

# Optimum Supported Housing Limited

# Optimum Supported Housing

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Optimum Supported Housing is a supported living service provided in three separate houses and a domiciliary care service. At the time of the inspection nine people were being supported, with three people receiving personal care in two supported living houses

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

A relative told us, "I can't say anything negative about the [service] they are fantastic with my [relative]."

Feedback from health and social care professionals was positive about the service. One professional told us, "The service is well managed because people's needs are well managed and there have been consistency with staffing levels."

People's homes were spacious, well-kept and personalised. People had verbal communication difficulties and interactions with staff were observed. Staff were patient, courteous and treated people with dignity and respect. People engaged well with staff and they used personalised communication tools to empower people to make their own decisions.

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.

There were adequate levels of staff to provide the support required to people living in the supported living settings where the regulated activity was being provided. Staff were supported by line managers and peers. Staff had completed all necessary training needed to support people safely.

People's needs were assessed before they moved to the service and they were offered 'trial stay overs' to encourage and assist people to make their own choice about living there. People were supported to achieve personal goals.

Medicines were stored correctly, and people had received their medicines on time and as prescribed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was empowering people to reach their potential whilst maximising independence. People's houses were treated as their home with staff minimising prescriptive care and support. People were at the centre of all decisions and involved in their care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018) and there was a breach 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 improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 9th April 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 17 (Good Governance).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Optimum Supported Housing on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Optimum Supported Housing

## **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

This service provides care and support to people living in three 'supported living' settings and in their own home, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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 9th June 2021 and ended on 17th June 2021. We visited the office location on 10th June 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the registered manager, service manager, and support workers. We observed staff interactions with people, as people had difficulties making their views known verbally. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 spoke with one relative of a person who used the service about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two local authority professionals who regularly visit the service.

# 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.

### Staffing and recruitment

- Staff had been recruited in a way that ensured they were suitable to work in a supported care setting. Staff files had appropriate pre-employment checks; these included obtaining a full employment history, identification checks, and Disclosure and Barring Service (DBS) checks. A DBS check helps employers identify people unsuitable to work with adults in vulnerable settings. A relative told us, "The staff are amazing and always approachable."
- There were enough staff to keep people safe and provide correct levels of support such as for people who needed one designated staff member to support them or for people who required the support of two staff when they went out of their home. A member of staff told us, "There are [definitely] enough staff. We make sure that people get the correct service. This is happening and extra or different staff are readily available. [Service] recruit the right people for the right support."
- The registered manager had used agency staff and had a bank of staff assigned to individual supported living houses. The registered manager ensured that the same staff from the agency were allocated shifts to provide continuity of care for the people using the service.
- The service had an on-call system which provided support to staff outside of normal office hours. This meant that night staff had someone they could contact if there were any concerns when supporting people.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify concerns. There were clear processes in place for reporting and raising concerns.
- The registered manager had developed a range of 'easy read' documentation that was present in the properties. This was for people using the service to inform them how they can raise any concerns themselves.
- People were assigned a key worker by the provider when moving into the service. This was an identified member of staff that was responsible for monitoring people's care and support. Key workers met together every week to discuss any potential concerns and decide on appropriate action to take.

### Assessing risk, safety monitoring and management

- Risk assessments were detailed and person centred. There were detailed histories of people, their need for support and what impact this had on potential risks. A member of staff told us, "We have plenty of time to review and update people's support plans. We make sure that all changes and updates are reported to [service manager]."
- Where people needed support to manage their emotions there were detailed positive behaviour support plans in place. These provided staff with the information they needed to keep people safe. We reviewed a person's care plan who had periods of upset and anxiety. Records contained signs to be aware of, Actions to

take during these periods and behaviour that demonstrated the period was coming to an end.

- People had hospital passports on file. These were simplified care plans that were designed to highlight potential risks and actions, to assist staff unfamiliar with the support people required. These passports were taken with the person when attending hospital or routine medical appointments.

#### Using medicines safely

- Medicine was ordered, stored and disposed of safely.
- Medicine administration records were complete and people had received their medicines on time and as prescribed. Staff we spoke with were able to demonstrate knowledge of the medicines people took and the support they needed.
- Staff received training on how to give people their medicines and staff competencies were checked on an on-going basis and recorded.
- Guidance was in place for people's 'As and when medicine' such as pain relief. The procedure had guidance for staff to administer these medicines, however, there were no people at time of the inspection receiving PRN medicines.
- Staff were recording the temperature that medicines were stored at and there was a plan in place to keep medicines cool in hot weather.

#### Preventing and controlling infection

- People living in the service were supported by staff to complete regular cleaning of their home.
- People's care plans had specific COVID-19 risk assessments, detailing the risks to the individual and how to minimise these. There were updated infection prevention and control policies which included latest guidance relating to the pandemic.
- Risk of infection was minimised by control measures such as support from regular staff, wearing correct personal protective equipment and regular testing.

#### Learning lessons when things go wrong

- Accident and incident records were reviewed. Incidents were reported appropriately, and both the registered manager and service manager had signed to acknowledge what had happened and what action was taken.
- Staff had weekly meetings to discuss what had gone wrong and what they needed to do, to improve. Staff told us, "In our meetings we discuss the welfare of people. They are at the centre of all what we do, and we try to develop and improve ways of supporting them together." Report writing and daily record notes were identified as lacking detail on the most recent staff meeting minutes. Further training was given to staff to ensure that all relevant information was documented 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection, documentation of recording complaints was not effective. Complaint records were reviewed on this inspection. There were details of previous complaints, who raised it, investigations completed and actions taken to reduce risk of reoccurrence. There was a positive approach from the registered manager and service manager when receiving complaints or concerns about the service and complaints were encouraged from people, staff and professionals who visited the service. A Relative told us, "If I have a complaint I know I can go to [registered manager] but so far I have not had one complaint. [My relative] is happy and is always happy to return to the house if we have been out for the day."
- There was an accessible complaints policy in place and people and their relatives knew how to complain. The complaints policy was in easy read format and included information about ICAS Advocacy Service. This is a service that provides independent support to people who want to make a complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- The registered manager completed initial assessments with people to ensure they had enough staff who could meet the needs of people. The registered manager had visited people in their previous care setting and invited them to spend some time at Optimum Supported Housing. This ranged from a few hours to overnight stays, before the person made the choice to move into the service. Personalised care and support plans were developed detailing people's needs, wishes, choices and preferences.
- Staff were observed interacting with people. Staff were patient and treated people with respect. Staff told us, "We know people well, However, we always give a choice. For example, for breakfast, one person always has the same things, but still each day we give different options. We show them physically what is on offer. They then point to make their choice known."
- People had keyworkers assigned who supported them and reviewed their care regularly. Key workers were responsible to inform the registered manager of any changes in need.

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.

- People's communication needs were identified, recorded and highlighted in care plans.
- When staff noticed changes in behaviour, they used different communication methods to find out the cause. We heard an example of how this approach had been used to successfully resolve a situation which had been upsetting a person

- Communication needs were shared appropriately with others and we reviewed evidence people's individual communication needs were met. For example, information was provided using pictures and physical objects shown to people when this was needed.

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 were supported with activities and hobbies and were supported to be an active member of their community. Each person's key worker developed a weekly plan of activities that people wished to be involved in. Staff recorded participation in their care and support plan.
- Staff knew people well and understood their preferences. People's activities were individually planned and staff had involved people in cake baking, nail painting, walks in the garden for example.
- A relative of a person who uses the service told us, "Since lockdown has eased my [relative's] days seemed filled with things to do. The staff show me pictures and videos of them participating all the time."

End of life care and support

- No one at the service was currently being supported with end of life care.
- End of life care plans were being developed. The service supports younger adults with learning difficulties and mental health conditions and the registered manager had started to approach these with the person or their representatives but were not complete.

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 17.

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

- At the previous inspection, improvement to the quality of audits and checks was required. At this inspection, We found the registered manager had implemented several health and safety audits and checks to monitor the service. Registered manager, service manager and support staff were responsible for recording the fridge and freezer temperatures, water temperature and maintenance of the fixtures and fittings with staff signing to confirm completion.
- Systems and processes for assessing, monitoring and improving the quality and safety of the service had been improved and were operating effectively.
- The registered manager had clear team structures in place. Staff we spoke to were clear about who to report to and what responsibilities they had.
- The service had displayed their CQC rating in the office and on the website. The website displayed the correct rating; however, the colour was incorrect, which could be misleading. We discussed this with the registered manager who had this corrected.

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

- Staff we spoke to understood what providing person centred care was. One member of staff told us, "We plan care solely for that one person. Everyone is different, has different needs, wishes and preferences. The person is at the centre of everything, they come first, and we support people the way they want to be supported."
- The registered manager demonstrated a clear understanding and knowledge of people using the service and what their care needs were.
- People and staff created activity and meal timetables together each week. This enabled people to be actively involved in what they would like to eat and drink, and what community activities they wish to complete.

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 had a duty of candour policy and was able to demonstrate an understanding of this. Staff we spoke to told us the registered manager and service manager could be approached at any time, including out of hours.
- There was an open and transparent culture at the service. The staff we spoke with were well informed about the vision for the service which focused around people's goals, respect and independence.
- Staff were actively encouraged to report concerns, accidents and incidents and be honest with what had gone wrong.

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

- A member of staff told us, "[The registered manager and service manager] make themselves approachable. We get better every day. One reason I'm still working for [optimum Supported Housing] is that they listen. We can share our past experiences and make suggestions; they will look into it and take it on board. They don't just ignore it."
- People's care plans were designed and completed with the person or their relative. People were encouraged to make decisions about what was important to them and how they would like to be supported.
- The registered manager had quality assurance procedures in place where people, their relatives and staff were regularly asked for feedback. Responses were reviewed on inspection and were positive. Feedback from people and relatives were shared with staff in team meetings.
- Staff had monthly meetings with the management team. This was an opportunity for staff to raise concerns, discuss any problems and receive support from their managers and co-workers. Things to improve the service were also discussed.

Continuous learning and improving care; Working in partnership with others

- The registered manager had kept up to date with relevant training, guidance and best practice policies.
- Records showed that people were supported to access services within the community such as GPs and specialists to promote their wellbeing. Evidence of partnership working with the police was also present.
- The registered manager worked closely with local authority commissioners and social workers. Staff had regular reviews with people's health and social care professions. One professional told us, "I have been involved in regular care and support review meetings for people living in the service, which so far have [achieved] good outcomes for people, with positive feedback."