

Options Health Care Services Limited

Options Health Care Services

Inspection report

241 Kings Court
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SG1 2NG

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Options Health Care Services is a domiciliary care agency providing care and support to older people in their own home. At the time of our inspection there were 6 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

Options Health Care Services changed its registered office address on 09 January 2022. It was previously registered at Unit 14A Meadway Court, Rutherford Close Stevenage SG1 2EF. The address changed to 241 Kings Court, London Road, Stevenage, Hertfordshire, SG1 2NG. The provider had not notified us of this, despite prompting at our DMA on 29 September 2022. It was only changed as a result of this inspection.

People's experience of using this service and what we found

Risks relating to people's care and support were not always assessed and care records lacked key information about how to manage those risks. We have made a recommendation about documenting people's known health needs.

Staff were not always deployed to meet people's needs in a timely manner and at the time agreed.

Staff were clear on what actions they needed to take in relation to infection prevention and control (IPC), including the wearing of personal protective equipment (PPE) and regular hand washing. However, we were told that staff did not always wear masks which people preferred.

Quality assurance systems in place were not being fully effective and did not highlight the concerns we found during this inspection, or made improvements following previous recommendations. Notifications of significant events were made to CQC as required.

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.

People told us they felt safe with the care provided. People received their medicines as the prescriber intended.

People were positive about the care they received and the management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 26 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider remained in breach of one regulation.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This indicated concerns in relation to staffing, risk management, consent and overall management of the service.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Options Health Care Services on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will follow up in a couple of months and request evidence of actions taken. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Options Health Care Services

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 Health and Social Care Act 2008.

Inspection team

This 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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 registered manager would be in the office to support the inspection.

Inspection activity started on 17 November 2022 and ended on 21 December 2022. We visited the office on 21 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of our monitoring activity that took place on 28 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We used technology and electronic file sharing to enable us to review documentation relating to people's care. We spoke with the registered manager and reviewed documents relating to recruitment and overall management of the service. We spoke with 1 person and 2 relatives on 12 December 2022. On 15 December 2022 we spoke with 3 staff.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had not produced people's care records when requested to enable us to check if changes were updated. At this inspection we reviewed people's care records and found improvements were required.

- People told us that staff who worked with them for a long time were capable, confident and they felt assured in their care. People referred to long-standing staff as like members of their family and one person told us they trusted staff with their care 'implicitly'.
- People did not always have completed risk assessments following a review of people's care needs. For example, where people were at risk of skin breakdown or had experienced a seizure. Staff were able to tell us how they managed and monitored these risks with people, but did not have clear information to guide them about how certain risks should be managed, or when to make a judgement as to whether someone was becoming unwell or needed additional support.
- The provider responded immediately during and after the inspection. They organised training for staff to enable them to develop robust risk assessments and began to reassess people's health needs, seeking support from a local training provider.
- The provider had assessed the risks within people's home environment and gave guidance for staff on how to keep people and themselves safe.
- We found no evidence during this inspection that people were at risk of harm from this concern.

Staffing and recruitment

At our last inspection people and relatives told us staff arrived late to provide their care. At this inspection we found people's experience was the same.

- People using the service and their relatives told us the staff regularly did not arrive on time but that they stayed for the agreed length of time. Call records confirmed that staff could be in excess of an hour late and arrived earlier than the agreed times.
- We found that people did not experience harm as a result of the late calls. No calls had been missed, and people told us that their relatives could assist them if needed. No person had a time critical call, meaning care or medicines required delivering at a specific time, and people did not raise timeliness as a concern.
- People did tell us however, that changes in the staff team meant they had a lack of consistency with the staff supporting them. They told us they always had a long-standing staff member supporting them, but that the new staff were limited in their knowledge and experience. They said they did not know who was visiting them on any given day because their rota was not provided in good time. People told us this was a source of frustration and caused them anxiety not knowing which staff to expect in advance.

- The provider had identified this as an area for improvement before our inspection. They immediately reviewed the rota's and shift patterns and sent people their rotas in advance. They told us they were employing more staff who could drive and continuing to recruit care staff. They told us several key staff had left within a short period including care co-ordinators, which meant tasks such as rota planning and call monitoring had been overlooked.
- The provider had also begun sponsoring staff from abroad to work as care staff. Some overseas staff had begun their induction and were shadowing existing staff. The provider had not taken on new care packages whilst they recruited to key positions.
- All staff spoken with confirmed recruitment checks were carried out including a criminal record check and obtaining references. For overseas workers we found most checks were completed, however documentation such as passports had been seen, but had not been recorded in staff files.

Systems and processes to safeguard people from the risk of abuse; Lessons learned when things go wrong

- People told us they felt safe. People told us they were comfortable with staff who supported them and knew how to report their concerns to the registered manager if needed. One person had raised their concerns regarding a staff member's conduct which made the person feel uncomfortable. This situation was acted on and managed appropriately.
- One person told, "The staff are sometimes late but that's it, I know [the provider] is dealing with that, and it is not as if I feel unsafe when waiting for them, it is all good here and I feel very safe."
- Staff knew how to recognise the signs of abuse and how to protect people from harm. Staff understood how to report concerns within the service, or externally to the local authority, Police or CQC.
- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken. However, further improvement was needed to ensure staff were supported to learn lessons following these accidents or incidents.
- Staff told us incidents and accidents were discussed with them, as part of supervision or investigation, but there was a lack of wider discussions among the staff team. Staff were not always aware of the outcomes from reviews or investigations and did not receive feedback. This meant the process did not include organisation wide sharing of incident learning or the developing the learning culture widely among staff.

Using medicines safely

- Where required, people were supported to take their medicines as prescribed.
- Staff received training in safe management of medicines and were continually assessed as competent to do so. Staff signed medicines administration records [MARs] to evidence people had taken their medicines as prescribed. Regular audits were carried out to ensure safe management of medicines.
- Where people received 'when required' (PRN) medicines, such as painkillers, clear guidance was in place to instruct staff on when to administer these medicines.
- People told us they were happy with how staff managed and administered their medicines.

Preventing and controlling infection

- People told us that staff did not always wear their masks when providing personal care to people which was their preference and they needed to remind staff. Changes in guidance regarding use of PPE in December 2022 required a risk assessment to be carried out to determine when masks are appropriate to not be used. These had not been completed at the time of the office visit. This was reported to the registered manager who took action to ensure staff wore PPE according to people's preferences or risks.
- Staff undertook infection control training and observations of their practise was carried out as part of wider observations of their competency.
- There were ample stocks of PPE including hand sanitising gels, masks, gloves and aprons available in the

office should staff require these.

- The provider had infection control policies and procedures to minimise risk of the spread of infections.

Is the service well-led?

Our findings

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

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

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

At the previous inspection we found that the provider had failed to notify the CQC of a notifiable incident which under the terms of their registration, they had a duty to report. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, we found the provider had reviewed their procedures and was no longer in breach.

- Notifiable incidents required to be reported to the Care Quality Commission were now being made.

At our previous inspection we found the provider did not review or monitor accident and incident records to ensure best practice was followed. The provider was at that time unable to demonstrate audits were routinely completed to ensure the quality of the service. The lack of effective monitoring and oversight of the service was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but the provider remained in breach of this regulation.

- Care plans and risk assessments required further information to ensure these were complete. For example, oversight and monitoring systems had not identified a lack of risk assessment or care plan to guide staff around skin integrity risks, even though this person had current skin breakdown. This had however been a long-standing health condition, not caused by the care provided as staff were aware of the care needed and was limited to a recording improvement.
- People told us, and audits showed, staff could be in excess of an hour late and arrived earlier than the agreed times. This had been an ongoing issue since the Summer of 2022. The provider had identified this as an area of improvement, timeliness had been discussed and reviewed with staff but had not been addressed. The provider planned to split the route taken between care calls to reduce the delays. However, this did not happen, and people experienced the same delays.
- The provider told us that this had been delayed due to key staff departures, recruitment difficulties locally, and delays in recruiting from overseas. They had suspended new referrals to minimise the risk, but the length of time people experienced these delays was not acceptable.

- We raised an issue with the provider about their process of recruiting staff from abroad
- Incidents were reported to the registered manager and investigated appropriately, however analysis of themes, trends or patterns were not assessed. Staff were not always informed of the outcome from these incidents to enable them to reflect on their practise or develop their knowledge to mitigate recurrence.
- Action plans were developed to improve the service. However, there was no evidence of continuous learning from the last inspection, or DMA call, as some of the concerns remained. Although the registered manager could tell us about improvements they intended to make, the action plan had not been updated to reflect these improvements, although was completed at the latter stage of the inspection.
- Throughout the DMA assessment and this inspection, we found some difficulties and delays in receiving information, or actions being completed in a timely manner and at the agreed time. For example, the provider moved address on 02 November 2022 and despite being told by CQC to update their records, they only did so on 09 January 2023 after being prompted by us during this inspection.

We found no evidence people were being harmed. However, there was a risk because the systems and processes for monitoring risk and quality were not always being effectively implemented. The lack of effective monitoring and oversight of the service was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Changes within the staffing structure meant people and relatives found communication from the office was variable. However, people were positive about the registered manager. One person said, "[Registered manager] is always at the end of the phone, I know I can contact them if I need them for anything. I know they have had troubles with staffing lately, and they tell me about it when I see them, so I feel involved in what's going on. It's just one of those things at the minute."
- Staff told us they liked working for the company and found the managers approachable and supportive. One staff member said, "[Office manager] is good, any concerns we raise they attend quickly, but [registered manager] is also very good, very supportive."
- People told us they were involved in planning and reviewing their care and were treated with dignity and respect by staff who knew them well.
- The registered manager sought feedback from people and their relatives by visiting them in person and through telephone discussions and paper-based surveys. Results from a survey in November 2022 showed four people who responded were happy with their care. They were able report any staff concerns and were provided with choices and supported to provide consent. They said the service is well managed.
- A staff survey of 9 staff showed staff felt the service is well managed, although some feedback suggested staff were not supported through supervision or with risk management in connection to one person's care. The registered manager had not further explored these areas, discussed with staff, or updated their improvement plan to address the feedback.
- Staff told us they felt included in the running of the service and would be comfortable to share their views and ideas. The registered manager had meetings with staff, but these did not discuss staff views, suggestions or ideas, or review accidents or incidents, complaints, or share feedback from quality audits. The last documented team meeting was September 2022 which did not provide feedback from the DMA assessment and actions arising.

Working in partnership with others

- The service worked in partnership with other agencies, including local authorities and health teams, to ensure people received the right care and support which was safe and met their needs.

- Prior to this inspection the registered manager had sought the support of a local training and support agency. They had requested guidance, advice, training and support in areas related to the improvements identified in this report. The partnership work was too early to assess the impact on service improvement at this inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good Governance</p> <p>People's care records did not provide an accurate account of people's health related needs.</p> <p>Systems and processes were not operated effectively to mitigate risks relating to the health, safety and welfare of the service users in a timely manner.</p>