

Optalis Limited

Independent Living Services

Inspection report

Trinity Court
Molly Millars Lane
Wokingham
Berkshire
RG41 2PY

Date of inspection visit:
04 April 2019

Date of publication:
10 May 2019

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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? | Outstanding ☆ |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Independent Living Services is a domiciliary care service providing personal care to people living in their own homes. At the time of this inspection the service was supporting 13 people with a learning disability and/or who were on the autistic spectrum. Twelve people lived in four shared supported living houses and one person had their own flat in an extra care facility.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which is help with tasks related to personal hygiene and eating. We do not inspect the premises people live in. Not everyone using Independent Living Services receives personal care but where they do we also take into account any wider social care provided.

People's experience of using this service

People were treated with exceptional care and kindness. Staff demonstrated a strong empathy for people at the service and were skilled in identifying and supporting people at times of emotional distress. Staff used innovative ways to help people manage and reduce their anxieties, leading to people gaining in confidence and being able to enjoy their lives more. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people we spoke with and relatives who provided feedback. People's diverse needs were identified and met. People's right to confidentiality was protected.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and/or autism can live as full a life as possible. This includes achieving the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. This resulted in them leading fuller lives than they had previously.

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives.

People received effective care and support from staff who knew them well and were well trained. People received effective health care and support. Medicines were stored and handled correctly and safely. People's rights to make their own decisions were protected. They 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 received care and support that was personalised to meet their individual needs. People were able to enjoy a number of activities, based on their known likes and preferences. Staff continually looked for ways to improve and enhance people's lives by exploring new activities and employment people could participate in.

People benefitted from staff who were happy in their work and felt well managed and supported. People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated Good (report published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was 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 ●

Independent Living Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own homes. People who use this service live in four 'supported living' houses and one person has their own flat in an extra care facility. This enables them to live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support only.

The service had a manager registered with CQC. 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. The service also had a nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

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

What we did before the inspection

We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the PIR and at all the information we had collected about the service. This included previous

inspection reports, information received and information about important events the registered manager and others had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual and the head of regulated services for the provider. We looked at three people's care plans, monitoring records and medication sheets, three staff recruitment files, staff training records and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, management audits, incident records, concerns and compliments received and a selection of policies.

After the inspection

We spoke with three people who use the service and received feedback from them and two relatives. We sought feedback from six health and social care professionals and received a response from one.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults.
- Staff knew what actions to take if they felt people were at risk of harm.
- People said they felt safe in their homes. Relatives said they felt their family members were safe with the staff. One relative added, "Very."
- One family member contacted the service in June 2018 to compliment a specific member of staff. They said, "You always go above and beyond...[Name] has great trust in you and that is a big thing for them...My life is much easier knowing [Name] has you."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.
- Systems in place for call logging and tracking were successful in preventing missed calls.
- Emergency plans were in place, such as plans for extreme weather conditions.

Staffing and recruitment

- Staff were provided in line with the hours identified in people's individual care packages.
- People said staff had enough time to support them. Staff said they had enough time to provide the care people needed within the time allocated to them.
- One person commented in their annual survey response in February 2019, "I like the fact that [staff] listen to me. If I have a problem they help me. They understand me."
- People were protected by the recruitment processes in place and followed. These made sure, as far as possible, that people were protected from staff being employed who were not suitable.

Using medicines safely

- People's medicines were handled safely. The training records confirmed staff had received training in handling medicines.
- Only staff trained and assessed as competent were allowed to administer medicines.
- Medicines administration record sheets were up to date and had been completed correctly by the staff administering the medicines.

Preventing and controlling infection

- Staff received training in the control of infection and were provided with personal protective equipment so they could carry out their work safely. There had been no incidents or concerns raised related to the control of infection since our last inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents and steps taken to ensure lessons were learnt when things went wrong.

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.

Good: 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

- People received effective care and support from staff who knew how they liked things done.
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and relatives thought staff had the training and skills they needed when supporting them.
- The service provided training in topics they considered mandatory, such as manual handling, first aid and fire safety. All training the provider considered to be mandatory was up to date.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with epilepsy and autism.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff received formal supervision at least four times a year to discuss their work and how they felt about it. We were told by staff they felt this enhanced their skills.
- Where staff raised a grievance, records showed the provider followed their grievance procedures and documented the outcome fully.
- Once a year staff had a formal appraisal of their performance over the previous 12 months.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet

- People received effective health care support from their GP and via GP referrals for other professional services, such as occupational therapists.
- People were able to choose their meals, which they planned with staff support if needed. Where there was concern that someone was losing weight, staff made referrals to dietitians and speech and language therapists via their GP.
- The care plans incorporated advice from professionals when received.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies to understand and meet people's individual and changing needs. For example, working with the local behavioural support specialist was

helping one person to learn and practice techniques to help them deal with their stress levels when they increased. The person commented in a recent survey, "Staff support me ... and help me with my anxiety."

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The registered manager was aware that where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

- Staff received training in the MCA and were clear on how it should be reflected in their day to day work.
- We checked whether the service was working within the principles of the MCA and found that they were.
- People's rights to make their own decisions were protected. One person commented on a recent survey, "Staff support me to make my own decisions." Another person told us, "I can go out when I want."

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.

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported

Staff were exceptionally skilled and pro-active in identifying and working in innovative ways to help and support people who experienced high anxiety and emotional distress. We saw numerous examples of the innovative and successful work staff had carried out resulting in marked improvements to people's lives and wellbeing. For example:

- One person had a long history of anxiety in the run up to important events and festivals, such as their birthday, Easter and Christmas. It was felt the anxiety related to their fear of missing the event. Staff worked with the person towards one event (Easter) by introducing a month by month wall calendar on which the person was able to cross off each day to show the event was getting closer. In the run up to the date, staff helped the person plan activities towards preparing for the event. Staff told us this had been very successful, the person had been involved in new activities such as making a bonnet and cards for friends and family and had been fully involved in planning for the event in the run up to Easter. This had resulted in the person having no episodes of high anxiety or self-harm, which would previously have been an almost daily occurrence. Staff told us, due to the success of this way of working they were putting this into practise around the other annual occasions that were important to the person.
- Another person had anxieties around doing the wrong thing and worries around something happening to people she cared about. Those anxieties impacted on most areas of their life. A build-up of anxiety and tension would, on occasions lead to the person having aggressive and angry outbursts, neglecting themselves and being reluctant to be alone without staff. With support from a behavioural therapist, staff worked with the person on anger management and communicating their feelings. A chart was developed that enabled the person to point to their level of anger on a scale of 1-10. Each level on the chart described what coping strategy would help the person to become less angry or anxious. This in turn led to more consistency in staff approach and the person was able to take more control in managing their anxiety and seeking assistance when needed. Staff reported the impact of this hard work had improved all areas of the person's life. Due to the person having more control over their anxiety and learning successful coping mechanisms the person's relationship with their close family had improved and they were spending more meaningful time with them. The person had gained a job, developed relationships, cooked for themselves and cleaned their home more. The persons improved confidence had also helped them to improve their personal care and hygiene. Care hours had reduced from 68 to 34 hours per week due to the person feeling happier to be without staff and becoming more independent with their self-care activities.

- The person had also grown in confidence and spoke to us proudly of a charity event they had thought of and then organised with staff support. Following losing a friend to cancer the person organised and put on a charity five a side football tournament, raising money for a local hospice. The person also told us, "I am very happy, staff are very kind, and I can go out when I want." A member of their family wrote to a member of staff at the service saying, "A big thank you for your support always. You always go above and beyond. You not only support [Name] but also myself and family. [Name] has great trust in you and that's a big thing for her. My life is made easier knowing [Name] has you."
- Other examples included someone who had been helped to go from high anxiety resulting in them rarely leaving their home unless by car for a number of years, to gradually increasing to them walking to most places. This in turn had led to them being re-introduced to previously enjoyed activities, such as going to the ballet, theatre outings, pantomime, shopping in Reading and going to cafes. The person had also started to travel on buses again, reducing their reliance on transport being provided.
- People were treated with extreme care and kindness, with staff always looking for innovative ways to improve each person's life and wellbeing. Relatives said staff were caring when they supported their family members. One relative commented in a recent survey, "Optalis offer a wonderful service. [The] support staff are caring, considerate and most important kind and sympathetic." One person stated, "The staff do a very good job. They are always there for me and help me to manage my condition. They encourage me to live more independently. Staff give me strategies in how to cope."

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

- People were involved in the running of the service. Staff had been working with a group of people who use the service to help them take an active role in staff recruitment. In September 2018 an 'Interviewer Skills Session' was held with people who wanted to be more involved with choosing the staff who worked with them. This work was ongoing at the time of the inspection, with the service working towards eventually having people who use the service on each interview panel.
- People were able to express their view in meetings with their key workers, house meetings, annual reviews of their care plans and in annual surveys carried out by the provider.
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service. People told us they were involved in making decisions about their care and this was supported by information seen in the care plans.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People's rights to privacy and dignity were supported. People and their relatives said staff treated them with respect and helped them maintain their dignity.
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. Relatives said the staff encouraged their family members to be independent. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
- People's equality and diversity needs were identified and set out in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. Staff were respectful of people's cultural and spiritual needs and knew the needs of each person well.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff worked hard with people to help them maintain relationships that were important to them. In some instances, this involved helping a person to re-establish regular contact with family members. For example, one person had not been able to meet with their family very often due to living too far away. After moving closer to their family, staff supported the person to regain their previous relationship. Being within walking distance the person was able to visit their family's home and the family were able to visit regularly. Where previously the person had been depressed, lacking motivation and neglecting themselves, after re-establishing frequent family contact the person's wellbeing had noticeably improved. The person spent time with the family going out, helping with shopping and spending time with their family at birthdays and Christmas time. Staff reported that, after renewing family contact the person was happy and excited when talking about them. Their motivation to engage in activities had increased and they took pride in their appearance. The person's relative commented on the recent provider survey, "The staff team have always helped us to get to the house and meet [relative's name] at different venues." The person commented, "It's better than where I lived before. [It is] nearer to my Mum. I get on with everybody." In a review of the success of this work one staff member commented, "[Name] has taken a lot more interest in their appearance and will go and wash and get ready before they [the family] come. [Name] even comes and asks for help shaving, where before we would need to prompt and really encourage them to bath and shave."

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in different activities they were interested in. They could choose what they wanted to do and were also able to try out new activities when identified. For example, one person had tried and enjoyed weekly football practice and boxing training. Another person had been supported to plan and attend a football match in Sheffield between Sheffield and their local club.
- People had access to activities that took into account their individual interests and links with different communities. They were involved in the local community and visited local shops, pubs, cafes and other venues. One relative sent a compliment to the service in March 2019 saying, "All staff are very friendly and professional. Staff encourage [Name] to take part in activities. I would definitely recommend Optalis."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People received support that was individualised to their personal needs. People and their relatives said their family members received the care and support they needed. One

relative commented in a recent provider survey, "You have a very good staff team, who are good towards their clients, helping them achieve their goals."

- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. The daily notes demonstrated staff provided personal care based on the way individuals liked things done.
- 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. People told us they were happy with the care and support they received from the service.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them.
- One person commented on a recent provider survey, "I was unhappy with an agency member of staff who was supporting me. I raised it with my support team and they helped me sort it out." Another comment made was, "In the past I have raised issues with [staff names] and have had a fair and positive response."

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. Good: The service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

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

- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a high standard.
- Staff said the managers asked what they thought about the service and took their views into account. All staff said they would recommend the service to a member of their own family.
- People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.
- One person told us about the registered manager, saying, "He is a really good manager. He is the best."

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 provider and registered manager were clear in their understanding of the duty of candour and knew the action to take should something go wrong.

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

- The registered manager was clear about their role. All the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.
- Records were up to date, fully completed and kept confidential where required.
- There was an effective audit system in place that included audits of different aspects of the running of the service including care plans, medicines, staff training, staff supervision and other documentation. Where issues were identified, actions had been carried out to ensure everything met the required standard.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people, their relatives and staff and the star awards, where people and staff could nominate other members of staff when they have 'gone the extra mile'.
- People and their relatives felt the service was well managed. Relatives said the management

listened and acted on what they said.

- A new initiative was underway, "The enhanced lives project". This project was set up and was running to ensure that people were spending their days in an enjoyable way; that people were as well and active as possible and that they were supported in the way they want to be. This was a developing and ongoing project, we saw some positive ideas and actions that had been put in place with people who had already been involved.

Continuous learning and improving care; working in partnership with others

- A community professional felt the service demonstrated good management and leadership, delivered good quality care and worked well in partnership with other agencies. They commented, "There is a close relationship between staff, adult social care and health, mental and physical services, with frequent exchanges between them." They also commented, "It [the service] is responsive and compassionate providing good care working on a strengths-based approach. Staff are well trained and are encouraged to seek advice if there is a situation where they are unsure of the correct response."