Optimal Living Ltd

Dean Park

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 was announced and took place on the 29 March 2016.

Dean Park provides care and support for up to five people with learning disabilities. The home is situated in a residential area of Swindon, adjacent to another service run by the same provider. The two services share a garden and a minibus. At the time of this inspection there were five people living on the premises.

There was a registered manager in post; however, they were not available on the day of the inspection. Instead, the deputy manager provided us with the information comprising a large portion of this report. A registered manager is a person who has registered with the Care Quality Commission 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 testing of fire equipment had not always been carried out in accordance with the provider's policy. There were gaps in weekly fire alarm and three monthly emergency light checks. However, the manager took immediate action to put these checks in place.

People and their relatives told us they felt safe. Staff understood their responsibilities in keeping people safe from harm, and knew how to report any concerns. Relatives told us there were enough staff to support people living at the home, and that staff had the right level of skills and experience. Medicines were safely stored and administered by staff who had been trained and assessed as competent.

Staff undertook training which was focused on helping them to understand the needs of the people they were supporting. People were involved in making decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care. People were supported to maintain healthy nutrition suited to their health condition, which was constantly monitored by staff.

The service was caring and people experienced care that was compassionate. Staff treated people as individuals and encouraged them to do as much for themselves as possible. People's privacy and dignity were respected. People were supported to have a social life and to go out into the community and go on holidays.

People were involved in shaping the support they were going to receive. They worked closely with their keyworkers to make plans for future activities and goals they wished to achieve. There was a complaints procedure in place and relatives told us that they were aware of the process and the service was responsive to issues of concern when expressed.

The home was decorated in a manner that reflected the needs, personalities and preferences of each person.

Accidents had been investigated thoroughly by the registered manager. The registered manager reviewed the logs to identify any regular patterns of incidents/accidents and to minimise the risk of their reoccurrence.

Relatives and staff expressed confidence in the registered manager and the provider and felt they were listened to when they gave feedback. There was an open culture within the home and people felt able to express their views and opinions. Quality audits were completed and used by the registered manager as a basis for assessing the overall quality of the home.

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.

People were protected from the risk of abuse. Staff had an understanding of what abuse was and knew their responsibilities to act on concerns.

There were sufficient numbers of staff to support and assist people in a timely manner.

Medicines were stored and administered in a safe way; medicines records were maintained and audited.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles and received regular support and supervision.

People's right to make decisions about their care was ensured by staff who understood their responsibilities with regard to gaining consent.

Staff were aware of changes in people's needs and ensured that people accessed healthcare services immediately when required.

Is the service caring?

Good

The service was caring.

People were supported in a dignified way and their privacy was respected.

People were involved in making decisions relating to their care and on how the service was run. They were encouraged to pursue their independence and hobbies.

Family and friends were welcome to visit people anytime.

Is the service responsive?

Good

The service was responsive.

People were assessed prior to coming to the home to ensure their needs could be met. Detailed care and support plans were developed for each person.

People were involved in planning their care and lead active social lives, supported by staff to access holidays, meaningful activities and places of work.

A complaints procedure was in place and people were aware of who to contact should they be unhappy.

Is the service well-led?

Good

The service was well-led.

Staff worked as a team and provided care which was focused on the rights and choices of each person. There was a positive and open culture throughout the service.

The management team were approachable and people had faith in their ability to identify and deal with any concerns raised.

The registered manager used a series of audits to monitor the delivery of care that people received and to make improvements.

Dean Park

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.

This inspection of Dean Park took place on 29 March 2016 and was announced. The provider was given 48 hours' notice because we needed to make sure we would be able to contact all persons concerned. The service is a small care home supporting five people who are often out during the day.

The inspection was carried out by one inspector. Prior to the inspection, we reviewed the evidence we held about the service including previous inspection reports, information received from various sources and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help deliver and monitor the care of people living in the home and other authorities who may be knowledgeable about the quality of the service.

During the inspection we spoke with two people using the service and two of people's relatives. We spoke with two members of staff and the deputy manager. We were unable to speak with the registered manager at the time of the inspection as they were not available. We pathway tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We observed people receiving care. We also looked at the medicines records, staff training and recruitment records and a range of records relating to the running of the service. These included audits carried out by the registered manager and registered provider.

Good

Is the service safe?

Our findings

The fire detection system and fire extinguishers had been tested in accordance with the relevant guidance. However, we found fire alarms and emergency lights had not been checked regularly. These tests were required to be completed regularly, on a weekly and three monthly bases respectively. We brought this to the attention of the deputy manager. The deputy manager told us they would introduce monthly audits on the fire alarm checks and emergency light checks immediately to ensure home environment was safe for people.

All electrical portable appliances had been tested in October 2015.

We asked staff how they would respond if they suspected someone at the home was being abused or someone disclosed abuse to them. Staff clearly understood their roles and responsibilities in regard to reporting concerns of abuse and said they would not hesitate to report their concerns. They knew how to report any suspicion of abuse to the management team and external agencies so that people in their care were protected. Staff told us they were confident any reports of abuse would be acted on by the management team. The deputy manager was very clear about when to report any concerns and understood the process of informing relevant agencies, such as the police, local authority and the Care Quality Commission (CQC).

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe, yet supporting them to be as independent as possible. For example, risk assessments covered people going out in the community without staff support or riding motorised bicycles while out within the community.

Staff recruitment practices were robust. Staff records showed that before new members of staff were allowed to start work, checks were made on their previous employment history including the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with vulnerable people.

There were sufficient staff to meet the needs of the people living in the home. Records showed that staffing levels were in line with the assessed needs. If needed, relief staff were used to ensure that the levels of staff remained consistent. Any forthcoming appointments or events for individuals were taken into consideration and additional staff members were ready to support people. People told us they were certain there were sufficient number of staff on shift. This fact was confirmed by staff as well.

Medicines were stored and administered safely. Staff had received training in safe management of medicines. Their competence in medicine administration was tested and recorded by a senior staff member. If a staff member committed a medication error, their competence was re-assessed. When the re-assessment was not satisfactory, this issue was brought up during supervision and staff were offered

additional training and support.

Health action plans were in place. The health action plan and information contained in the care plans demonstrated people's health needs were being met. For example, one person's health action plan was focused on pain relief to keep the person mobile and independent for as long as possible. People received regular health reviews and appointments with health professionals as needed.

Each person had a personal emergency evacuation plan (PEEP) in place. These were readily available and consisted of essential information about each person in the event of an emergency, ensuring the continuity of care delivered to people.

Staff were aware of their responsibilities with regard to infection control and control of substances hazardous to health (COSHH). Relevant procedures were in place. Daily cleaning tasks were completed as per the cleaning schedule. Food temperatures were recorded on a daily basis. Appropriate personal protective equipment was available for staff and waste was disposed of in accordance with relevant legislation.

Good

Is the service effective?

Our findings

Staff told us they enjoyed working at the service and felt supported by the management and their colleagues. They said they had enough training to help them carry out their role and could request additional training to develop further skills if needed. One staff member told us, "Trainings are good. We do refreshers before the old one expires". We saw the service had a training matrix identifying which staff members had completed training and when this was due for renewal or update. At the time of our inspection all staff were up to date with their training. Staff members told us they were provided with good opportunities for training. They also stated that they had easy access to training and were actively encouraged by the management to complete core and specialised training. One of the relatives commented on staff's competences, "They have necessary skills and knowledge. They are really good".

Staff received induction when they commenced work at the home. This induction programme included the completion of required training and working with an experienced member of staff for a period of time. During this period, varying on the progress made, new staff members watched and learned communication techniques and got to know people's needs. Staff were also required to read people's support plans. New staff were subject to a three month probationary period in which their performance was reviewed at regular intervals.

The staff that we spoke with had received the training in the Mental Capacity Act 2005 (MCA). 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. The records we looked at showed that mental capacity assessments were carried out. Staff recognised their responsibility in ensuring people's human rights were protected. Staff members described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no applications in place to deprive people of their liberty.

We saw people were included in decision making. Staff were mindful of including each person in the day-to-day decision making. For example, people were offered a choice of clothes to wear and choice of various dishes at mealtimes. We saw and heard staff ensured that people understood the purpose of the care and support delivered to them. This meant staff realised the need to gain peoples consent and applied the principles of the MCA.

Staff told us they received regular supervision every three months and an annual appraisal. This provided both staff and the registered manager with the opportunity to identify the areas that needed improvements and to acknowledge the areas in which they performed well. One member of staff told us, "I always enjoy my

one-to-one supervision with the manager. It gives me motivation and satisfaction". We observed that staff were clear about their roles and responsibilities. They effectively co-operated as a team and we observed one member of staff giving guidance and advice to another, less-confident member of the team.

People were offered sufficient amounts of food and drink according to their dietary needs and preferences. Meal times were flexible and adjusted to people's wishes. One person told us, "I like food here. I can always choose what I want to eat". Relatives and staff confirmed that people were involved in making decisions about their meals. With the aid of staff, people planned their menus and wrote shopping lists each week to indicate what kind of food they preferred for their meals. People's plans documented what types of food they liked and disliked and whether they had any food allergies. Drinks were offered regularly and staff supported people to make their own drinks.

Staff told us they were responsible for the preparation and cooking of the meals. People were encouraged to assist and join in with setting the tables, clearing away and washing up. Staff explained they encouraged people to participate in these tasks. However, they also remembered to give people the choice of whether they wanted to do so.

People's healthcare needs were monitored by staff. People were supported to visit healthcare professionals for both routine check-ups as well as in response to a change in their health care needs. We saw evidence that people were referred to a dentist, a dietician, an optician or a GP. When healthcare professionals had given advice about a person's diet or health needs, we saw that staff followed their guidance to ensure that people's needs were met and their health maintained.

Good

Is the service caring?

Our findings

A person living at Dean Park told us, "I feel happy. They do treat me with respect". Another person stated, "I'm happy here. Everything makes me happy: seeing my friends and girlfriend, riding the bike and watching TV". Relatives spoke positively about the staff and their approach. One relative commented on the care provided by staff, "[name] seems to be well looked after. She is happy there."

People were treated with respect and their dignity was preserved at all times. Staff displayed patience and a caring attitude throughout our visit. During our inspection we saw staff responded to people in a kind and thoughtful manner.

Staff respected people's wishes and their right to privacy and dignity. We saw staff knocked on people's doors, announced their presence and waited to be invited in before entering people's bedrooms. They were discreet in their conversation with one another and with people who were in the communal areas of the service.

People felt relaxed and comfortable in the presence of staff. For example, one person frequently laughed and engaged in a friendly banter with staff members. The person liked to sit at the dining table to write in their book or make a cup of tea with staff. Another person responded to staff with a smile or sat on the sofa next to staff members. It was obvious that people enjoyed staff's company.

A keyworker system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care received by an individual was in line with their needs and preferences. People told us they routinely met their keyworker each month to discuss their state of health and well-being, to request any additional support they might need and to plan activities they wished to do.

Staff were able to tell us about people's likes and dislikes and they demonstrated a good understanding of people's routines and preferences. For example, they informed us that some people preferred their food soft and blended, while others chose traditional English pies and stews. We saw that staff were responsive to people's needs and anticipated situations that may cause people anxiety and responded appropriately.

Information which was relevant to people was produced in differing formats and explained to individuals in a way that gave them the best opportunity to understand it. These methods included pictures of reference, photographs and symbols. For example, people's care plans were presented in the form of a pictorial so that people could easily read them, add more information to it and express their opinion about the care plans. The interactions indicated that people's views were valued by staff, and the understanding between staff and people was mutual. Care staff and people who live in the home constantly communicated and interacted with one another.

People were encouraged to express their views on matters important to them and to make choices relating to the care and support they received. Care plans included detailed information about people's preferences,

their likes and dislikes, how they liked to be treated. This documentation gave comprehensive accounts of individuals. As a result, all staff and professionals working with a person had the opportunity to gain as much knowledge and understanding of the person's individual abilities possible. The action plans created by the registered manager for every person using the service also included people's goals. For example, one person's target was to go on a one-to-one trip once a week for a lunch or coffee while another person's goal was to have their own mobile phone. Those goals were achieved with caring support from staff.

In accordance with the provider's policy, people were involved in the recruitment process as well as in the running of the service. People attended a formal interview and asked prospective members of staff questions about things important to them. People were then asked for their feedback regarding the suitability of the applicant.

We saw that records containing people's personal information were kept in the main office which was locked and no authorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

Pre-admission assessments were in place and used as a basis to develop care plans. People had very detailed care plans which meant that staff were able to offer very individualised care. Staff developed knowledge of each person's needs and told us how they supported individuals. People's care plans were tailored to meet their complex needs. They clearly described the person, their tastes, their preferences, and how they wanted to be supported. For example, one of the care plans described a person's greatest hobby, bicycles. Staff were provided with the information about the person's hobby, and they knew that the person's goal was to get a job in a bicycle shop. With that knowledge and guidance on how to support the person, staff could support them to achieve that goal.

Staff we spoke with recognised the personal characteristics and individual needs of each person. We saw that people's bedrooms not were not only adjusted to their physical needs, but also reflected their personalities, hobbies and backgrounds. One person's bedroom had been recently re-decorated according to their taste and wishes. We saw people had been involved in shaping the person-centred plans for themselves. People expressed their choices and preferences using the methods of communication that were most convenient for them.

There were lots of photographs displayed around the home and in people's bedrooms. The photographs showed people engaging in and enjoying a range of social, leisure and recreational activities, both in and outside of the home. People were keen to show us the photographs and pictures of the trips they had been on and displayed an interest in being able to choose activities to participate in. Staff assured us that people were given opportunities to participate in a wide range of activities.

People were engaged in various activities on the day of the inspection and there were friendly conversations between people and staff. Some people were going shopping while others were visiting their friends. People were offered activities that were relevant to them, and there were plans to ensure that people were able to do the things that interested them. For example, one person enjoyed repairing bicycles and regularly visited a bicycle shop. Intensive staffing, if necessary, was provided to enable people to go on holidays and go into the community to enjoy the activities of their choice.

People were supported while going away on holidays or simply going out, according to their individual wishes. Support of staff had been previously discussed and agreed on with people, including aspects of outings such as going out with other people from the home or individually.

People's needs were met promptly because staff communicated well, both informally and in handover meetings between shifts. Staff confirmed that team communication was good and support was available from the management team.

Regular house meetings were organised and recorded and at these meetings people were able to discuss any concerns or ideas to improve the service. The house meeting records showed that people raised their voice on such topics as trips to the seaside, food and activities. They also discussed how they would like to

celebrate their birthdays. For example, one person's wish was to go to the seaside for their birthday.

Information was provided to people about how to make a complaint or how to raise a concern in a people-friendly way, such as pictorial or symbol formats. Complaints and concerns formed part of the service's quality auditing process and were recorded on a computer once received. There were no complaints received since our last inspection.

We saw the service was responsive towards the changing needs of people. For example, a downstairs toilet was built and fully equipped to promote the independence of a person whose mobility skills had deteriorated. Dean Park was connected to another home run by the same provider. People from both services got on really well together, frequently visiting each other. The service constructed a ramp which allowed people who used wheelchairs or walking aids to move independently between the homes to visit their peers.

People were encouraged to maintain relationships with their friends and families. It was confirmed by people and reflected in people's action plans. For example, the goal of regular and frequent meetings with a friend and maintaining relationship with their family was emphasized in a person's action plan.

Good

Is the service well-led?

Our findings

Staff told us there was an open culture within the home and everyone's ideas and opinions were listened to. One staff member said to us, "Managers are very good here. They take on-board everything we say and make necessary changes. This is the first job I ever had that I enjoy going to work." One of the relatives told us, "If there are any issues she always sorts them out".

Staff were aware of their roles and responsibilities in relation to the people they supported and cared for. They spoke to us about the very open and inclusive culture. Staff we spoke with stated that the registered manager and deputy manager were approachable. Staff also told us they were confident that problematic situations reported to any member of the management team would be immediately resolved. One of the staff members said, "The managers would act on it if I had any concerns".

The management team had the authority to make decisions vital to the running of the service and used it to ensure the safety and comfort of the people who live in the home. Examples included: changing staffing levels in order to meet people's needs and ordering emergency repairs if necessary.

The service had established effective links with health and social care agencies and cooperated with them to ensure people received the care and support they needed and at the time it was needed. For example, we saw the evidence that people attended advocacy meetings and were provided with advocacy newsletters.

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

Monthly staff meetings were focused on satisfying the needs of people. Copies of staff meeting notes demonstrated that care and attention was paid to ensure people who lived at the home were safe and well supported. Staff told us they contributed to the team meeting agenda.

The provider had systems in place to monitor the quality and continued and uninterrupted running of the home. We saw that the registered manager carried out regular audits. Health and safety audits were performed on a three monthly basis. These included infection control, health and safety control and a review of accidents and incidents.

Audits of medicines took place monthly and if any omissions or medicine-related errors happened, the manager told us they would always investigate them to identify any trends or patterns and take action to remedy this. This indicated the provider had effective systems in place to assess and manage risks to ensure the service operated safely.

Accidents and incidents at the service were recorded and monitored. The registered manager reviewed these to detect any trends, patterns or possible causes of the incidents. For example, we saw records that one person had been referred to an occupational therapist after a number of falls. This meant the provider

had a system in place that identified risks to people who used the service.

People who lived at the home were formally asked for their views about the service being provided to them. This took the form of an annual questionnaire. The questionnaires were in a picture and words format to help people understand the questions. Staff helped people to complete the questionnaires if required. We looked at the questionnaires and saw that the feedback was very positive and no issues were raised by people. People also had regular opportunities to be involved in decisions being made about the service and their care.

The provider and the registered manager had produced a business continuity plan which covered many possibilities, for instance, bad weather conditions or events of flu epidemic or pandemic. The business continuity plan was very thorough and prepared the service for running smoothly through many possible events that could affect the well-being of people.