Options Home Care Limited

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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

Options HomeCare Limited is based in Great Harwood, Lancashire. The service provides personal care and domestic support to people over the age of 18 years with a variety of health and social care needs who live in their own homes.

This was the first comprehensive inspection for the service since registering with the Commission on 5 April 2016. The inspection took place on the 4 and 5 April 2017 and was announced. Two days prior to the inspection, we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because we needed to be sure that someone would at the office.

The service was providing personal care and support to two people on the day of our inspection (one person permanently and the others for respite/temporary purposes).

At the time of the inspection there was a registered manager in place. 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. The registered manager was also the director of the company.

During this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

Risk assessments that were in place within the service were not designed on an individual basis but were generic. They also did not direct staff members on the action to take to keep people safe.

The provider was not meeting the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure that all persons employed, who had previously worked in a care setting, were fully checked to protect people from being cared for by unsuitable staff.

We found audits in place within the service were not sufficiently robust to identify concerns/issues we found during our inspection. Policies and procedures did not relate to the service and did not reflect what was happening in practice. Records we looked at contained a number of documents that had not been completed and were blank.

One person who used the service told us they felt safe when the registered manager entered their home. Safeguarding training had been completed by the registered manager and staff member and both knew their responsibilities to report concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service supported people to attend any healthcare appointment they may have, if and as required. On occasions this was done outside of any paid support time. The registered manager told us they liked to support the families as much as possible.

We saw that the service had a system in place that people and relatives who used the service could use which would inform them who was visiting each day and the times they would be visiting. This promoted family involvement.

People were encouraged to remain as independent as possible when the service was providing support.

The service completed a pre-admission assessment prior to providing support to people to ensure they were able to meet individual's needs.

One person who used the service, their relative and the staff member all told us the registered manager was approachable and supportive.

Surveys had been sent out in July 2016 so that the service could gain some feedback. The registered manager told us the response from these had been minimal. We saw all the feedback received was positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments that were in place within the service were not individually designed to mitigate the risks of people who used the service. They also did not direct staff members on how to reduce any risks identified.

Recruitment systems and processes were not sufficiently robust to ensure that gaps in employment had been checked or that staff members employed were deemed safe to work with vulnerable people.

The registered manager and staff member knew their responsibilities in relation to infection control.

Is the service effective?

Good

The service was effective.

One person and their relative felt that the registered manager and the staff member had the necessary skills and knowledge to support them and meet their needs.

The registered manager and staff member were aware of the Court of Protection and could tell us the action they would take if they suspected someone was being deprived of their liberty. We have made a recommendation that the service considers training in this area.

The service supported people with their health care needs.

Is the service caring?

Good

The service was caring.

People who used the service and their relative told us the service was caring. We observed interactions that were sensitive, caring and kind.

The service supported people to remain as independent as possible.

All personal records relating to people who used the service were stored confidentially. Only the required people had access to these.

Is the service responsive?

Good

The service was responsive.

One person who used the service was well engaged with activities as part of their care package. We saw a variety of activities had been undertaken in order to stimulate the person.

Care plans included information about the person, including their likes and dislikes and were person centred.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits in place were not sufficiently robust to identify the concerns/issues we identified during our inspection. Some areas were not being audited at all.

One person who used the service, their relative and staff member all felt the registered manager was approachable.

Any occurrences that CQC needed to be informed about had been notified to us by the registered manager.

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.

We gave the service 48 hours' notice of the inspection to ensure someone was in the office to meet us and take part in the inspection. This announced inspection took place on the 4 and 5 April 2017 and was conducted by one inspector.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We had requested a Provider Information Return (PIR) and this had been completed and returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this to inform our planning of the inspection.

We also asked Blackburn with Darwen Healthwatch, the local authority safeguarding and contracts departments for their views of the service. No concerns were raised.

We visited one person in their own home, with permission, to speak to them and their relative. We also spoke with one staff member and the registered manager. We also looked at the care records for one person who used the service and a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

One person who used the service told us they felt safe when staff members went into their home. Their relative told us, "I definitely feel safe when they are here. They are always respectful and the family have met [the registered manager] as well. It gives them piece of mind too."

The service had risk assessments in place that related to risks that may occur whilst supporting someone in their own home. However, we found these did not direct staff on how to mitigate the risks and just directed them to read a policy and procedure. For example a risk assessment relating to medicines made reference to a 'COSHH Health and Safety Medication File' before supporting someone with their medicines as all known allergies were identified in this file. We asked the registered manager if we could look at this file and they informed us they did not have this in place as they did not know what it was supposed to be.

A falls risk assessment in place for one person informed staff to follow guidelines in the policy and procedure. As all policies and procedures were kept in the office, staff members did not have access to these when in people's homes. The fire risk assessment that was in place was designed to be used in a care home and did not reflect that the service was a community based and occurred in people's homes. The registered manager informed us that they had used an external company to provide all their risk assessments, however the service had not adapted them to ensure they met the needs of people who used the service.

The day after our inspection the registered manager sent us two examples of amended risk assessments they planned to put in place in future which would allow for guidance to be added for staff members to refer to. Whilst this showed the service responded to our concerns, these need to be put into practice, sustained and reviewed to ensure they keep people safe.

Risk assessments were not individually designed to keep people safe and did not ensure risks were as low as reasonably practicable. This was a breach of Regulation 12 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the manager on safe recruitment processes. The service had only employed one staff member due to the current size of the service. We looked at this personnel file. We found the service had not requested the person completed an application form and had used an online application processed through a recruitment agency. This did not show evidence of any gaps in employment or full dates of previous employment. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 states that providers should make all reasonably practicable attempts to find out why the person's employment in any such setting came to an end; this is to help protect people from being cared for by unsuitable staff. We found that the staff member had worked previously with vulnerable adults but the required additional checks had not been undertaken.

The provider had filed to ensure that a robust recruitment process was followed at the service.
This was a breach of Regulation 19 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We noted that the personnel file included a record of the notes made at interview, at two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The staff member we spoke with knew how to keep people safe. They told us they would report any concerns to the registered manager. The staff member we spoke with told us, "I had safeguarding training on my induction before I started."

We saw from the training matrix and staff file that the staff member had received safeguarding training. Staff had policies and procedures to report safeguarding issues. This procedure provided staff with the contact details where they could report any suspected abuse such as to the local authority and CQC. The service also had a whistle blowing policy in place. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith.

Due to the size of the service, the registered manager was the main staff member, supporting people in their own homes. However, they had employed another person to undertake support as and when required and until such time as the service expanded. The registered manager told us they felt they could currently provide adequate support to people. One relative we spoke with told us, "They have always turned up when they should do and they are punctual as well. I have used the on call facility and [the registered manager] came out straight away as I was worried about [my relative]." The staff member we spoke with told us, "I am always given enough travel time to get to people. They allow us half an hour gaps between calls. We have plenty of time."

Generally people who use domiciliary care services, if able, tend to self-administer their medicines or their relatives administer them. However, if a part of their care package was for staff to prompt or administer medicines for people, this was recorded in their care plans. We saw there were Medicine Administration Records (MAR's) in place for staff to sign for one person who occasionally required prompting with their medicines. Body maps were also in place to identify where any creams were to be administered on the person. The registered manager and staff member had undertaken training in the administration of medicines to ensure they were competent to support people.

The registered manager and staff member had undertaken training on infection control and knew their responsibilities in relation to hand washing and personal protective equipment (PPE) when undertaking personal care. The registered manager informed us that they and the staff member had a bag which they carried with them on home visits which contained all the necessary PPE for each person, such as gloves and aprons. Both the registered manager and the staff member had hand sanitiser which they also carried.

Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order.

Good

Is the service effective?

Our findings

We asked one relative of a person who used the service if they felt staff members had the appropriate skills and knowledge to care for their loved one. They told us, "[The registered manager] has a background in care so I feel confident to ring him if I have any concerns about [my relative]."

We looked at the induction policy and procedure for the service and saw this stated new staff members were to undertake the 'Skills for Care Common Induction Standards'. These standards have been changed and have been replaced with the 'Care Certificate'. The care certificate is considered best practice for staff members new to the care industry. The policy and procedure therefore did not reflect up to date information.

We asked the registered manager what system they had in place to induct new staff members to the service. They told us the one person they had employed had attended a one day course which covered topics such as fire safety, health and safety, information governance, equality and diversity, infection control, food hygiene, basic life support, moving and handling, safeguarding, handling complaints, conflict management and lone worker. The registered manager stated this was a refresher course for people that had previously worked in the care sector. Anyone who had not previously worked in care would be placed on a three day course and would be required to complete the Care Certificate. The registered manager also told us that new staff members were shadowed for three days and their practice observed to ensure they were competent.

The service did not have a training matrix in place as they only employed one staff member. However, there was a mandatory training list in the staff member's personnel file that highlighted courses they should attend, policies and procedures they should read and supervisions they needed. We found the form had not been fully completed, although certificates confirmed that some of the training had been undertaken and signature sheets attached to policies and procedures were signed to confirm they had been read.

The registered manager told us the staff member had completed half of their National Vocational Qualification (NVQ) level two and they were in the process of making enquiries if the staff member could go straight to undertaking their NVQ level three. We did not see any evidence that any further courses were offered or available to further enhance the staff members' knowledge and skills. The registered manager informed us they were considering becoming accredited for training themselves so that they could provide all training in-house. However, this was at the consideration stage and depended upon financial viability.

We asked the staff member if they received supervisions and appraisals. They told us, "I have had supervision since I started. I was due to have one last week but I had to cancel it."

Although records had not been completed to show that any supervisions had been undertaken, the staff member and registered manager confirmed they had regular meetings, often informal, to discuss roles, responsibilities and service users. Records we looked at showed that an appraisal had been completed with the staff member and the registered manager confirmed they had completed the wrong form and the

information should have been on a supervision form. Supervisions should be regular and documented so that the service can provide an audit trail of the support they are giving their staff.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who live in their own homes are not usually subject to a DoLS. The registered manager was aware of the Court of Protection and knew their responsibilities if they suspected someone was being deprived of their liberty or being restricted in any way.

Records we looked at contained consent forms for a person to be photographed. These had been signed by the appropriate person prior to any photographs being taken. We asked one person who used the service if their consent was sought prior to any care being provided. They told us, "Yes, they do." We observed the registered manager asking for consent prior to supporting a person in their own home.

One relative we spoke with told us, "I was worried about [my relative] at night. I rang [the registered manager] and he came out straight away. He supported me to ring 111, waited with us for the paramedics and accompanied us to the hospital. He also came to visit at the hospital to give the family a break. That really did mean a lot to us." The registered manager told us the service was willing and able to support people to attend GP appointments, hospital appointments and any other healthcare support they required; on occasions this had been undertaken as a good will gesture and outside of any paid support.

People who were currently using the service were responsible for preparing their own meals or their relative provided them. However, the registered manager told us they could support people with meals if required and the care staff had received training in food hygiene.

Good

Is the service caring?

Our findings

We accompanied the registered manager on a home visit with permission from the person and their relative. We observed the registered managers' approach was calm, sensitive, respectful and valued people when providing support to a person in their own home. They explained options and offered choices using appropriate communication skills. The person and their relative appeared comfortable and confident around the registered manager. The relative we spoke with told us, "I would recommend them to anyone, well I have recommended them. I am very happy with the care. It has made a big difference, it means I can go out and know [my relative] is safe. They put [my relative] first. [My relative] looks forward to him coming and I look forward to him coming."

We saw that the service had a system in place that people who used the service and relatives could use which would inform them who was visiting each day and the times they would be visiting. This is good practice and is reassuring for people as well as giving the opportunity to request a different person. There were also forms in place for the person or their relative to complete to provide feedback on the support/activity the service had provided that day. This is good practice, particularly when supporting someone new to the service as it enables support to be tailored in a person centred way.

We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could do so. Records were mainly kept in the office of the service, although daily records were also available in people's homes. This enabled the person and their relatives to see what support had been provided each day and if there had been any concerns.

One relative told us, "[The registered manager] always lets [my relative] do things himself so that he is independent." The person who used the service also confirmed this when asked. We also observed the registered manager encouraging the person to mobilise themselves and take fluid themselves.

Although none of the people currently being supported by the service were using an advocacy service because they had their own voice or could rely on relatives, the registered manager told us he was aware of the availability of advocacy services in the area and would direct people to these services if required.

Good

Is the service responsive?

Our findings

Domiciliary care agencies do not normally provide activities for people. However part of the package of support for one person was to spend time engaging them in activities they enjoyed. We saw activities they had completed included gardening, baking, arts and crafts and origami. We visited this person in their own home, with their permission. They showed us the items they had made which included a paper twist vase, origami penguins, a painting of a kingfisher bird and a wall art made for their loved one. The person told us they enjoyed making things and keeping busy. On the day of our visit the person who used the service and the registered manager were looking through a recipe book to decide what they were going to bake together.

Prior to using the service each person had a needs assessment completed by the registered manager. The assessment covered all aspects of a person's health and social care needs and helped form the care plans. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

We looked at the care records for one person who used the service. The care records contained detailed information, including what people were able to do for themselves and any equipment they may need, such as a walking frame. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans. However, these were not sufficiently detailed to direct staff on how to meet the needs of the person. We discussed this with the registered manager who told us they would address this but at the time of the inspection they were the main person providing the support and knew what to do as they had assessed the person. The other staff member employed by the service had been given a thorough handover and only provided support on rare occasions. Should a new staff member be employed then the care plans would need to be updated to provide more detailed information in order to direct the staff members on how to best meet the needs of the person.

We saw the service had a complaints policy in place. However, we found this did not reflect the nature of the service. For example the policy stated there was a complaint's manager in place. We spoke with the registered manager regarding this who told us they recognised that the policies and procedures needed to truly reflect the service. We asked the staff member how they would respond if someone complained to them. They told us, "First I would listen to what they had to say and I would report it to the management team. I would put myself in their position and think about how I would want it to be dealt with."

The service had not received any complaints since they had opened. However, the registered manager was clear about the action they would take should they receive a complaint.

Requires Improvement

Is the service well-led?

Our findings

One person who used the service and their relative told us they felt the registered manager was approachable and supportive. The staff member we spoke with told us, "He is fantastic. He is the best manager I have had since I have been working in care. If you have any problems he will sit down and listen to you. He is the best."

Throughout our inspection we looked at a number of records and found documents that should have been completed were blank. For example, an 'Induction Mentor Checklist' form was in place in the staff member's file. We found this had not been completed to show that the registered manager was satisfied with their level of competency. Other records we looked at showed that new staff members were to have supervision within set time frames, for example four weeks after their start date and so on. We asked to see the supervisions for the staff member employed by the service whose employment had commenced in August 2016. We found there was no record of any supervisions or probationary meetings taking place. Supervisions are designed to give staff members the opportunity to discuss their roles and their careers and give the provider the opportunity to formally discuss any concerns they may have with their performance. There was an appraisal record in place which the registered manager informed us should have been a supervision and the wrong form had been completed. The registered manager also informed us they completed informal discussions with the staff member, however these were not documented.

We also asked to see what quality assurance systems the service had in place. We found some quality audits were being undertaken such as infection control, medicines, fire safety and daily record sheets. Audits and quality assurance systems are designed to ensure the service is effective in identifying and addressing any problems that arise and to improve the quality of the service. However we found a number of audits were not being undertaken which would have identified the issues/concerns that we found during our inspection.

Policies and procedures we looked at during our inspection included safeguarding, whistleblowing, complaints, recruitment, induction, supervisions and appraisals. We found the majority of these did not match the service and did not relate to what the service was doing in practice. For example the complaints policy made reference to a 'complaints manager', the registered manager confirmed the service did not have a complaints manager and the medication policy made reference to a 'COSHH medication health and safety file', again which the registered manager confirmed was not in place. The registered manager told us an external company had developed all their policies and procedures. However it is the responsibility of the registered manager to ensure that all policies and procedures are relevant and specific to the service.

Care documents were not always completed, audits were not sufficiently robust and policies and procedures were not appropriate for the service being provided. This was a breach of Regulation 17 (1) and (2)(a)(b)(c)(d) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked our records before the inspection and saw that any occurrences that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We saw the service had received two thank you cards from one person they were supporting. We saw comments on these included, "Thank you for your support and visits whilst [my relative] was in hospital. It was much appreciated by us both" and "Thank you once again for the care and consideration that you have given to [my relative] and myself this year. [My relative] enjoys your visits and the interesting activities you do together. We both wish you well in your business over the coming years. You have worked hard and deserve to attract more clients."

Records we looked at showed the service had sent out surveys in July 2016. The registered manager informed us that the response to these was low but they had received two completed surveys back. All the feedback we looked at was positive and in additional comments we noted, "[The registered manager] has gone the extra mile with support for doctors and hospital visits and trips to A&E and urgent care. He has visited [my relative] many times in hospital and rehab and much appreciated by the whole family" and "They listen and follow this through with support and understanding."

We asked the registered manager what their visions and values were for the future. They told us, "To become accredited trainers so we can do our own in house training. We were looking at opening a care home and to work with the local authority with that; for respite whilst there and then they can transfer to the domiciliary care agency so we can support them in their own homes. We would use the same team all the way through to create consistency and continuity. "

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not individually designed to keep people safe and did not ensure risks were as low as reasonably practicable.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not followed the regulations set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Recruitment processes were not robust.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Documents were not always completed, audits were not sufficiently robust and policies and procedures were not appropriate for the service.