

Optalis Limited

16 Homeside Close

Inspection report

16 Homeside Close
Maidenhead
Berkshire
SL6 7RB

Tel: 01628630710
Website: www.optalis.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

16 Homeside Close is a adapted residential building which delivers personal care and support for up to eight people who have learning disabilities and associated conditions. At the time of inspection the service was supporting eight people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff understood their responsibilities to safeguard people from abuse. Staff had received training in safeguarding adults. Risks to people's safety and wellbeing were managed effectively. People were supported by a sufficient number of staff who knew them and their support needs.

Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The provider had not always sought evidence of satisfactory conduct for a staff member who was previously employed in health and social care roles. However, the provider had a robust supervisory and induction process to monitor performance, which reduced the risks regarding lack of satisfactory conduct from previous employment. The registered manager introduced a risk assessment following our inspection for any staff recruited where they could not get evidence of satisfactory conduct.

People's medicines were managed in a safe way. There were safe systems in place to help ensure people received their medicines as prescribed.

Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves. We have made a recommendation the registered provider takes appropriate action in line with guidance and best practice to prevent the risk of infection relating to water hygiene management.

Staff had the skills and knowledge to support people safely. People's needs were assessed and reviewed, and their preferences were considered when arranging their care. The service worked with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support appropriately.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were well treated and supported to engage in activities that were meaningful to them. Staff respected people's privacy and dignity. Confidential information about people was stored securely.

People received personalised care that was responsive to their needs. People were provided with information in a way they could understand which helped them make decisions about their care. There were effective systems in place to deal appropriately with complaints.

People were at the heart of the service. The registered manager and staff were passionate and continuously strived to achieve good, positive outcomes for people. Systems were operated effectively to maintain the quality and safety 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 (and update)

The last rating for this service was Requires Improvement (report published 20 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

16 Homeside Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

16 Homeside Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced.

We gave a short period notice of the inspection because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. For example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. Due to technical problems, we were unable to access the Provider Information Return that the provider had submitted to us prior to inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service. We observed interactions between staff and people to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including the registered manager, head of regulated services and four care workers.

We reviewed a range of records. This included three people's care records and associated medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people who use the service. We requested feedback from six community professionals and received one response.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection we found that the provider had not always ensured all measures had been taken to prevent infection. For example, cleaning rotas did not state the frequencies of cleaning and some areas of the home had not been cleaned adequately. Personal protective equipment had been placed near the floor of the communal bathrooms. At this inspection we found the provider had made improvement in these areas. We found that there were some areas the provider still needed to take action on and we have made a recommendation for these.

- Rotas were in place that detailed what areas of the home were cleaned each day by staff. Appropriate assessments had been undertaken to prevent the risk of legionella (bacteria found in water). However, we observed high levels of lime scale on showerheads and bathroom taps. A water hygiene risk assessment had been completed in October 2018 which highlighted that tap heads needed to be de-scaled, it also highlighted that a section of unused piping that led to a water outlet ('dead leg') needed to be removed. The provider had failed to ensure these actions had been undertaken. We discussed this with the registered manager who arranged for an external cleaning company to remove lime scale and that a more thorough cleaning regime would be completed to prevent recurrence. In addition, they arranged for the section of piping to be removed following our inspection.

We recommend the registered provider ensures that they take appropriate action in line with guidance and best practice to prevent the risk of infection relating to water hygiene management.

- Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves. We saw staff using these appropriately when delivering personal care.
- Staff had received training in food hygiene. The service had received a rating of five, by The Food Standards Agency in March 2019. This reflected a high standard of cleanliness in relation to food hygiene.
- People took some responsibility for keeping the house and their rooms clean and tidy. For example, people were encouraged to change their bedding where they were able and put rubbish in the bin.

Assessing risk, safety monitoring and management

At the last inspection we found that the provider had not always taken appropriate and timely action in relation premises related risk such as risks relating to trips and falls on an outside paving area. At this inspection we found that appropriate checks and action had been taken.

- Risks to people's safety and wellbeing were appropriately managed. Where risks were identified, guidance was put in place for staff to help reduce the potential of harm to people. Risk assessments incorporated guidance from professionals, to help ensure risks were managed safely in line with best practice. For example, risks to people going into the community without support from staff were managed safely, whilst promoting their independence.
- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills or enjoy experiences, such as accessing community services.
- The provider managed risks relating to the premises with regular safety checks and assessments.
- People had personal emergency evacuation plans in place to ensure their safety in the event that they needed to evacuate the home in an emergency. These highlighted the level of support required from staff.
- The registered manager ensured that evacuation 'drills' were completed to prepare people in the event of an emergency.
- A healthcare professional told us, "The staff are fully aware of any potential risks to the service user..."

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe. There was a homely and relaxed atmosphere at the home. People sought out staff's company and were observed being comfortable in their presence.
- Staff understood their responsibilities to safeguard people from abuse. Staff had received training in safeguarding adults which helped them recognise the signs people had suffered abuse and appropriate actions to take to keep people safe.
- The provider had a safeguarding policy in place, which had been developed in line with local authority guidance. The registered manager understood their responsibilities of reporting concerns about people's safety and welfare to the local authorities safeguarding teams.

Staffing and recruitment

- Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. However, the provider had not always sought evidence of satisfactory conduct for a staff member who was previously employed in health and social care roles.
- The provider had an appropriate induction, supervisory arrangements and monitoring processes to ensure staff were suitable to undertake the role they were employed to do. This supported the registered manager to mitigate any potential risks regarding the lack of satisfactory conduct information. The registered manager confirmed they would ensure a robust risk assessment was in place when they were unable to obtain evidence of satisfactory conduct.
- People were supported by enough staff who knew them and their support needs.
- The registered manager had contingency plans in place to cover shifts, should there be absences at short notice or the need for additional staff when people's needs changed.

Using medicines safely

- There were safe systems in place to help ensure people received their medicines as prescribed. People had medicines profiles in place. These detailed people's medicines, reasons for prescription, instruction around administration and possible side effects.
- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, protocols to guide staff were detailed and personalised.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal

competency assessment.

Learning lessons when things go wrong

- The registered manager documented any incidents that took place. They reviewed these to identify triggers and strategies to avoid reoccurrence. These measures had been effective in learning from incidents to promote people's safety.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection found the registered manager had not always documented staff appraisals. We made a recommendation that they ensure appropriate records of all staff support are maintained. The provider had made improvements at this inspection.

- Staff received regular supervision and staff confirmed they felt well supported.
- Staff had the skills and knowledge to support people safely. New staff completed an induction programme and all staff completed regular mandatory training to ensure they were able to meet people's needs.
- Staff received support in the form of one to one meetings (supervision), annual appraisals, team meetings and informal meetings with the registered manager.
- Competency assessments of staff's skills and knowledge were completed, to ensure they had the skills and knowledge to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we made a recommendation that the provider reviews the requirements of the Mental Capacity Act, Deprivation of Liberty Safeguards and associated codes of practice. At this inspection we found that the provider had made improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- Staff sought people's consent and looked at their body language to determine if they consented to or refused support.

- We observed staff ask people for consent before supporting them and relatives confirmed that staff included people in decision making where possible.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these.

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

- People's needs were assessed and reviewed, and their preferences were considered when arranging their care.
- Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.
- Many people had complex health needs which required close monitoring from staff and ongoing input by healthcare professionals. By meeting these needs, people were able to live full and active lives that were not defined or limited by their medical conditions.

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

- People's dietary needs were met. Staff were knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people.
- Care plans contained appropriate guidance for staff on people's preferences and needs to ensure they maintained a balanced diet.
- We saw that people had access to food and drink in the kitchen and were able to help themselves where they were able. Staff regularly asked people whether they wanted food or drink and supported them appropriately. People were also involved in menu planning and shopping for food.
- One person who would only eat certain food types required support to ensure they received a balanced diet. Through support and encouragement from staff, this person has tried new foods which helped them to have a healthier lifestyle.

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

- The service worked with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support appropriately. A relative told us, "They [staff] always make sure [person receiving support] gets their [healthcare] needs dealt with."
- Should people be admitted to hospital, staff told us they would provide written information about the person to the medical team, to help ensure the person's needs were known and understood. Records confirmed this
- The service took part in an international championship cycling event. Care providers across the world took part in this event. An indoor cycling bike was provided to the service that could be used by all people in the home. People were supported to take part in this to encourage exercise and improved health. The service also had an external fitness professional attend the home on a monthly basis. This encouraged people to engage in fitness activities that they were able to enjoy and participate in.
- People had 'Health action plans' to ensure that their health needs were being met. We saw recorded evidence of people accessing support from healthcare professionals such as nurses, GP's, dentists and podiatrists.
- Staff worked well together to ensure that people received consistent, timely, coordinated, person-centred care and support.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to promote the wellbeing of people. The home's layout was spacious, bright and accessible to people living there.
- People's rooms were personalised to their tastes. People were supported to decorate their rooms, put up pictures and items which showed their interests to help people feel at home.
- The environment met the needs of the people living at the service and encouraged their independence. People had access to communal areas, such as the kitchen, garden and lounge area.
- Pictorial signage was used in the home to help people find items that they might need. For example, items in kitchen cupboards.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable and felt secure in staff presence. They sought out staff's company for reassurance and companionship. Many staff had worked at the service for a long time and they had a good understanding of people's needs. One staff member told us, "I love working with them [people] and seeing them each day."
- We observed people looked happy living at the home and appeared well presented and cared for. One person said about staff whilst smiling, "They're good". A relative told us, "The staff are very friendly."
- Staff were respectful and encouraging when speaking with people. Staff spoke with people about appropriate topics and monitored their body language and verbal responses to gauge their views. People smiled when interacting with staff and were relaxed.
- As part of the provider's assessment process, the registered manager assessed people's needs in relation to equality and diversity to make any adjustments necessary to ensure they suffered no discrimination in relation to their protected characteristics.
- A healthcare professional told us, "There is a friendly, homely atmosphere in the home."

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

- Where possible people and/or their relatives were involved in making decisions about their care. Various aids to communicate such as pictures and sign language were used to support people to express their views and preferences.
- We saw evidence people had been given meaningful opportunities to be involved in care reviews. Staff understood people's abilities and how they could contribute towards making decisions about their care.
- Staff were intuitive and recognised people's different facial and body movements when people were expressing themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People had their own rooms and facilities and they could spend time alone if they wished. When people were receiving personal care, this was done privately, and staff ensured doors were closed.
- The registered manager promoted staff spending quality time with people and not rushing their care. People were able to choose when they received help with personal care and where possible, who would assist them.
- The service had appointed a lead 'Dignity Champion' who regularly checked staff knowledge to ensure people continued to receive support that respected their dignity.

- Staff understood about encouraging and promoting independence and were able to give some examples of how people's skills had been developed over time.
- We observed people were encouraged to do things for themselves and were supported to go out in the community when they expressed a wish to do so. We spoke with one person who volunteered for a community service. They were supported by staff to do this independently.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

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 ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that was responsive to their needs. We saw evidence of how the service supported people in a responsive way. For example, the service arranged a 'Summer Ball' for people to attend. They arranged a 'movie style premier' entrance to the ball with a red carpet and photographing opportunities. People were supported to dress in formal wear such as dresses and suit and tie. The service arranged for professional beauticians and makeup artists to help get people ready for the event. A music band was arranged that people were able to enjoy at this event.
- One person was unable to attend the summer ball as they were admitted to hospital. The service arranged for this person to have their own party following this event so that they did not miss out on the experience. The person helped to arrange the event and contributed to how they wanted the party to be. We saw photos of this person smiling and dancing, enjoying this special event.
- People were supported by staff to take trips away on holiday. People were given holiday brochures to look through so that they could choose where they would like to go. This supported people's wellbeing and enabled them to engage in activities that they enjoyed. We were told that staff often did this in their own time to ensure people were comfortable when taking these trips, with staff they were familiar with.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were very knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff had a rich understanding of how to provide person centred care and all staff we spoke with felt this was achieved at the service. One staff member told us, "It's important that they [people] get the same opportunities as anyone else."
- People had choice and control of their care. Staff ensured people were offered choices and they respected people's decisions. People spent their time where they wanted and doing activities that interested them.
- We observed people taking part in individualised programmes that promoted creativity, communication and empowerment using puzzles, colours and communication aids. People's creativity was displayed in various areas around the home.
- Birthdays and special occasions were celebrated within the home and shared with everyone living there.

Meeting people's communication needs

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

- The provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's differing communication needs.
- People were provided with information in a way they could understand which helped them make decisions about their care.
- People had individualised health passports which provided detailed information about people's communication needs so health and other professionals knew how to communicate with people.
- There was information in pictorial forms, such as menus and activities and tasks to support people to communicate their wishes. Staff were encouraged to use Makaton signs with people where appropriate and had developed individualised ways to communicate with people.

Improving care quality in response to complaints or concerns

- There were effective systems in place to deal appropriately with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made to.
- Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- The registered manager confirmed that no formal complaints had been made since the last inspection.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our inspection.
- People had end of life care plans in place that had been developed with staff and relative's knowledge of the persons preferences, spiritual information and how to keep people as comfortable as possible.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were empowered to have control of their lives through person-centred care. People were at the heart of the service. The registered manager and staff were passionate and continuously strived to achieve good, positive outcomes for people.
- The registered manager knew people well and was a visible presence within the service.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "She is very supportive. She is always there if you need anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the regulatory requirements and reported information appropriately.
- The registered manager had undertaken a leadership development programme where they were working with other external professionals also working in a care setting. This included working with other managers and sharing best practice and ways to improve their individual services.
- The management structure was clear which ensured everyone understood their roles and responsibilities.
- Accidents and incidents were analysed within the service and across the provider's other services to look for patterns and trends to aid learning and help reduce the risk of them happening again.
- Systems were operated to maintain the quality and safety of the service. Audits identified issues and action was taken to address them. We found that medicines audits were not as effective as they could be and did not always review all people's medicine records in a robust way. We discussed this with the registered manager who immediately put a new system in place to ensure all medicine records were reviewed thoroughly. There had been no medicine errors since the last inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care. Processes were in place to respond appropriately if something goes wrong and meet their legal obligation to let people know.

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

- People, staff and professionals were included in the development of the service. Satisfaction surveys were completed, and action taken to address any issues.
- Meetings were held to ensure staff were kept informed about people's needs and included in any changes.
- Weekly meetings took place where people could feedback on the service they received.
- Links had been made in the local community. People attended local events and accessed amenities in the surrounding areas.
- The registered manager worked to involve people in all areas of their care and support. Relatives told us they spoke with staff and management when they visited the service and their views were sought. Staff supported people to be involved in decisions about their care and express their views.