Optalis Limited

Care In The Home

Inspection report

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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

This inspection took place on 8 and 9 November 2016 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the service since it was added to the provider's registration on 11 May 2015.

Care In The Home is a domiciliary care service providing personal care to people in their own homes in the Wokingham and Bracknell areas. At the time of our inspection there were 53 people receiving a service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
Staff received training to enable them to do their jobs safely and to a good standard.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff administering medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People confirmed they were involved in decision-making about their care and support needs.

People benefitted from receiving a service from staff who worked well together and felt management worked with them as a team. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where support with meals was included in their care package, people were supported to eat and drink enough.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good

The service was well led. People were happy with the service they received and told us the service was well managed.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and said the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Care In The Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 9 November 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

We looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and twelve members of staff. We also sought feedback from people who use the service, their relatives and health and social care professionals. We received feedback from four people who use the service and four of their relatives. We did not receive responses from health and social care professionals.

We looked at five people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, complaints, compliments, incidents records and staff meeting minutes.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. Staff were aware of the company's whistle blowing procedure and were confident they would be supported by their managers if they needed to use it.

People felt safe from abuse or harm from their care workers. We saw from the service's safeguarding records that any allegations were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission as required. The records contained details of actions taken by the service to protect people, as well as the outcomes of any investigation.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any identified risk. For example, environmental risks to staff and risks to people related to falls, moving and handling or potential for skin breakdown. In some care plans, where people had been identified as at risk of developing pressure sores, there was no clear audit trail of actions staff had taken in response to their findings. The registered manager told us the senior staff had discussed the findings with district nurses but those discussions had not been recorded. This meant care staff were not able to access professional advice that had been obtained in relation to the people they provided care to. This was discussed with the registered manager who planned to discuss the issue at the next staff meeting and make sure staff recorded actions taken and professional advice provided in future.

The service assessed the environment and premises for safety as part of the initial assessment. For example, slip and trip hazards and equipment to be used when providing the package of care. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. Care plans documented what actions needed to be taken by staff to reduce or remove risks to themselves. For example, moving and handling risk assessments set out measures staff should take to reduce risks when carrying out any moving and handling tasks. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather or a computer system breakdown.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. In two of the files we looked at there were some gaps in employment history and the applicant's reasons for leaving previous employment had not been verified. However, a recent recruitment audit had identified these omissions and steps had already been taken to obtain the missing information. The registered manager planned to introduce an additional checking system at service level to ensure all required information was in place before allowing new staff to start working with people who use the service.

There were enough staff employed to ensure people received the care they needed in line with their

packages of care. The service used a computerised logging in system to ensure that staff and people were safe and calls were not missed. Staff logged in when they arrived at a call and logged out when they left. If for any reason a member of staff did not log in for a call they were scheduled to carry out within a set amount of time, an alarm would be triggered to the office or manager on call. In that way staff could be contacted and arrangements made to make sure the call was not missed and people were kept informed of what was happening. People told us staff usually turned up on time and that they were contacted if staff were going to be late. They said staff stayed the correct amount of time and provided their support without rushing them. People also told us staff had never missed a call. People were complimentary of the staff and said they felt safe with them. Comments received included, "I am very happy with the service I get." and "[Staff name] is absolutely wonderful."

In instances where the service supported people with medicines we saw this was set out in their care plans. The plans contained instructions to staff on the level of support people needed with their medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. Only staff who had completed their training and been assessed as competent were allowed to administer medicines. The medicines administration records sampled were up to date and correctly completed by the staff administering the medicines.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. A relative commented, "Oh yes, they know what they are doing."

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first starting employment with the company. The induction training was based on the care certificate. This is a set of 15 standards developed by the Skills for Care organisation that new health and social care workers need to complete during their induction period.

We saw staff had received induction or update training in topics such as health and safety, food hygiene, infection prevention, fire awareness and moving and handling. Other training routinely provided included medication and safeguarding adults. Some staff were overdue their update training but, where this was the case, training had been booked for the near future. Additional training had been provided in relation to the needs of people supported by the service, such as dementia awareness. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. Some staff told us they would like more specific training and gave an example of Parkinson's disease. This was passed on to the registered manager who said she would explore the possibilities with the training department.

The provider had started a project to support care staff to gain additional qualifications such as a Qualifications and Credit Framework award in care. At the time of our inspection one member of staff was piloting the scheme. Of the 43 remaining care staff, 16 already held a National Vocational Qualification level 2 in care and two held a level 3. One member of staff held a Health and Social Care diploma.

Staff had one to one meetings (supervision) with their manager twice a year plus direct observational sessions at least twice a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. Staff also have medication and moving and handling competency checks at least yearly. The log of supervision provided showed most staff were up to date with their supervision and direct observational sessions. Where they were overdue, dates had been booked. Staff had annual appraisals of their work and records showed all were up to date.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and were able to tell us what it meant for the people they supported. The 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 told us they were involved in decision making about their care and support needs. Care plans incorporated a section for people to sign to say they agreed to the package of care. People told us staff asked their

consent to the care and treatment they received.

The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating well staff would highlight that to the registered manager or their senior and advice would be sought from a health professional if necessary.

Good

Is the service caring?

Our findings

People told us their care workers were caring when they supported them. Compliments paid to the service recently included, "The service given by your staff is fantastic. They are all so caring and attentive to my needs…. the visits of your carers always cheers me up as they are more like friends, so we have a chat and a laugh." Another person told us the staff were caring and added, "Yes, in fact I admire them greatly for the job they do. I am very pleased with the service I get."

People and their relatives told us they had been involved in planning their care. People were consulted and had signed to confirm they agreed with the contents of their care plan folder. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan at the person's own pace. People told us they received care and support from familiar and consistent care workers.

People said staff always treated them with respect and dignity with one person adding, "Absolutely." A relative complimented the service saying, "Our family really appreciate all the support and respect shown to [Name]." The person had moved to a care home but the family added, "At least we feel [Name] was able to remain in her own home for as long as possible with the help of your wonderful team!"

People were supported to be as independent as possible. Staff told us they encouraged people to do the things they could. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People told us the support and care they received helped them to continue doing things they could and confirmed staff encouraged them to be as independent as possible.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their induction training and they were aware of the provider's policy on data protection and confidentiality. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they had been visited prior to their care package starting and their needs had been assessed. Their care plans included their individual likes and preferences in the way they wanted things done and were set out in a person centred way. All people said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them.

People's care plans were person centred and based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. People told us staff knew how they liked things done and that staff followed their wishes.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff explained how they would report any changes to their senior or registered manager so that the care plans could be updated. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans.

Each person had a 'hospital passport'. This document was kept on file and would be taken with the person should they need to go to hospital. The passport contained essential details and information as well as things hospital staff would need to know in order to continue providing care in the way the person preferred.

People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given a leaflet about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to. People told us the staff at the service and their care staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. The complaints log showed action was taken promptly when someone raised a concern. Details of actions taken in response were clearly recorded in the log, along with the final outcome reached.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

Care In The Home was known locally as the Long Term Support (LTS) team. This led to some confusion when we contacted people for their feedback as they did not recognise the name of the service. The majority of the paperwork we saw was either headed "Optalis Limited" or "Long Term Support". No paperwork included the name of the service "Care In The Home". This could have contributed to the confusion we found from people who use the service as well as professionals we approached. This could also mean people may have difficulty finding the service's inspection reports and rating on the Care Quality Commission's (CQC) website. Without knowing the name of the service, as detailed in the provider's registration, people would find it difficult to leave feedback on the CQC website, should they wish to do so. This was discussed with the registered manager and nominated individual who planned to look at this and ensure the name of the service was reflected in the paperwork and documents related to people's package of care.

People received a service from staff who worked in an open and friendly culture. Staff told us the registered manager and the seniors were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. One staff member commented, "[The registered manager] is one of the best managers I have ever worked for. She implements things very quickly." and, "[The registered manager] is brilliant, she always listens and tries her best to sort out any issues."

Staff told us managers were open with them and communicated what was happening at the service and with the people they support. They felt well supported by the registered manager and the senior care staff. Team meetings were held every two months and each team meeting was repeated on two or three different dates to ensure the majority of staff were able to attend. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with happenings within the company. There was also a staff newsletter that provided internal news and information to staff.

The provider had an internal "Star Award" system, where staff could nominate their colleagues for examples of high standards of work. We saw a number of members of staff had been nominated in 2016 and that the entire team had been awarded the Optalis Limited managing director's "Outstanding Team Effort Award" for 2016. Staff were proud of this award and felt it recognised their work in since the service had been set up.

Feedback on the service provision was sought by the registered manager and seniors when they visited people to review their care, and remedial action was taken if issues were raised. People and relatives confirmed they were asked their opinion on the service they received.

The service carried out routine audits of a number of areas related to the running of the service. For example, audits of care plans, recruitment files, medicines and medicine records. The audit reports included findings and any actions required were added to the service's continuous improvement plan. The provider had developed a new monthly audit system that was more in depth and covered additional areas such as health and safety and data protection. The plan was to implement the new audit system in December 2016.

People benefitted from a staff team that were happy in their work. Staff told us they were happy working at the service. One of the things staff told us they appreciated about working for the company was that they were paid by the shift, rather than by the number of calls they carried out. This made them feel valued and helped them feel secure about their income. Comments made by staff to us included, "It's a nice company to work for.", "I really, really enjoy it. I get on really well with the other care staff." and "It's a great company to work for. We look out for each other." Comments seen on feedback logs from people and relatives included, "All the staff I saw were patient and kind." and "I would particularly like to thank [Name] who most recently has brightened my day with their singing and smile."