

Optimal Homecare Services Ltd

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Inspection report

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20 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 and 20 February 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. This was the first inspection of the service since registration with the Care Quality Commission in February 2017.

Optimal Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people over the age of 18 years. Not everyone using the agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection nine people were receiving personal care.

The service has a registered manager who is also the company director. 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.

This service is rated overall as requires improvement as CQC guidance states that a service cannot be rated any better than requires improvement if there is a breach of regulations. We found although many aspects of the staff recruitment process were thorough, the provider had not obtained any references for staff. The registered manager addressed this on the day of inspection by sending out reference requests for all the staff. However, references should have been obtained before any new staff member started employment as part of the process of ensuring staff were suitable and fit for the role. This was a breach in regulations.

People and relatives spoke highly of the personalised service provided by a small team of regular care staff who knew them well which included the registered manager. They said staff arrived on time and stayed the full length of the call. They described staff as wonderful, brilliant, caring and gentle. They said staff were patient and didn't rush, giving them time to do things at their own pace. People's privacy and dignity was respected. Medicines management was safe, although further guidance was needed in relation to 'as required' medicines.

People 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.

People's care records were personalised providing detailed information about their needs and the support they required from staff at each call. Risk assessments showed any identified risks had been assessed and mitigated. We saw people and or/their relatives had been involved in their support plans and reviews. People's nutritional needs were met and they were supported to access healthcare support as and when needed.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with.

Staff told us the induction and shadowing process was thorough and prepared them for their roles. We saw staff received the training and support they required to meet people's needs. Staff had a good understanding of safeguarding.

People, relatives and staff praised the leadership and management of the service. They told us communication was good. People and relatives told us the registered manager checked with them regularly to make sure people were happy with the service. We saw systems were in place to monitor the quality of service delivery, however the registered manager recognised the recording of these processes needed to improve and was taking steps to make these improvements over the coming months. People, relatives and staff all said they would recommend the service to other people.

We identified one breach in regulation relating to staff recruitment. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff recruitment processes were not robust as no references had been obtained for new staff. There were enough staff to ensure people received their calls on time and for the correct duration.

Medicines management was safe, although guidance for 'as required' medicines needed to improve.

Safeguarding systems helped protect people from abuse. Risks to people's health, safety and welfare were properly assessed and mitigated.

Is the service effective?

Good 

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and support plans were person-

centred and reflected people's needs and preferences. People's nutritional needs were met.

A complaints procedure was in place and people knew how to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

The service was not always well-led.

We identified one breach in regulation which related to staff recruitment.

Systems were in place to assess, monitor and improve the quality of the service. Plans were in place to improve the recording of these processes.

The registered manager provided strong and effective leadership and promoted an open and inclusive culture.

Requires Improvement 

Optimal Homecare Services

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 took place on 15 and 20 February 2018 and was announced. The provider was given notice because we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. The inspector visited the agency office on 20 February 2018 and made telephone calls to people who use the service, relatives and staff on 15 February 2018.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During our visit to the agency office we spoke with the registered manager. We looked at two people's care records, two staff recruitment files, training records and other records relating to the day to day running of the service.

We spoke on the telephone with seven people who used the service and/or their relatives. We also spoke with two care staff.

Is the service safe?

Our findings

Staff recruitment processes required improvement as not all relevant checks were completed before staff started working for the agency. We found staff had completed an application form, any gaps in employment had been explored and criminal record checks had been obtained from the disclosure and barring service (DBS). There was a thorough interview process which included a two hour telephone discussion with the registered manager, followed by a face-to-face interview. Proof of identity documents were obtained as well as car insurance, driving licence and MOT documents. However, although the application form included details of referees to be contacted, no references had been obtained for any of the staff employed. The registered manager took action to address this on the day of inspection and sent out reference requests for all the staff. However, references should have been obtained before any new staff member started employment as part of the process of ensuring staff were suitable and fit for the role. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to support people safely and meet their needs. People and relatives told us they felt safe with the staff who visited them. They said they had regular staff who knew them well. They said staff arrived on time and stayed the full duration of the call. One relative said about the staff, "They're punctual and very thorough. They don't rush (family member); do things at (family member's) pace." Another relative said, "It's a reliable service. They're usually on time but if they're delayed they let us know."

Staff told us they had regular people they visited and said the rotas were well planned giving them sufficient time to travel between calls. They confirmed they had enough time to provide the support people required. One staff member said, "I have the same people I go to and I know them really well. We have plenty of time to do the calls, there's no rushing to get things done." On call arrangements were in place and staff told us these worked well.

Safeguarding procedures were in place. Staff had received training in safeguarding and had a good understanding of the different types of abuse. They told us they would have no hesitation in reporting any concerns to the registered manager. They were confident any concerns raised would be dealt with appropriately. The registered manager told us there had been only one safeguarding incident which had been referred to the local authority safeguarding team by a social worker. The concerns did not relate to any of the agency staff.

Systems were in place for the reporting of accidents and incidents. The registered manager told us only one accident/incident had occurred since the agency registered with CQC. A person had fallen while staff were assisting them and had sustained bruising. Our discussions with the registered manager showed appropriate action had been taken which included interviews with the staff concerned and a review of the person's care putting measures in place to prevent a recurrence. Although there were notes to confirm these actions, an accident report had not been completed. The registered manager said they would ensure accident and incident reports were completed in future.

Arrangements were in place to ensure any learning from safeguarding, accidents, incidents or concerns was

shared with staff to make sure improvements were made across the service. Staff told us the registered manager kept them updated and informed of any changes.

Risks to people were assessed, monitored and managed to help keep them safe. We saw detailed risk assessments covering areas such as the environment, equipment, moving and handling and medicines. These identified hazards that people might face and provided guidance around actions staff needed to take in order to reduce or eliminate the risk of harm.

Effective infection control procedures were in place. Staff were kept supplied with personal protective equipment such as gloves, aprons and hand sanitiser.

We found medicines were managed safely although improvements were required in relation to medicines prescribed on an 'as required' basis. Where staff supported people with medicines there were detailed risk assessments in place. These showed arrangements for the delivery and storage of medicines and provided clear guidance for staff about the support the person the required. We found medicine administration records (MARs) were well completed. For example, the MAR listed each individual medicine contained within the dosette box including a description of the medicine, the dose and frequency of administration. When a new dosette box was dispensed staff checked the contents against the MAR to make sure it was still correct and signed to confirm. We saw the MARs were well completed with staff signatures to show the medicines had been taken.

However, we saw one person was prescribed two creams which were recorded on the MAR and had been given. The registered manager told us these creams were applied 'as required', however there was no information to show where on the body these creams should be applied. The registered manager said they would put body maps in place straightaway and ensure there was guidance in place for all other 'as required' medicines.

Staff told us they had received medicines training and this was confirmed by the training matrix. The registered manager told us the MARs were brought into the office monthly and audited. We saw records of recent audits which showed any issues identified, such as missing staff signatures, had been addressed.

Is the service effective?

Our findings

People and relatives told us they had confidence in the staff's abilities. They said staff knew what they were doing and were well trained. They told us the registered manager was very 'hands on' and worked alongside staff. One relative said, "My (relative) has very complex needs but I know (relative) is in good hands with the staff. It eases the pressure on me as I have every confidence in them." Another relative said, "They (staff) are well trained. They understand dementia and know how to communicate and encourage (relative) to get washed and dressed."

The registered manager told us all new staff completed induction training which included a period of shadowing, with the registered manager or an experienced staff member, of up to a fortnight; tailored to meet individual staff requirements. This was confirmed in our discussions with staff and relatives. One staff member said, "I'd never done care work before. I had two weeks shadowing, the first week I watched what they (staff) did and then the second week they watched me to make sure I was doing it right. It was good because it meant I got to know people and they got to know me." A relative said, "The previous agency we were with new staff just turned up. With this one we're asked if new staff can come and then they're observed to make sure things are done right." New staff without previous care experience were completing the Care Certificate. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification).

The training matrix showed all staff had completed training in areas such as safeguarding, medicines, food hygiene and first aid. Dates for refresher training were scheduled.

Staff told us the registered manager often worked alongside them providing support and supervising their practice. The registered manager told us as this was the first year the agency had been running they had concentrated on supervising staff while they were out on calls. They said they were in the process of setting up a plan for this coming year which would ensure all staff received regular one-to-one supervision and annual appraisals.

The registered manager told us they visited and assessed people's needs before the service commenced and this was confirmed in our discussions with relatives. One relative said, "(Registered manager) came out and spent time talking to us about what we wanted. They've taken on board everything we asked for." We saw evidence of these assessments in the care records we reviewed.

Some people required support with their nutritional needs and relatives told us these were met. One relative said, "(Staff) make (relative) a hot meal at night which (relative) needs and they're good at liaising with the district nurses about (relative's) diabetes." The registered manager told us staff recorded the food and fluid intake for all the people they supported with nutrition and we saw detailed records which evidenced this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager told us all the people they supported with personal care had the capacity to make day-to-day decisions themselves, sometimes with support and help from their relatives. Relatives told us they and their family member were consulted about all aspects of their care and support. The registered manager had a good understanding of the MCA and of their responsibilities under the Act. All staff had received training in the MCA.

Care records we reviewed showed people were supported to access healthcare services in the local community such as GPs, district nurses and social workers.

Is the service caring?

Our findings

People and relatives we spoke with were very happy with the care and support provided to their family members and praised the patience and kindness of the staff. Comments included; "The carers are wonderful. (Family member) really looks forward to them coming, it brightens his day up. I can't praise them enough"; "The staff are fantastic. Very caring and gentle with my (family member). I know she's in good hands"; "(Family member) enjoys seeing them. They're very caring and always pleasant" and "I'm thrilled with them and it's a huge relief to have them looking after (relative). You want the best for your (family member) and that's what they give."

Our discussions with relatives showed people received consistently high standards of care and support from a small group of regular care staff. They described the impact this personalised service had on their family member. One relative said, "When they first started coming (family member) was in a bad way and very low. (Staff) took it slowly, giving (family member) time to come round and do things in (their) own time. They gave (family member) confidence and got (them) walking again."

Staff told us they loved their jobs and were proud of the personalised care and support they were able to provide to people. They said they would recommend the service as a place to work and would be happy for a loved one to receive support from the service. One staff member said, "You've got time to build up a relationship with people, to really get to know them. We don't have to rush and can do things properly. I'd have no hesitation in recommending it."

Relatives told us staff were respectful and maintained people's privacy and dignity. One relative said, "The staff are very polite. They understand if (family member) doesn't want to talk and is not in a good place. They know how to communicate and explain what they're doing. They take great care with everything even the small things like making sure the pad is folded properly so it's comfortable for (family member) to wear. They always clean up after themselves and ask if there's anything else we need doing. I can't commend them enough." We saw people's care records included a section on privacy and dignity and how this should be maintained for each individual. For example, for one person the care plan described how staff should close the blinds/curtains when carrying out personal care and make sure the person's was covered with a towel.

Is the service responsive?

Our findings

The registered manager told us the ethos of the company was to ensure people received a very personalised and caring service. Our discussions with relatives showed this was being achieved. One relative said, "What is so good is they're flexible and adaptable in their approach, it's all about suiting what the person needs." Care records we reviewed were detailed and reflected people's needs and preferences. It was clear from the records what people could do for themselves and the support they required from staff at each call. Daily records provided a full account of the support provided, including the call times and signatures of staff who attended.

Relatives and staff told us communication was good and said the registered manager kept them informed of any changes in people's care. Staff told us they were informed of any changes through a group text on their phones. Each person had a communication book in their home which was used by staff, relatives and healthcare professionals to pass messages between each other. A relative said, "They're good at communication. The notes are very detailed."

The service had a complaints policy. Relatives told us they would have no hesitation in raising any concerns with the registered manager and felt confident these would be dealt with appropriately. One relative said, "I've no concerns but I've no doubt whatsoever that if I raised anything it would be sorted." One person told us they had raised a concern and said they were happy with the way the registered manager had dealt with it. The registered manager told us of the action they had taken in response to the concern and notes we saw confirmed this.

The registered manager told us none of the people the staff supported currently were receiving end of life care. They described how they had worked with other healthcare professionals in providing end of life care to a person who they had supported when the service first commenced. This had included making sure the person's preferences and choices were respected so the person had a comfortable and pain-free death.

Is the service well-led?

Our findings

We rated this domain as requires improvement as we identified a regulatory breach in staff recruitment.

The registered manager, who was also the company director, told us they led by example working alongside staff in the community supervising and supporting them and ensuring standards were being maintained. People and relatives all knew the registered manager and spoke highly of her; describing leadership and management of the service as good. All said they would have no hesitation in recommending the service and some had done so already. Comments included; "Excellent agency, one of the best I've seen"; "Couldn't ask for anything better, so much better than other agencies we've had. We feel lucky to have (registered manager) on board, she's kind, conscientious and very particular about the staff she recruits" and "Just excellent, we're really pleased with everything. We've had other agencies and they've not been as good."

Staff said they felt supported and valued by the registered manager. One staff member said, "She's like a best friend as well as a boss."

Our discussions with people, relatives and staff showed the quality of the service being delivered was monitored by the registered manager. This included regular reviews of care plans, daily records, accident and incidents and medication administration records. Some of these audits were recorded, however others were not always fully documented. Similarly, although people and relatives told us the registered manager often visited and carried out spot checks to make sure staff were delivering the care and support people required, there were no records of these monitoring visits. The registered manager had already identified this as an area for improvement in the provider information return (PIR) they had submitted prior to the inspection. They were in the process of recruiting additional staff and recognised as the service was expanding they required more time to address administration, training and quality assurance.

Minutes from staff meetings held in September and December 2018 showed staff views were sought on what was working well, what was not and discussed any suggestions for improvements.

Surveys had been sent out to people who used the service and their relatives. These had been received back a few days before the inspection and the registered manager told us they would be analysing the results and sharing this with everyone. We saw the feedback was overwhelmingly positive. Two minor issues had been raised which the registered manager had identified and addressed. Comments included; "Since receiving Optimal care my (relative's) condition has greatly improved to the extent that (relative) appears a different person" and "Thank you for the excellent care provided from the whole team. You are always happy to take on any task required. Have seen a great improvement in (relative's) wellbeing over the last months, all due to the team's care for (relative's) mental and physical wellbeing."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure that persons employed were of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (a) (b) (2) (a)</p>