

Caring Options Limited

Care Options

Inspection report

75 Whyteleafe Road
Caterham
Surrey
CR3 5EJ

Tel: 01883345344
Website: www.care-options.net

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the Service

Care Options is a domiciliary care agency that was supporting 66 older people at the time of the inspection, some of whom were living with dementia.

People's experience of using this service

People felt safe when staff provided their care. They said staff understood and followed the guidance in their care plans. Any potential risks to people were identified and managed effectively. Staff helped people keep their homes clean and wore gloves and aprons when necessary. Although people received their medicines when they needed them, there were some discrepancies in the recording of some medicines. We have made a recommendation about this.

There were enough staff employed to meet all the agency's care commitments. The agency's recruitment procedures helped ensure that only suitable staff were employed. Staff attended safeguarding training and knew how to recognise and report potential abuse.

People's care was provided by regular staff who understood their needs and preferences. Staff were kind and caring and had developed positive relationships with the people they supported. People were encouraged and supported to maintain their independence. Staff treated people with respect and maintained their privacy and dignity when providing their care.

Staff had the induction and ongoing training they needed for their roles. The induction process included shadowing experienced staff to understand people's needs and preferences about their care. Staff were well-supported by the management team and had access to advice when they needed it. Staff met with their line managers for one-to-one supervision, which provided opportunities to discuss their performance and training needs.

People's needs were assessed before they used the service. People were involved in their assessments and planning their care. Care plans were reviewed regularly to ensure they continued to accurately reflect people's needs. Staff monitored people's health effectively and reported any concerns promptly. Some people told us the quality of support they received from staff had helped them regain good health. The agency communicated effectively with other professionals to ensure people's healthcare needs were met. People who received support with meals said staff understood their dietary needs and prepared their food in the way they preferred. Staff encouraged people who were reluctant to eat to maintain adequate nutrition.

Care was planned to meet people's individual needs. 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 had recorded their consent to care and told us staff asked for their consent on a day-to-day basis.

The agency provided reliable, well-planned care. People could always contact the agency when they needed to and access the information they required. People said staff time-keeping was good and that they were kept informed of any changes. Spot checks were carried out to ensure staff provided people's care safely and in the way they preferred.

The agency contacted people regularly to seek their views and acted on their feedback. Any complaints received were managed in line with the agency's written complaints procedure. Complaints had been investigated by the registered manager and action taken to address the issues raised.

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

Rating at last inspection:

The service was rated Good at the last inspection (published 25 November 2016).

Why we inspected:

This was a scheduled inspection based on the rating awarded at the previous inspection.

Follow up:

We will continue to monitor the service through notifications and communication with partner agencies such as local authorities and other commissioners. We will inspect the service again according to the rating achieved at this inspection unless we receive information of concern, in which case 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 well-led.

Details are in our Well-led findings below.

Good ●

Care Options

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the agency's office to check records and speak with managers and staff. Two inspectors made telephone calls to people who used the service and their relatives to hear their feedback.

Notice of inspection

We gave the service 48 hours notice of the inspection visit because we needed to be sure a member of the management team would be available to support the inspection.

Inspection activity started on 17 October 2019 and ended on 23 October 2019. We visited the office location on 17 October 2019.

Service and service type

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats.

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.

What we did before the inspection

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We visited the agency's office and spoke with two care managers and five care staff. We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including complaints, accident and incident records, quality monitoring checks and audits.

After the inspection

We spoke with four people who used the service and four relatives to hear their views about the care and support provided. The provider sent us further information, including staff training records and the business contingency plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

Using medicines safely

- People who received support with their medicines told us staff helped them manage this aspect of their care safely. One person said, "I take my own pills but they always prompt me and ask me if I've had them." Another person told us, "They always give me my medicines." Relatives confirmed that staff supported their family members to take their medicines as prescribed. One relative told us, "They check [family member's] medicines and prompt her to take them." Another relative said, "They make sure [family member's] legs are creamed because he has very dry skin."
- Staff received training in medicines management and their practice was assessed before they were authorised to administer medicines. Staff maintained medicines administration records (MARS) in people's homes to record the medicines people took. Care managers monitored medicines administration records at spot checks and audited paper medicines administration records each month.
- Although people told us they received their medicines when they needed them, we found some discrepancies in the recording of medicines. Some of the medicines administration records we checked contained gaps for the recording of topical creams and eye drops. There was no evidence that these discrepancies had been identified through audits or addressed.

We recommend that the provider implement effective systems to ensure all medicines administered are accurately recorded.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People said they felt safe when staff provided their care. They told us staff understood how their care should be provided and followed the guidance in their care plans. Relatives were confident that staff kept their family members safe when supporting them. One relative told us that their family member was at risk of falling when mobilising. The relative said, "[Staff] have got the skills to deal with it. They keep an eye on him when he's walking and go with him. It means I can relax knowing he's in good hands."
- Risk assessments were carried out to identify any risks to people receiving care and to staff. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care, such as slings, hoists and wheelchairs. Measures had been put in place to minimise any risks identified through the assessment process.
- People and their relatives told us the agency was reliable and that staff almost always arrived on time. They said if staff were delayed due to traffic or by a previous call, the agency contacted them to let them know. One person told us, "Nine times out of ten they are right on time." Another person said, "They very much turn up on time, they are very punctual. If there is a problem, they will ring me. It works well." A relative said of staff, "They are very reliable."

- The agency had an effective system in place to monitor calls and to ensure people received their care as planned. Staff logged in and out of people's homes using an DBS on their mobile telephones. If a care worker failed to arrive at a visit or left a visit before the scheduled time, the office received an alert, which enabled them to investigate the circumstances. For example, during our inspection a care manager contacted a member of staff to ask why they had left a visit earlier than scheduled. The member of staff explained that they had left early because the person they were visiting was going out.
- The agency had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. Any adverse incidents that occurred were reported by staff and action was taken to maintain people's safety and security.
- Staff told us they were encouraged to highlight any issues which compromised people's safety. They said senior staff responded promptly to keep people safe if they raised concerns. For example, staff visiting one person found they had no heating or hot water. Staff alerted the agency's managers, who contacted the local authority to arrange an engineer to address the problem. During our inspection, a care manager made arrangements for the repair of a person's keysafe, which had been damaged the previous day by an emergency doctor who needed to access the person's home.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training during their induction and knew how to recognise and report potential abuse. They told us the registered manager had encouraged them to speak up if they had concerns about people's safety or well-being. Staff said the registered manager had also informed them how to raise concerns with other agencies, such as the local authority, if necessary.
- The agency had made safeguarding referrals to the local authority if staff were concerned that people may be experiencing abuse. For example, the agency had notified the local authority about two people who were potentially experiencing abuse from relatives.

Staffing and recruitment

- There were enough staff employed to meet all the agency's care commitments. None of the people we spoke with had experienced missed calls. A care manager told us the agency would not consider taking on new packages of care unless sufficient staffing resources were available to meet them. The agency's care managers kept their training up-to-date, which enabled them to cover care calls if people's regular care workers were absent due to sickness.
- The agency's recruitment procedures helped ensure only suitable staff were employed. Applicants for employment were required to submit an application form with details of qualifications and employment and to attend a face-to-face interview. The agency made appropriate checks before staff started work, including obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Preventing and controlling infection

- People told us staff helped keep their homes clean and hygienic. They said staff wore gloves and aprons when necessary and maintained good hand-hygiene. One person told us, "They wear gloves all the time and they wipe down the kitchen worktops to make sure everything is clean." Staff attended infection control training in their induction and regular refresher training in this area. Staff told us they always had access to personal protective equipment (PPE), including gloves and aprons.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills they needed to provide their care. One relative told us, "I am confident they know what they are doing. I have noticed a very professional approach."
- Staff had the induction, training and support they needed to carry out their roles. All staff had an induction when they joined the agency, which included shadowing experienced staff to understand how people's care should be provided to meet their needs and preferences.

New staff also attended mandatory training in areas including fire safety, moving and handling, first aid and food hygiene. One member of staff told us, "The induction was good. It covers everything you need to know." Another member of staff said, "If anyone needs more support [during their induction], they can come in and speak to a care manager."

- Staff had access to training in the use of any equipment involved in people's care. One of the agency's staff was qualified to provide training in moving and handling, including the use of slings and hoists. A care manager told us the agency also had access to advice and training from occupational therapists in the use of equipment if needed.
- Staff confirmed that they met regularly with their managers for one-to-one supervision. They said this enabled them to discuss their practice and their training and development needs. All care staff had received a supervision in October 2019. Staff also had an annual appraisal where their performance over the previous year was assessed and any further training needs discussed.

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

- People's needs were assessed before they began to use the service to ensure the agency could provide the care they required. People told us their needs and preferences had been discussed with them before they used the agency. They said the assessment focused on their views about the care they wanted to receive. Relatives told us the agency had encouraged their involvement in the assessment process. One person said of their assessment, "[Care manager] came round and spent a long time talking to me and working out what times I wanted and everything." A relative told us, "We had a meeting where we talked about the care and what we wanted out of it."
- Spot checks were carried out on staff to ensure they were providing people's care safely and in line with relevant guidance. Spot checks assessed whether staff completed all the elements of people's care plans and checked that staff communicated with people effectively and in a respectful way.

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

- People told us staff helped them stay healthy and responded promptly if they identified concerns. One

person said the support they received from staff had helped them regain their health following a stay in hospital. The person told us, "I came home [from hospital] very ill. It's because of them that I am better." Another person said staff had called emergency services when they had become unwell. The person told us, "I have episodes where I pass out. In the past, they have noticed I don't look well and called an ambulance. I will sometimes leave it too long but they've persuaded me to call [emergency services], which has been right."

- Relatives told us staff monitored their family member's health closely and highlighted any concerns they had. One relative told us, "They know if [family member] is not well; they will let me know and we will talk about it." Care managers said staff contacted healthcare professionals directly on people's behalf if they considered this necessary. A care manager told us, "The girls are very good, they will ring the doctor from the client's house if someone is not well."

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

- People's dietary needs were assessed as part of their initial assessment. Any needs identified were recorded in people's care plans. People who received support with meals told us staff understood their dietary needs and prepared their food in the way they preferred. One person said, "They make my breakfast every day. At this time of year, I like porridge and they make it well."

- People who were reluctant to eat were supported to maintain adequate nutrition. One person told us, "I don't tend to eat very much but they encourage me to have something when they come." A relative whose family member was at risk of failing to maintain adequate nutrition said, "[Staff] have little techniques they use to encourage her to eat."

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. We checked whether the service was working within the principles of the MCA.

- People's care was provided in accordance with the MCA. Staff received training on the principles of the MCA and understood how these principles applied in their work. People recorded their consent to care before their support plans were agreed. Care managers told us all the people receiving support from the agency had capacity to make decisions about their care.

- People told us staff asked for their consent on a day-to-day basis before providing their care. One person said, "They always ask before they do anything." Another person told us, "They will tell me what they are doing and ask me if it's all right."

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were kind, caring and helpful. One person said of their care workers, "They are lovely girls, I couldn't fault any of them. They are very caring." Another person told us, "I am very happy with them, they are very helpful." A relative told us, "They are very good. We are very pleased. It has made us feel a lot better that someone is keeping an eye on [family member]."
- People told us they enjoyed the company of staff and looked forward to their visits. They said they had established positive relationships with the staff who supported them. One person told us, "I regard them as friends rather than just someone turning up." Another person said, "I think they are very good, very friendly. When I'm feeling down they always find something to make me laugh. What's important to me is that they have five minutes chat with me as I get very lonely."
- Relatives told us their family members got on well with their care workers and enjoyed their company. One relative said, "They are very helpful and [family member] enjoys seeing them. It's so helpful because I can pop out if I need to." Another relative told us, "I hear them having a laugh and a joke together, which is just what I wanted for him."
- People received their care from a consistent team of staff, which they said was important to them. Relatives said their family members benefited from seeing regular staff who knew their needs well. One relative told us, "We have regular carers. They are all very good with [family member], they know him very well."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff treated them with respect. They said staff ensured their privacy was respected when they were receiving their care. One person told us, "Having someone come into your home every day is obtrusive but they make it so it doesn't feel like that. They make it as unobtrusive as possible." Another person said, "The girls are very careful about my privacy."
- People and relatives said staff provided care in a respectful way. One person told us, "Their attitude is good. They are always very attentive." A relative said, "They take time with [family member], they never rush him."
- Relatives told us staff took the time to engage with their family members about their interests and hobbies. One relative said, "[Family member] likes to look at his photographic books and they will sit and look through them with him." Another relative told us, "If [family member] wants to show them something, they will talk with him and show an interest."
- People were supported to remain independent where this was important to them. People told us that staff

encouraged them to manage aspects of their own care where they were able to carry these out. One person said, "I like to be as independent as I can and they help me do that."

- People told us staff provided flexible support depending on how they were feeling at each visit. One person said, "If I'm having a good day and able to do something by myself they let me but they stand by and make sure I'm okay." Some people received support from staff to do their shopping. A care manager told us that, if people felt well enough, staff accompanied them to the shops but if people did not feel well, staff did their shopping for them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was planned to meet their individual needs. Each person had a personalised care plan which had been developed from their needs assessment. People confirmed they had been consulted about their care plans and involved in their development. that their views were listened to. A care manager told us, "They tell us what they want and what their needs are and we work the care plan around them. When the care plan has been done, they see it again to check they are happy with it."
- Care and support plans were reviewed regularly to ensure they continued to accurately reflect people's needs. People and their relatives told us they had been encouraged to contribute to reviews and that any changes they requested were implemented. One person said, "I've had two [reviews]. If I want to change anything, they will do it."
- People and relatives told us the agency responded well if they requested changes to their care or their visit times. One person said, "If I think something isn't working right, I ring them up and we talk it through together." Another person told us, "If I give them a little bit of notice, they will change times for me. They do whatever they can." A relative said, "[Family member] has early appointments every so often. As long as I give them notice they will come earlier to get him ready, which I couldn't do."
- Staff told us they received enough information about people's needs before they provided their care. They said the management team responded promptly if they highlighted a change in a person's needs. One member of staff told us, "If we report something, they will do a review." Another member of staff said, "They do their assessments again to see if the care plan needs changing."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People confirmed that staff understood their individual communication needs and that they were able to make their wishes and preferences known to staff. People's communication needs were considered as part of their initial assessment and, where necessary, individual communication plans had been developed. Care managers confirmed that information about the service, such as the complaints procedure and Statement of Purpose, could be made available in accessible formats if required.

End of life care and support

- The agency was not providing end-of-life care at the time of our inspection. Care managers confirmed that if end-of-life care was provided, relevant training would be provided for staff and people would be

encouraged to express their wishes regarding end-of-life care, which would be recorded in an individualised care plan.

Improving care quality in response to complaints or concerns

- The agency had a written complaints procedure which set out how any complaints would be managed. This was given to people and their relatives when they began to use the service. None of the people or relatives we spoke with had made a complaint but all said they would feel comfortable doing so if they were dissatisfied. People and relatives were confident complaints would be taken seriously by the agency. One person told us, "If I had any worries, I would tell the girls." Another person said, "If I wasn't happy, I would certainly make a complaint." A relative told us, "I would have no problem making a complaint and I am confident they would look into it."
- Records demonstrated that any complaints received had been managed according to the agency's complaints procedure. When complaints were received, the registered manager had investigated the issues raised and taken appropriate action to address them. For example, the registered manager had discussed the issues raised in one complaint with staff at a team meeting to ensure that improvements were made.

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 good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received reliable and well-planned care. There were clear lines of responsibility for key functions, such as rota planning, staff training, spot checks and quality monitoring.
- The agency's management and office team comprised the registered manager, two care managers and two administrators. Care managers told us the management and office team communicated on a daily basis to plan for any challenges to the delivery of the service. During the inspection, care managers communicated regularly with people, families and staff to ensure the service was running smoothly and as planned.
- The registered manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us the office and management team communicated well with them and that they could always access any information they needed. They said they received information about which staff would be visiting them and were kept informed about any changes. One person told us, "They always answer and respond. They do their very best to accommodate me." Another person said, "If anything changes they contact me straight away and keep me informed."
- Staff told us they received good support from the registered manager and care managers. They said managers were available for advice and support when they needed them. One member of staff told us, "We can go to them if we've got any concerns about anything. They are very good." Another member of staff said, "They are brilliant. They are always available, they are on call 24/7."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families had opportunities to give feedback about the service. The agency contacted people regularly to ask their views about the support they received. One person said, "[Care manager] calls to ask how things are going. She is very pleasant. I would recommend Care Options."
- The agency distributed quality surveys to people every three months. These sought people's views on a range of areas, including whether staff treated them with respect and offered them choices about their care and support. Surveys also checked that people knew how to contact the office if necessary and how to make a complaint.

- Feedback from previous surveys was positive. Where people has raised issues, these had been responded to. For example, one person said they would prefer staff to wear shoe covers when they entered their home. This request was communicated to staff.
- Staff meetings were held quarterly and all staff were encouraged to attend. Staff told us they were encouraged to contribute to these meetings and to raise any concerns they had. One member of staff told us, "We can voice our opinions." Another member of staff said, "They ask if we've got any questions."

Continuous learning and improving care, Working in partnership with others

- The agency had established effective working relationships with other professionals involved in people's care, including local authorities, GPs and district nurses. The agency submitted monitoring information to the local authority on a quarterly basis. This included information about how many care calls had been completed whether any had been missed or events such as hospital admissions,
- The agency had access to information from relevant bodies, such as Skills for Care and the UK Home Care Association (UKHCA), to keep up-to-date with good practice and developments in the care sector.