

# Optimum Specialised Homes Limited

## Offices 405

### Inspection report

42-44 High Street  
Slough  
Berkshire  
SL1 1EL

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09 August 2022

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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

Offices 405 is a supported living service providing personal care in Slough. The service provides support to younger adults and people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people using the service. Three people received the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care, which is help with tasks relating 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people, and providers must have regard to it.

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared their interests. Staff enabled people to access specialist health and social care support in the community. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People received care that met their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because appropriately

trained staff and specialists could meet their needs and wishes. Staff turnover was very low, which ensured people received consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

This service was registered with us on 2 December 2020 and this is the first inspection.

#### Why we inspected

This was the first inspection of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Offices 405

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in one 'supported living' setting 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since their registration. We used all of this information to plan our inspection.

During the inspection

We visited the office and met with the registered manager and the deputy manager.

We also visited two people in their own home. People using the service were unable to communicate verbally. We observed them to see how staff were interacting with people to provide them with quality of care and support. We spoke with two members of staff and three relatives of people. We reviewed three care records for three people. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

After the inspection:

We continued reviewing information received from the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People indicated to us they were safe. One person's relative told us, "We needed to be very careful choosing this place as he is non-verbal and really vulnerable. We have never got better than here. It's fabulous. It's really good, for all the young adults here as far as I can see."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I suspected any abuse, I would report it to the manager."
- People and those who mattered to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff assessed people's sensory needs and did their best to meet them.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Staffing and recruitment

- The service had enough staff, sufficient for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- The numbers and skills of staff matched the needs of people using the service.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff made sure people received information about medicines in a way they could understand.

- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing, and provided advice about medicines to people and carers.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service's infection prevention and control policy was up-to-date.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately; managers investigated incidents and shared lessons learned.
- The service monitored and reported the use of restrictive practices.
- Staff raised concerns and recorded incidents and near-misses which helped keep people safe.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. Staff had also received training in communication tools, positive behaviour support, support for people with disabilities transitioning to adulthood, human rights and all restrictive interventions.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Updated training and refresher courses helped staff continuously apply best practice. One person's relative told us, "The staff are fully trained. They are all epilepsy trained and staff had had updated skills training as [person's] needs have changed over time."
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One person's relative told us, "He really enjoys his food and they feed him well. They weigh him regularly and his GP is involved so there are no concerns from them either."

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One person's relative told us, "They help him go to appointments and hospital and tell me if I need to know anything."
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. A member of staff told us, "They [people] are choosing their menus, indoor and outdoor activities, clothes they want to wear and what time they are getting up and go to bed."
- For people assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice in relation to assessing mental capacity, supporting decision-making and best interest decision-making.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person's relative told us, "They do seem very caring, [person] loves them, she has a great time. They are respectful and give her as much choice as she can manage, she goes to lots of things and has lots to do."
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff members showed warmth and respect when interacting with people.

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

- People, and those important to them took part in making decisions and planning of people's care and risk assessments. One person's relative told us, "They send me pictures and ask me about any changes to his care."
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles for people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 who were encouraged to stay in regular contact with friends and family. One person had a difficult relationship with their relative. Since moving into the service, the person had been supported by staff to help them re-establish that bond with the relative as this was the person's wish. As a result, the person's relative started to meet them on a regular basis. Staff helped with the process of arranging the meetings and remaining in the vicinity in case the person's anxiety levels become too high. This led to an improvement in the person's mood after the meetings and communication with their relative.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. In another example, the service decreased a person's anxiety levels which enabled them to live their life to the fullest. The person would previously not leave the house for activities, not even venture out into the garden. The staff worked very closely with the person using positive reinforcement. This was further developed, and we saw evidence of the person taking regular visits to the cinema, travelling on public transport, enjoying restaurant visits and voluntary work. The relatives of the person were previously reliant on staff attending with them when they came to take the person out for lunch. This improved with time and finally the person's relatives were confident that they would be able to handle outings with him by themselves.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. Another person became heavily affected by Covid-19 lockdown. In order to improve the person's well-being a best interest meeting was organised involving all the relevant parties and the decision was taken as a "best interest" decision to allow the person to go out. The service promoted positive risk taking with the identification of potential benefit or harm. The appropriate risk assessments were undertaken such as looking at open space areas, looking at footfall in these areas. Staff scouted each individual area prior to the person making trips to the location. The person was involved in making a sign to wear, which they found fun and also was shown videos of young people wearing personal protective equipment (PPE). As part of the risk assessment the person wore a chosen mask, gloves and a sign around their neck. This worked very well, and the person even told members of the public who came too near "keep your distance - two meters please." This was a very positive experience for the person and improved their well-being. The number of incidents related to expressing feelings or an emotional reaction was reduced and the experience enhanced the person's understanding of the pandemic.
- People were supported by staff to try new things and to develop their skills.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This

included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

- Support focused on people's quality of life and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff ensured people had access to information in formats they could understand.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person's relative told us, "We would know how to complain and who to go to that is more senior. All the staff are easy to talk to and to get in touch with and seem very responsive so I'm very happy."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- Staff explained to people when and how their complaints would be addressed/ resolved.

#### End of life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- Easy-to-read end of life care plans were in place specifying how people wished to be buried. These plans also contained detailed information, for example about people's favourite flowers. They also stated if people wished to be provided with end-of-life care at the service and if they would like to have their favourite objects buried with them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which promoted a positive and improvement-driven culture. A member of staff told us, "I definitely have enough support, they always ask us about our opinion, about what new to be introduced." Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and applied them in the work of their team.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support

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

- The provider sought feedback from people and those important to them and used the findings to develop the service. We saw the results of the latest survey for people's friends, relatives and advocates. The feedback was overwhelmingly positive. The comments included, "I feel so lucky that I can put the mark in all the green boxes" and "I have always found care and attention given to [person] exemplary. I cannot praise (them) enough."
- Staff encouraged people to be involved in the development of the service.

- People, and those important to them, worked with managers and staff to develop and improve the service.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with advocacy and other health and social care organisations, which enabled people using the service to improve their wellbeing.
- The provider kept up-to-date with the national policy to inform improvements to the service.