

Optimum Care (South) Ltd

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## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Optimum Care (South) Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. The service supports older people some of who were living with dementia, mental health needs, people with a physical disability and people with a sensory impairment. At the time of the inspection, 11 people were using the service. Seven people were receiving the regulated activity of personal care.

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

People felt safe with the care provided to them. Risks to people's health and safety were assessed and staff knew how to support people to keep them safe. Enough skilled and suitable staff had been recruited. People were supported by a consistent staff team who they felt comfortable with.

People received their medicines as prescribed and were cared for by staff who ensured they followed infection prevention guidance and good practise. The service and its staff team took on board learning when things went wrong. This prompted a review of people's care needs to reduce the risk of any recurrences.

People said staff had the skills necessary to care for them well. Staff had received the required training and ongoing support to help them maintain and improve their care skills to fulfil their role and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were caring and knew their needs and preferences well. Staff treated people with dignity and respect and they encouraged and promoted people's independence. Complaints were resolved through the provider's complaints process. There policies and procedures in place should people require end of life care.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. The provider was open and transparent and promoted a person-centred culture within the service. People, their relatives and staff thought the service was well managed and responsive to their needs. The provider worked well with other organisations, to provide people with joined up care

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 5 November 2021 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service, staffing, risk management and infection prevention and control practises. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well-led question sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

# Optimum Care (South) Ltd

## Detailed findings

### Background to this 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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

This inspection was unannounced.

Inspection activity started on 30 March 2022 and ended on 04 April 2022. We visited the office location on 30 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registering. 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. This information helps support our inspections. We contacted the local authority and safeguarding authority. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two other peoples' relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, HR manager and care staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, monitoring records, compliments and complaints and various policies and procedures.

#### After the inspection

We reviewed information relating to training, care visit records and incidents we asked the provider to send us.

# 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 for 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

- Staff received safeguarding training and they understood how to identify and report concerns if needed, and took action to help keep people safe.
- The registered manager and provider reported incidents to the appropriate organisations and this helped keep people safer. A relative told us their family member never had a missed or late care visit and there were always two staff to help safeguard the person from harm.
- Staff we spoke with knew what signs or symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the Care Quality Commission (CQC) and local safeguarding authority. One staff member told us signs to look out for included unexplained bruising and people being scared or withdrawn. If any risk to people was suspected, or had occurred, they would contact the registered manager immediately.

Assessing risk, safety monitoring and management.

- The registered manager had identified a range of risks including choking, malnutrition and people's home environments. However, not all risk assessments had been updated when risks to people had changed. Examples included people who needed a bed rail and people at risk of infections. The registered manager confirmed they had done this. One person said, "I get three visits a day from one [staff] member and it is always the same one. They are excellent and I feel totally safe in their hands."
- Staff understood how to provide care and support to people to reduce the risk and potential of avoidable harm. Information in care plans about managing risk was limited. Examples included people who needed support with moving and handling. The care plan just contained limited details that the person needs support from two care staff to get into and out of bed, but no details of how this was to be done. Staff however, worked safely by using equipment correctly and making sure people at risks of pressure ulcers and infections had these prevented.
- The registered manager told us they would update these records. No person had come to harm but there was a risk of this occurring. One person said, "I always feel safe when staff help me out of bed. I trust them implicitly."

Staffing and recruitment

- Concerns had been reported to us about staff recruitment. We found that a robust process was in place to help ensure there were enough staff who were suitable. One relative told us there were always two staff to assist with moving and handling tasks and their family member was, "Always happy to be hoisted out of bed and were happy when they do that." Other people and relatives told us staff were never more than 10 minutes late. If any later than this the staff care planning roster would alert office staff to provide alternative staff.

- Disclosure and Barring Service (DBS) checks had been completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Various checks had been undertaken including those for previous employment references, photographic identity and evidence of good character. One staff member told us they found the interview process thorough and that they were only allowed to start work once their DBS came back clear.

#### Using medicines safely

- Staff supported people to be as independent as practicable to administer their own medicines or had help from a relative to do this. Care plans detailed who was responsible for people's medicines administration.
- Staff received training and support to help ensure they were competent to safely administer medicines and the application of topical skin creams. One person said, "[Staff] always make sure that I take all my tablets and record it my [medicines administration] book."
- Medicines including topical skin cream and eye drops were managed and administered safely. However, where people required two different doses of the same medication, staff did not sign for each individual medicine. National guidance is that each dose must be signed for separately. The registered manager told us when they had added this detail where required so it was clear which doses had been administered.

#### Preventing and controlling infection

- Concerns had been reported to us about staff not always wearing personal protective equipment (PPE) as required by the provider's policies. Staff had been reminded of their responsibilities on this matter and checks were undertaken to help ensure good standards of infection prevention and control (IPC).
- Staff adhered to good IPC practise, wore PPE correctly and disposed of it safely. This helped prevent the risk of infection and cross contamination. One person told us, "[Staff] always turn up in their full PPE. They always put it the bin when they leave."
- Staff participated in the COVID-19 testing programme and they adhered to the provider's IPC policy. This helped minimise the risks of infections.

#### Learning lessons when things go wrong

- The registered manager and provider supported staff to learn when things went wrong. This helped reduce the risk of recurrences.
- For instance, where staff had not been able to provide people's care or staff had not always worn the correct PPE. Staff were reminded of their responsibilities and other actions were taken if there was a repeat of the incidents. One staff member told us, "I have enough PPE. I always use it and dispose of it safely. The [registered] manager checks on us to make sure we are keeping people and ourselves safe."
- The registered manager used a positive approach to improving staff performance and shared more general learning through a staff WhatsApp (phone text messaging service) group, meetings or supervisions. One staff member said, "We always get updates on changes but if there is anything confidential this is done in the office."



# 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

- People's needs were assessed before they started using the service including information provided by commissioning authorities. This helped inform the planning and provision of people's care.
- The registered manager supported staff with up-to-date guidance and knowledge based on people's needs, such as for a variety of health conditions, sensory impairments and dementia. These assessments focused on people's preferences. The guidance was implemented into policies and staff training. For example, infection prevention and control, and diabetes management.
- One relative said, "All staff are good, but one in particular spends time talking as they work particularly well when they are repositioning my [family member]."

Staff support: induction, training, skills and experience

- Staff were trained in areas relevant to their roles, such as safeguarding, dementia awareness, moving and handling and data protection. The registered manager was a qualified train the trainer. They used this qualification to train staff in a way which led to the best learning method to be effective and skilled.
- Staff told us they were well supported, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff received an induction to their role involving working with more experienced staff to get to know people being supported. One person told us, "The [staff] who come to see me are very well trained and I have every faith in them."
- One staff member told us their support was very good as they always felt confident but comfortable when contacting the management team. Another said, "At supervisions I am listened to. I find this type of support helpful to my development."

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals. This included meals based on people's culture and religion.
- Records were in place when needed for people at an increased risk of malnutrition including monitoring of people's weight and fluid intake. One person told us, "[Staff] organise all my food needs and prepare it extremely well. I really enjoy the meals. I can choose whatever I like."
- Relatives were positive about the way that people were supported to eat healthily. Where people needed prescribed thickeners with drinks and foods, this guidance was adhered to. People ate and drank enough and systems were in place for people at risk of dehydration or malnutrition.

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

- People were supported to see health professionals, such as community nurses and GP's when needed.
- Staff had acted promptly when needed in requesting emergency services or an urgent visit by a community nurse or GP such as, to a person falling or concerns about a person's skin condition.
- The registered manager worked closely with various health professionals and plans were in place to support people to be seen by a health professional including community nurse or an occupational therapist.
- Staff supported people to stay healthy in areas such drinking enough and the safe use of equipment related to people's care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over the decisions they made and how they spent their time. Staff sought consent from people in a variety of ways, so their choices were respected. One staff member told us how some people used non-verbal ways to communicate such as hand gestures and speaking more slowly.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. One relative said, "[Staff] always asked my [family member's] consent before starting anything. They are very positive with the staff and they enjoy seeing them." These representatives made decisions that were in people's best interests and staff respected these.
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us how they would use various strategies to help people take their medicines including waiting a few minutes, or suggesting how much better the person may feel after taking them.

# 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

- The registered manager put people first and foremost by providing a consistent staff team wherever possible. People and relatives were positive about the care and support they received. One relative told us, "All the [Staff] are so respectful and do take time to talk to us as individuals."
- All those we spoke with praised staff for their kindness, respectfulness, compassion, being there for a chat and always listening. One person said, "The care I get is excellent and cannot find fault it. I always thank the [staff] as I appreciate their support."
- Staff told us how? they spoke calmly, or knelt down so they were at the same level as the person. This helped support people to be heard and understood more clearly.

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

- People were offered choices in their day to day support. For instance, with regard to the gender of care staff. The registered manager told us how they always aimed to have staff from different cultures so the risk of talking over people was reduced. This meant they who could better meet people's choices and needs.
- People felt involved in decisions about their care. One person said, "I prefer male staff, and I get these."
- People and their relatives said care was being provided as agreed, and changes in people's needs resulted in care plans being amended. Records showed how changes to people's independence had resulted in the provision of equipment that improved or supported better quality care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives and to remain as independent as practicable.
- Staff did this by encouraging people to do those tasks they could do, and help with those they couldn't. One person said, "The [staff] do understand what makes me tick. The language can be a challenge sometimes but if I explain the task they do understand."
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. Staff were polite and respectful when speaking with people and gave them time to be in private where people preferred this.

# 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.

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

- Staff knew people well and were knowledgeable about the important things that mattered to them. For example, specific types of shower gel, soap or favourite breakfast cereal.
- People and relatives were positive about the support provided. One relative's compliment praised staff for often being engrossed in conversation, having a sing or talking about the weather.
- Improvements were needed to the level of detail in people's care plans and risk assessments. For example, assist out of bed, but no details about how staff should do this. Although, staff were focused on people's preferences and choices as well as their physical support needs. These preferences were well understood by the staff team. One staff member told us about a person who needed help with their mobility aid and what to do to keep them safe.
- Relatives spoke with us about the personalised support that their family members had received. This meant their family members needs were met in a person-centred way. One relative said, "The staff understand our needs and how my [family member] likes things done."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as ensuring access to a telephone, food or medicines. This helped people to communicate in their preferred way. A staff member told us how they ensured people could communicate with the use of gestures, body language or from their knowledge of the person.
- Staff knew how to communicate with people and training was being organised to support staff to improve further in this area. The registered manager tried wherever possible to avoid two staff from the same background working together to prevent them speaking in their own language.
- Policies and procedures, such as those around complaints or safeguarding were available in accessible formats as required. All people we spoke with had care plans that were accessible.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise any concerns, and compliments were used to identify what worked well. One person said, "I have no complaints. This [care and support] is working for me."
- There was a complaints procedure in place, and this was available in accessible formats for people to use.

A relative told us if they had any concerns, they would contact the registered manager as they were very responsive.

- Complaints were responded to through the provider's complaints process and were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences. The provider and registered manager worked with people to resolve complaints equitably and offer an apology.

#### End of life care and support

- People were supported, where needed, to make end of life decisions such as to stay at home, have support for pain and anxiety.

- The registered manager told us about those organisations they referred people to or worked with and gave a practical example for a person with end of life care. For example, support to maintain dignity and promoting wellbeing.

- Staff adhered to end of life care procedures and policies, such as decisions about resuscitation or emergency healthcare and particular care relating to a person's religion. This meant people's choices in relation to religious beliefs and values were respected and upheld by all staff. Medicines for 'as and when required' pain relief or just in case medicines would be place when needed.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was knowledgeable about the incidents they needed to report to us. We found all reportable incidents had been notified to us.
- The registered manager led by example setting high standards of care and empowering staff to be the same. Additional support was provided by the nominated individual and other management staff to help drive improvements.
- There was a variety of monitoring systems in place to help manage the overall quality of service provided. Areas monitored included feedback from people, spot checks of staff, care plans and a quality assurance survey. Prompt action was taken when needed to the quality of records, care plans and risks assessments. There had not been any negative impact on people.
- The nominated individual and registered manager understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures and they were unable to make care visits as planned, staff not adhering to care plans and offering apologies when things had gone wrong. A relative told us, "We are very happy with the service we get from the [care] staff and the office staff."
- Staff were clear about their roles and explained these to us in detail. The registered manager understood where they could learn more and played an active role in a forum for other registered managers.
- Feedback about the service and its management was positive. One person said, "The [registered] manager does visit to make sure I am happy with everything. After one visit the staff went back to the office and said to the [registered] manager that I didn't look to well. They rang me and asked if there was anything I needed."

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

- The registered manager and staff team were passionate about supporting people to live as meaningful a life as possible. Staff spoke with enthusiasm about how they supported people and how they planned to support people in the future. One staff member said, "We share ideas with each other and implement good practise. I am supported to learn, I get support from [registered manager]. I ring them and they help me with whatever the problem is. I would recommend to family members or friends who might need care in the community."
- People and their relatives were complimentary and praised the support provided for being consistently good.

- Relatives spoke about the caring attitude of the staff and the registered manager. One relative explained how staff had supported a person to get the equipment needed to help keep them safe.

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

- People were involved in all aspects of their support including day to day discussions with staff. More formal meetings with the management team were completed, and this helped drive better quality of people's care.
- Relatives and people were regularly asked to feed back about the service and about their involvement at the service. One person told us, "I am very happy with service I get, it is first rate. I would certainly recommend it. The [registered] manager is very good and very approachable."
- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board.

Continuous learning and improving care

- The registered manager was passionate about improving the service. They took feedback about improvements and compliments onboard and put actions in place to remedy these.
- Examples of compliments had thanked staff for being so helpful, kind and their trustworthiness.
- The provider and its staff team took action to improve the service based on the findings of their monitoring processes. For example, if the electronic care system was not accessible, a backup in the form of a staff roster would be used to arrange care visits. The provider was also working with the care planning system design team to eliminate minor flaws.

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as commissioners and health professionals to support good outcomes for people.
- A relative told us the service had worked well with other organisations and said, "They helped us get a hospital bed for my [family member]. They are also trying to get them some physiotherapy."
- GPs, health professionals, and palliative care nurses were involved when needed. One relative told us the involvement of these professionals had meant the difference to living at home or a care home and how their family member loved to be in their own home.