

Optimum Supported Housing Limited

Optimum Supported Housing

Inspection report

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26 April 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Optimum Supported Housing is a supported living service and a domiciliary care service. At the time of the inspection two people were receiving a supported living service who all lived together in one house. The house was a three-bedroom house based in a residential area near Rainham town centre. One person was receiving domiciliary care support. Domiciliary care services provide personal care to people living in their own houses and flats. Optimum Supported Housing provides a service to, younger adults with learning disabilities.

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

People's experience of using this service:

The people we spoke to who used the service told us that they were happy with the care provided and feedback from health and social care professionals was positive about the service provided.

However, documentation was poor in some areas in that complaints were not always recorded, risk assessments were not always consistent and there was a lack of documented information for staff on how to support people meaning that the service relied upon staff knowing people well. The provider had not ensured that they had collected references for new staff in line with their own policy when recruiting new staff and checks on the quality of the service had not identified this as a concern. Risks from the environment had not always been identified and mitigated.

Medicines were stored appropriately, and people received their medicines on time and as prescribed. There was enough staff to support people safely. Staff were appropriately managed and supported however staff had not completed some areas of training needed such as supporting people with behaviour that challenged.

Staff were able to explain how to protect people from abuse and knew how to report concerns. People were supported to keep their home clean and were protected from the risk of infection. People's needs were assessed before they started with the service and this information was used to develop their support plan. People were offered choices and staff understood how people needed to be supported to make decisions. People were encouraged to express their views and be involved in decisions. The staff we spoke to knew people well, people were treated with respect and provided with emotional support where this was needed. People had been supported to achieve their goals and there was evidence of positive outcomes for people. For example, people had increased their independence.

People were supported to eat and drink safely and were involved in shopping and the preparation of their own meals where appropriate. People were encouraged to maintain their health and exercise. When people were unwell their health was monitored, and they had access healthcare services when this was needed.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: people's support focused on increasing their independence and enabling them to make choices and participate in activities of daily living. The staff we spoke to were positive about the support they received and the management of the service. The people we spoke to were positive about the support we received.

Rating at last inspection:

This is the first inspection of this service.

Why we inspected:

This inspection was a scheduled inspection based on when the service registered.

Follow up:

We will ask the provider to send us an action plan detailing how they plan to make improvements. We will visit the service again in the future to check if the service has improved and if there are any other changes to the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Optimum Supported Housing

Detailed findings

Background to this inspection

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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 completed by one inspector.

Service and service type:

This service provides care and support to people living in a 'supported living' setting[s], 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. This service is also a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to, younger disabled adults.

The service did not have a manager registered with the Care Quality Commission. The registered manager had recently left the service. The provider had applied to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 9 April 2019 and ended on 26 April 2019. We visited the office location on 9 April 2019 to see the manager and office staff; and to review care records and policies and procedures. On 26 April 2019 we spoke to relatives.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at this information when planning this inspection.

We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection. We looked at three people's support plans and the recruitment records of two staff employed at the service. We viewed, medicines management, complaint and safeguarding processes, meetings minutes, accidents and incidents logs.

We spoke with the provider, the manager and three support workers. We spoke to two relatives and received feedback from two health and social care professionals on their experience of the service. At the inspection we asked the provider to send us some further information about the support plan for one person and the training matrix. This information was received in a timely manner.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Risk assessments were inconsistent in that they sometimes they lacked detail or were not in place. For example, one person was at risk of developing moisture sores. No incidents had occurred however the actions staff needed to take to keep the person safe were not documented. Since the inspection further documentation has been put in place, this included information on how to prevent risks occurring, but the plan still lacked detail on how to manage concerns if they arose.
- Where people needed support to manage their emotions there were detailed positive behaviour support plans in place. These provided staff with the information they needed to keep people safe. For example, there was information on what could cause the person to become upset and what actions staff were to take when people were upset and after an incident that had occurred.
- Risks to people from the environment had not always been mitigated. The radiators in people's home were not covered and staff had not considered how they could keep people safe from the risk of scalding themselves on this. We raised this with the provider who told us that they had not identified this concern but that they would address it now that it had been raised.

Staffing and recruitment

- Safe recruitment policies and guidance were not always followed when employing new staff. The providers policy was that staff needed to provide two employers references and there was only one reference for the two members of staff we looked at. We raised this at the time of the inspection and the provider had obtained further references for staff after the inspection. Other pre-employment checks were carried out; these included obtaining a full employment history, identification checks, and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.
- There was enough staff to keep people safe and provide people with the one to one or two to one support they needed to access the community.
- Feedback from relatives was not always positive about staff timekeeping for the domestic care service. Relatives confirmed that office staff called them when staff were running late. We discussed this with the provider who told us that calls were logged as late if they were later than 30 minutes and that no late calls had been recorded for over 30 minutes. The provider told us that they informed new service users of this, but this was not recorded nor was it specified in documentation. This was an area for improvement.
- Outside of office hours there was an on-call system. This meant that staff had someone to contact if they were unable to attend a call or had concerns when they were supporting people out of hours.

Using medicines safely

- Where people had 'as and when' medicine such as pain relief there was a lack of information for staff on

what medicines were used for and what people's reaction to the medicine might mean. However, PRN medicine had not been administered and since the inspection this documentation has been put in place.

- Medicine was ordered, stored and disposed of safely.
- Medicines administration records were complete, and people had received their medicines on time and as prescribed. The medicines we checked were in date.
- Staff received training on how to give people their medicines and staff competencies were checked on an on-going basis and recorded.
- Staff were recording the temperature that medicines were stored at and there was a plan in place to keep medicines cool in hot weather.

Preventing and controlling infection

- People living at the supported living service were supported by staff to keep their home clean.
- Risks of infection was minimised by health and safety control measures such as staff using gloves and aprons when supporting people with personal care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns. No concerns had been raised by staff.

Learning lessons when things go wrong

- When things went wrong lessons were learnt and shared with staff. One person had fallen. Staff had supported the person to access appropriate medical care. The person's medicine was changed as a result of the fall and the person's medicine administration records had been updated. Staff were aware of the risk to the person and were supporting them to move around their home safely.

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.

Staff support: induction, training, skills and experience

- Training was either face to face or online. Staff were positive about the training provided and said that they felt confident in their role.
- New staff completed the care certificate and undertook an appropriate induction. The care certificate is an identified set of standards that social care workers work through based on their competency. This induction included shadowing an experienced staff member to gain more understanding and knowledge about their role.
- Staff told us that they felt well supported. Staff received regular supervisions. Annual appraisals had not yet been completed as staff had not been working for the service for long enough for these to be due.

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

- People's needs had been assessed prior to them starting to receive a service. Assessments included mobility, medicine, personal care, accessing the community, cultural needs and religion. These assessments were used to plan staffing levels and people's support.
- Assessments had included input from people's families where possible and relevant health and social care professionals where appropriate.
- People had been invited to visit the house before moving in. The transition plan for each person had been personalised based on their needs and previous living circumstances. This included visiting at different times of day, overnight stays and a trial period where appropriate.

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

- People were supported to eat and drink safely.
- People who received supported living care were encouraged and supported to plan their own individual meals and go food shopping. Where possible people were supported to participate in the preparation of food and cooking.
- Staff encouraged people to improve their diet. For example, one person had been supported to eat a wider variety of food and improve their nutritional intake. Staff used a food chart to monitor the person's progress.
- Where people were at risk from choking they had been referred to the speech and language team (SaLT) and were waiting for assessments to be completed. Whilst waiting for the assessments action was being taken to ensure that people were eating safely. For example, people were supported whilst they ate and encouraged to eat slower.

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

- When people had been taken to hospital or needed to attend appointments staff went with them to provide support where appropriate. If people needed to be admitted to hospital, there was information available for staff to take with them. Since the inspection the provider has also developed a hospital passport and a communication passport to make this information easier for health and social care staff to access. The documents contain important information about how people like to be supported and their medical and communication needs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it such as dentists, doctors and opticians. Were people needed specialist support they were supported to access this. For example, one person was unable to access the local dentist so was being supported to see a specialist dental team.
- People were encouraged to exercise in appropriate ways and eat a healthy diet to maintain their health.

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. When people use supported living services this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) made through an application to the court of protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Applications to the court of protection had been submitted but not yet approved. Staff were aware of the principles of the Mental Capacity Act. People were supported to make everyday decisions and bigger decisions were made in line with the principles of the MCA.

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

Good: ☐ 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

- The staff knew people well and people were treated with respect. People were comfortable in the presence of staff. People talked and laughed with staff.
- Staff spoke to people in a kind and polite manner and people said they were happy with the support they were receiving.
- During the inspection one person was at risk of becoming upset. Staff identified this and reassured the person and the person remained calm. The person had coped with a situation they found challenging and staff celebrated this success with the person. Staff made celebratory signs and gestures and the person knew these gestures well.

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

- People were encouraged to express their views and be involved in decisions. For example, one person needed support to communicate. Staff were patient with the person and used pictures and objects of reference. As a result, the service had seen a reduction in emotional behaviour as the person was less frustrated.
- Due to the nature of one person's admission they had not specifically chosen to move in to a supported living setting. However, the person had settled in well and a health and social care professional said "They are supporting my client really well and I am impressed with the changes I have seen in them compared to before they moved to the supported living."
- Records showed that people had access to advocates where they needed them. For example, one person's advocate was involved in reviews of their support.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to increase their independence and feedback from a health and social care professional was positive about how people had become more independent.
- People were being supported to become more involved with daily living tasks such as cleaning, shopping, taking the bin out and maintaining their home. During the inspection one person wanted to go shopping for food, staff reminded the person to make a list of what they wanted to buy, and they were supported to do so.
- People's privacy was protected, and staff understood that people needed support to have private time alone when they wanted this. Staff knocked on people's doors and asked permission prior to entering their room. People's records were stored securely.
- People were supported to maintain their relationships. Relatives told us that they felt welcome at the service when they visited.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- At the time of the inspection no complaints had been recorded. However, relatives told us that they had complained on more than one occasion about the same concern. We spoke to the provider about this, they told us that they were aware that there had been some complaints about lateness, and that these had been dealt with but had not been recorded. This meant that there were no records of the complaints and the provider was not able to demonstrate that the complaints system was effective. This is an area for improvement.
- There was an accessible complaints policy in place and people and their relatives knew how to complain. The complaints policy was in easy read format and included information about ICAS Advocacy Service. This is a service that provides independent support to people who want to make a complaint.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were goals in place and staff were supporting people to achieve these. For example, one person was being supported to increase their confidence in the community. The feedback from health and social care professionals was positive about people's support to achieve their goals. One said, "This placement has gone well so far, and the service user is settled and has made very impressive gains with their day to day living."
- The staff knew people well and understood their preferences. For example, staff knew when people liked to be alone, what upset them and when they preferred to get up in the morning.
- People's activities were planned around each individual taking in to account how structured people wanted their routine to be and their needs and preferences.
- People had keyworkers in place who supported them to review their care regularly.
- People's information and communication needs were assessed. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's individual communication needs were met. For example, information was provided using pictures and objects of reference when this was needed or explained verbally.

End of life care and support

- No one at the service was currently being supported with end of life care.
- The provider was aware that end of life support plans needed to be in place for people and had started to develop these.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were systems in place to check the quality of the service including reviewing support plans, incidents, and medicines. The service also had support from an external quality assurer who undertook audits of some documentation but not all. However, this system needed to be improved. Audits did not identify that staff references had not been sought in line with the providers policy or that the uncovered radiators presented a risk to people. This meant that there had not been a robust monitoring system in place.
- Documentation was variable in that it needed to be improved in some areas. For example, complaints were not always recorded, some risk assessments lacked detail and support plans did not always include person centred information. This meant that documentation was not always in place to provide staff with guidance and the service relied upon staff knowing people well to provide a good quality of care.

The provider had failed to effectively assess, monitor and improve the quality and safety of the service. The provider had failed to keep complete and contemporaneous records relating to people's support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- There were no significant events identified at the service that needed to be reported to CQC. However, the provider knew how to report these to CQC if the need arose.
- The registered manager had recently left the service. However, the provider had submitted an application to become the registered manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives were involved in people's care but told us that they did not always feel listened to when they had raised complaints.
- People and staff knew the provider well and staff were positive about communication and said they felt informed. There were regular meetings for staff and staff received appropriate supervision.
- There was a positive focus on supporting people to increase their independence, access the community and express their views.
- Where things went wrong or there were incidents relatives to us that they were informed where this appropriate.

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

- People had not been receiving a service for a long time, therefore the service had not completed annual surveys of people or their relatives.
- Staff sought regular and ongoing feedback from people taking in to account their equality characteristics. For example, people were supported to use pictures and objects of reference to express their views.

Continuous learning and improving care

- The provider kept up to date with best practice and developments. For example, they had recently attended a conference that focused on best practice in safeguarding, mental capacity and human rights.

Working in partnership with others

- The provider worked with funding authorities and other health professionals such as advocacy and GP's team to ensure people received joined up care.
- Where people moved in or out of the service staff worked with other care homes. For example, by sharing support plans and supporting the transition process.
- Health and social care professionals were positive about the service and staff and told us, "I have found that they are quick to respond on recommendations and advice. They will also update you on the outcome and you are kept in the loop."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively assess, monitor and improve the quality and safety of the service. The provider had failed to keep complete and contemporaneous records relating to people's support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.</p>