

- The administration of people's medicine was recorded on an electronic data system which enabled the manager to monitor that people had received their medicines as prescribed. From our review of a selection of the electronic administration records we found that the records were completed consistently.
- Staff informed us they had the training they required to assist people with their prescribed medicines and would raise any concerns about people's medicines with the manager.

#### Preventing and controlling infection

- People were protected from the spread of infection.
- Staff had been trained in infection control and had access to personal protection equipment (PPE).
- People and relatives confirm that staff maintained good infection control practices while in their home and wore the appropriate PPE when supporting people with their needs.
- The manager and staff had assessed and implemented extra measures to protect themselves and people from COVID-19, however this had not been recorded.

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

- People were protected from the risk of abuse and harm.
- People told us they felt safe when staff supported them with personal care. Families told us they had formed a good rapport with staff and felt their relatives were safe and treated with respect. One person said, "Yeah, I feel safe with the carers. They are good in that way."
- Staff had been trained in safeguarding and confirmed that they had access to the provider's safeguarding policy which had been discussed with them. Staff understood their responsibility to report any concerns promptly to the manager and other safeguarding agencies if required.

#### Learning lessons when things go wrong

- The manager reported that there had been no accidents or incidents since being in post. Staff confirmed that they would report any incidents to the manager.
- The provider stated they would be implementing some additional accident and incident report training for staff. This would improve staff's understanding in reporting and recording incidents on the provider's electronic system. They planned to review how concerns, incidents and complaints were recorded to demonstrate the actions taken that had been taken to improve people's care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were fully assessed prior to them using the service to ensure staff could meet their support requirements. Information from the funding authority, people and relatives were used to develop people's care plans.
- Staff worked in conjunction with people and their families to ensure the care that was delivered met people's needs and choices and helped people achieve good outcomes and good quality life. One relative said, "They are spot on, they get the right balance of support without taking over."

Staff support: induction, training, skills and experience

- People and their relatives were positive about the staff who supported them and felt staff were suitably trained to meet their needs.
- Staff told us they felt trained and supported and had access to the training they required. Staff had received E-learning training in key health and social care subjects and the manager had provided extra training to assist staff in understanding the management of people's individual care requirements such as support with medicines, mobility and transfers.
- The provider had recognised that staff required additional training and was making progress in sourcing accredited additional training to strengthen staff knowledge.
- Plans were in place for the manager to improve the systems to manage staff support, spot checks and competency assessments to ensure staff training was embedded.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported with the preparation of food and eating their meals and drinks. People's dietary requirements were catered for and met.
- People told us they were consulted about their meal and drink choices and were encouraged to have a balanced diet and remain hydrated. They told us staff left them with a drink and snack if needed.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- People's health and well-being was monitored by staff.
- Relatives told us that staff had referred people to relevant healthcare services as needed.
- Staff worked in partnership with other health care professionals to ensure people's well-being was monitored in a timely manner. We heard how health care professionals such as social workers, district nurses and occupational therapists had been involved in evaluating people's care and treatment and implementing changes to people's support requirements.

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 and their relatives told us staff always asked their opinions and gained consent before they provided people with care and support.
- The provider told us they had been guided by the local authority assessments of people's mental capacity to agree with the provision of care.
- It was not always clear from people's care plans that they or their legal representatives had consented to the support they received from Option Care Ltd. The assessment of people's mental capacity and the outcome was not routinely recorded to help direct staff in delivering care in people's best interest.
- We discussed this concern with the manager and provider who told us they would review their documentation and consent to care processes.

We recommend that the service seeks advice and guidance from a reputable source in relation to mental capacity assessments, best interest decisions and the lawful consent to care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care which was compassionate and caring
- People and their relatives spoke positively about the care they received from staff. They complimented the caring nature of staff who supported them. Their comments included: "They're very good", "The carers are good. Nice people" and "The staff are pretty good to be fair"
- People and relatives told us staff spoke to them with kindness and respect. They explained that they were treated equally, and staff spoke to them in a non-judgemental manner.
- Staff knew people well including people's personal histories and what was important to them. They had built a good rapport and friendship with people and their families.

Supporting people to express their views and be involved in making decisions about their care

- People (and their relatives where required) were fully involved in decisions about their care and developing their care plans to reflect their support and care requirements. Relatives told us they were consulted about any changes in people's care.
- Relatives complimented the manager and told us they had built positive relationship with them and found all staff approachable and caring. One relative said "They are brilliant. They do everything I ask. Very helpful." Another relative explained that a stable staff team and manager had made them feel more comfortable and confident in the service.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt comfortable with staff and were treated with dignity and respect by care staff. One person said, "They treat me well. I have no complaints."
- The manager told us they encouraged people to maintain their independence and to do as much as they could for themselves where possible and make their own decisions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives spoke positively about the personalised care they received, and felt they were involved in all decisions about their care. Relatives told us staff were very responsive to their requests such as accommodating their requests for more care hours on occasions.
- Initial assessments were carried out with people before they started using the service. Assessments included areas such as communication, mobility, and medicines and were used to develop care plans that identified people's needs and their personal support requirements.
- Plans were in place to review the format of people's care plans to provide more details about people's preferences, backgrounds, risks and consent to care to ensure staff had all the information they needed to provide consistent and person centred care.
- Progress was being made in the reviewing of people's care needs with people and their relatives. The provider had agreed to review how people, relatives and significant health care professionals would access key pieces of information about people's wellbeing when required, as some elements of people's care was held electronically.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs. The manager told us they would ensure that people had access to the information they needed in a format they could understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. They told us the manager was very responsive to any concerns. One relative spoke confidently about raising their concerns, and felt they were listened to.
- The manager told us they would personally investigate into any complaints and communicate their findings with the complainant. For example, one relative raised a concern with the manager which was investigated and discussed with the relative, although this had not been recorded.

End of life care and support

- The service was not supporting people with end of life care at the time of our inspection.
- The provider stated that end of life systems, care planning and staff training was being considered to ensure that they could respond effectively and safely to people who may require end of life support and

care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since registering with CQC, there had been a change in the management team who managed the day to day running of the service.
- The provider was open in sharing with us that an effective handover between the managers had not been carried out which meant that the current manager did not have full access to some of the providers operational systems such as accurate staff rotas and documents relating to staff recruitment, development and support.
- The provider and the new manager were committed to improving the service to achieve good outcomes for both people who use the service and the staff who supported them.
- The manager supported the day to day running of the service and was working collaboratively with the provider remotely to improve and further develop the systems used to monitor the service and maintain accurate records.

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

- The manager worked alongside staff and supported people with their care which provided them with an opportunity to monitor people's care and receive direct feedback from people and staff while the governance and record keeping of the service was being further developed.
- Our inspection findings confirmed the providers own appraisal of the service. For example, the provider had shared with us that the systems to monitor the quality of care being delivered such as medicines audits had not always been completed. Records to demonstrate the safe recruitment and development of staff had not always been maintained.
- The manager explained that since being employed, their priority had been to ensure that people were safe, and their care needs were not compromised by the COVID-19 pandemic. They stated they were now focusing on improving the governance and operational systems. For example, they had reviewed the times of people's care visits to ensure staff had adequate travel time between each visit which would be reflected on the electronic system. Progress was being made to review people's care needs and records to ensure people's care requirements, risks, medicines were recorded in detail. The provider was also reviewing how they would evidence people's lawful consent to care.
- Since the inspection, the provider has carried out a COVID-19 risk assessment of the service and had developed an action plan to continuously monitor any COVID-19 risks and potential impact on the service.

This included implementing Covid-19 risk assessments for staff and people who use the service. A programme of regular COVID-19 testing of staff in line with government guidance was being implemented.

- As a result of our inspection feedback, the provider had met with the management team to develop an action plan to address areas which require improvement. However further time was needed for the provider to implement and embed the actions and to evaluate if the improvements made had resulted in positive outcomes for people and staff. The provider had also submitted an application for a manager to be registered with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- Staff and people and their relatives felt supported by the manager and were confident that actions would be taken if they raised any concerns with the manager or provider of the service.
- Relatives told us staff and the manager were approachable and would recommend the service to others.
- The manager told us they valued any feedback from people and had plans to develop a formal process to gain and analyse the views of people and staff.
- Staff and the manager confirmed that they worked in partnership with people, their families and key health care professionals who were involved in the management of people's care.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured consistent and safe recruitment practices were used which may put people at potential risk.</p>