

## Options Home Care Limited

# Options Home Care Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Options Home Care Limited is a domiciliary care service which was providing support to seven people in their own homes on the day of our inspection.

People's experience of using this service:

- The service had improved overall since our last inspection and is no longer in special measures.
- The service met the characteristics of good in three out of five domains and requires improvement in two out of five domains.
- People were assisted to have maximum choice and control over their lives.
- People who used the service and staff members gave us positive feedback about the service and the management.
- Systems and processes within the service ensured people were safe.
- Staff knew people well and had built positive relationships.
- People had an active say in how the service was operated and managed through surveys and reviews.
- In the main, effective governance systems and processes were in place to ensure the service improved.
- Whilst improvements had been made in the service, these needed time to become embedded into everyday operational processes and need to be sustained.

Rating at last inspection: The service was rated inadequate at our last inspection and was placed into special measures. Our last report was published on 7 July 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services rated as inadequate and in special measures, to check the quality of care people received.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

## 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** ●

# Options Home Care Limited

## 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 checked 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 was conducted on 8 and 9 January 2019.

Inspection team: This inspection was conducted by one adult social care inspector.

Service and service type: This was a care at home service [domiciliary care agency]. It provided care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was announced. We informed the registered manager of our inspection 48 hours prior. This was due to the service being small and the registered manager often being out of the office. We needed to be sure someone would be available.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We had not sent the Provider Information Return (PIR) to the registered manager in time for the inspection. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with one person using the service to ask about their experience of the care provided. With consent, we also visited one person in their own home. We spoke with the registered manager, deputy manager, and two care staff. We looked at three people's care records and a selection of

medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff members.

Details are in the key questions below.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited reassurance about safety. There was an increased risk that people could be harmed.

At our last inspection this key question was rated as inadequate. We identified concerns in relation to the management of risks, recruitment processes and safe systems and processes. The provider submitted an action plan on 31 August 2018, detailing what action they would take to make the necessary improvements. This identified the service would be compliant with the regulations by 14 September 2018. We checked this during our inspection and found the provider had fulfilled their action plan and the necessary improvements had been made. However, whilst the service had made improvements since our last inspection, it is important that these improvements become embedded in the service and are sustained.

### Assessing risk, safety monitoring and management

- We found improvements had been made in relation to the assessment and management of risks to people's health and well being since our last inspection.
- Risks to people's health and welfare had been identified and care records contained information about the management of identified risks to keep people safe. If risks changed, we saw evidence that reviews were undertaken.
- We saw consideration had been made to any hazards within people's own homes. If any risks had been identified there was a plan of how these were to be managed.
- There was a system for the recording of accidents and incidents. There had not been any accidents or incidents within the service.

### Staffing levels

- We found improvements had been made in relation to the safe recruitment of staff.
- New staff members had been recruited safely and in line with the recruitment policy and procedure, which had been reviewed and updated.
- One person we spoke with did not have any concerns about the staffing levels in the service.
- Staff we spoke with told us there was enough staff employed to meet the needs of people using the service. One staff told us, "I always get enough time to spend with people and I don't feel rushed. They allow me time for travelling."
- The registered manager had ceased working in the staffing numbers full time and was undertaking their role as manager.

### Systems and processes

- Improvements had been made in relation to the systems and processes in place.
- All staff members had completed training in safeguarding. Staff we spoke with knew their responsibilities in relation to the reporting of concerns.

- There were safeguarding policies and procedures in place, which had been reviewed. These were accessible to staff members.
- The registered manager and deputy manager were clear in their responsibilities to report any safeguarding concerns should they arise.
- Staff knew their responsibilities to ensure equipment within people's homes was safe, such as, hoists and slings. One staff member told us, "I check all stitching is in place and that none is frayed. I check all electrical components are working. I check the persons wheelchair is safe."
- Moving and handling training had been completed by all staff.

#### Using medicines safely

- One person we spoke with using the service required minimal support with their medicines. They told us, "Yes staff help me a bit with my medicines. I keep all my medicines there [pointing at the medicines]. I think I am going to move them though so they are out of reach." The registered manager agreed to ensure someone supported the person to relocate their medicines.
- Not everyone using the service required support with their medicines.
- Medicines were managed safely. All records relating to medicines and the support people received were all fully completed and reviewed.
- Suitable medicines policies and procedures were in place.

#### Preventing and controlling infection

- Staff had received training in relation to infection control and understood their responsibilities.
- Staff we spoke with confirmed they had access to personal protective equipment [PPE] such as aprons and gloves. They also told us they were provided with 'snow shoes' for winter times.
- Infection control policies and procedures were in place to guide staff.

#### Learning lessons when things go wrong

- Whilst there was no documented evidence of lessons learned and no incidents to reflect on, the registered manager was able to tell us the action they would take to ensure lessons are learned.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- The service had made improvements since our last inspection in relation to the induction, training and supervision of staff.
- One person who used the service told us, "When the staff are new I have to tell them how I like things and what I would like them to do, but once we get used to each other it is fine."
- All the staff we spoke with confirmed they had an induction when commencing employment, had attended various training courses and were supervised by management. One staff member told us, "Yes I completed an induction and was shadowed when I started."
- The deputy manager was a trainer and provided the induction and most of the training for staff working in the service.
- The service induction incorporated the care certificate. The care certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.
- Staff records and training records showed staff had access to a number of courses including, safeguarding, moving and handling, medicines, infection control and were in the process of sourcing other courses such as dementia and sepsis.
- Spot checks and supervisions were conducted on a regular basis to monitor and support staff in their roles.

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

- Care files contained information that confirmed assessments of people's needs were completed prior to them receiving a service.
- Assessments obtained from other health and social care professionals were used to plan effective care for people.
- Records we looked at showed that regular reviews of people's care and support were undertaken and care plans were updated when people's needs had changed.

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 so that they can receive care and treatment with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.



- All of the people using the service at the time of our inspection had full capacity to make their own decisions.
- MCA and DoLS training was included as part of the induction so that staff had an understanding of the legislation.
- The registered manager and deputy manager understood their responsibilities in relation to this legislation.
- Care records we looked at showed that consent had been sought and people had signed their care plans in agreement to the care and support being provided.

Supporting people to eat and drink enough with choice in a balanced diet

- One person who used the service told us, "The staff that come know I like to have my cup of tea first thing in the morning before I do anything else."
- If it was part of the agreed package of care and support, staff supported people with their dietary needs.
- Care files contained a good level of information about how to support people with their individual dietary requirements.

Staff providing consistent, effective, timely care within and across organisations

- One person we spoke with told us that in the main staff attended on time.
- We saw timely action had been taken when people required the use of different services. For example, on the day of our inspection a staff member had needed to call for an ambulance for one person. This was done quickly, calmly and effectively.

Supporting people to live healthier lives, access healthcare services and support

- Records we looked at showed the service supported people to access healthcare services such as GP's as and when required.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- One person we spoke with told us staff were kind and caring, including the registered manager.
- Whilst we were unable to observe staff interactions with people, staff we spoke with showed empathy, sensitivity and kindness in the way they spoke about the people they were supporting. One staff member told us, "It is not like a job this, it is like I am going to spend time with a friend."
- All the staff we spoke with told us they felt they knew people well, including their likes and dislikes, hobbies and interests.
- Care records we looked at showed how best to communicate with people who may have been hearing or sight impaired.

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

- One person who used the service told us, "I have paperwork down there [pointing to where this was kept] but I don't read it. They have gone through it all with me and I have agreed to the support I receive."
- The information contained in people's care records about their histories and backgrounds, showed the person and their family had been consulted with.
- Care records directed staff to give people choices when supporting them.
- The service gave people details of an advocacy service they could access. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

Respecting and promoting people's privacy, dignity and independence

- One person we spoke with told us, "Staff support me with things I cannot manage myself, like fastening my clothes at the back, but other than that I am independent."
- Staff were able to describe how they promoted people's privacy and dignity. Staff entered people's properties following agreed protocols.
- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- We saw improvements had been made since our last inspection in relation to care planning.
- One person who used the service told us, and care records we looked at evidenced people had been involved in the development of care plans. They included information relating to personal histories, individual preferences, interests and hobbies.
- Equality and diversity training was provided to staff. All the staff we spoke with were aware of the Equality Act. One staff member told us, "The Equality Act means I have to think about people's cultural needs." Another staff member told us, "Equality is about fairness. No one should suffer because of their differences. Everyone is treated with the same rights and opportunities and everyone has equal access."
- We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager confirmed larger print, braille and easy read formats would be sourced as and when required.
- We looked at how technology was used in the service. Staff had access to WiFi, computers, online training and a system for logging in and out of calls. People using the service had technology such as, 'keysafe' systems [a key to their front door in a locked external box] and lifeline pedants [a system whereby a pendant was placed around the neck, which could be pressed for assistance in an emergency].

### Improving care quality in response to complaints or concerns

- One person we spoke with told us they had not needed to make a complaint.
- Care records in people's homes contained a complaints/concerns/compliments form that the person or their relatives could complete and submit to the registered manager.
- The records we looked at showed the service had not received any complaints since our last inspection.
- There was a complaints policy and procedure in place within the service to guide staff.

### End of life care and support

- Consideration had not been made to people's end of life wishes. Whilst the service was not currently supporting anyone deemed to be at the end of their life, it is important that consideration is made to this. The registered manager and deputy manager assured us they would take action to address this.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met. At our last inspection this key question was rated as inadequate. We identified continuing concerns in relation to the overall management and leadership of the service. We took enforcement action following our last inspection and told the provider to address these concerns and to be compliant with the regulations by the 24 July 2018.

We checked this during our inspection and found the provider had made improvements, although improvements were still required in relation to quality assurance systems and processes. It is important that the improvements made become embedded in the service and are sustained.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found many improvements had been made since our last inspection, including the management of the service. However, these improvements need time to become embedded within the service and time to ensure they are sustained.
- The registered manager had employed a deputy manager to support them in their role. They had also employed more care staff so they could focus on managing the service and make the required improvements.
- Staff we spoke with spoke highly of the registered manager. Comments we received included, "I can ring [Name of registered manager] and talk to him about absolutely anything. He is very approachable and so is [Name of deputy manager]" and "The registered manager is there when I need him. He praises me and gives me good advice." Staff had a clear understanding of their roles.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager had a good understanding of people's needs and had improved their knowledge around the regulations and operation of the service. This was evident throughout the inspection.
- Improvements had been made to most of the policies and procedures in place. These had been reviewed and updated in order to reflect the service and guide staff in their roles.
- The registered manager was open and transparent throughout our inspection.
- The last rating was displayed in the office and on the company website as required.

Engaging and involving people using the service, the public and staff

- One person we spoke with about satisfaction surveys told us, "I don't think I have been asked to complete a form or anything. I don't like filling forms in anyway."
- We saw surveys had been sent out to people who used the service, to gain their feedback. Results of these had been analysed and showed positive results.

- Staff we spoke with confirmed they had staff meetings. One staff member told us, "Yes we have regular staff meetings." Another staff told us, "Yes we do have staff meetings. We had one a while ago because new staff were starting and we went to meet them and talk about things."
- Records we looked at showed staff meetings were being held on a regular basis.

#### Continuous learning and improving care

- Whilst the service had commenced undertaking some audits, we found there was a lack of quality assurance processes for key areas, for example, care plans and staff records.
- The service did not have a business continuity plan in place, in the event of an emergency or disaster. The registered manager told us they would action this.

#### Working in partnership with others

- The service were able to demonstrate they were working in partnership with others, such as social workers, GP's and district nurses.