

Optalis Limited

# Independent Living Services

## 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

This inspection took place on 22 and 23 November 2016 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the service since it was added to the provider's registration on 1 December 2015.

Independent Living Services is a domiciliary care service providing personal care to people in their own homes. People who use the service live in supported living accommodation in the Wokingham area. At the time of our inspection there were 12 people receiving a service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People were protected from the risks of abuse. Staff promoted and encouraged people to make their own decisions. People and their relatives confirmed people were encouraged and supported to maintain and increase their independence.

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests. Applications had not been made to the Court of Protection where people were potentially being deprived of their liberty. However, those people were identified during the inspection and the registered manager asked their funding authority to start the application process.

People received effective care and support from staff who knew them well and were well trained. Relatives told us the staff mostly had the training and skills they needed when working with their family members. However, one relative felt it would benefit people who use the service if staff received training on autistic spectrum disorder (ASD). We discussed this with the registered manager who agreed. By the second day of our inspection the registered manager had sourced and arranged for all staff to undertake ASD awareness training, to be completed by the end of January 2017.

People were treated with care and kindness. 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 and their relatives we spoke with.

People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs. People's diversity needs were identified and incorporated into their care

plans where applicable.

People and their relatives knew how to complain and knew the process to follow if they had concerns. They confirmed they felt the staff and management would act upon any concern raised.

Staff were happy working for the service and people benefitted from staff who felt well managed and supported. People and their relatives told us the service was well-led, which was confirmed by health and social care professionals.

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.

## 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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

The staff assessed risks to people's personal safety and plans were in place to minimise those risks. Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff to support people appropriately. Medicines were handled and recorded correctly.

Good ●

### Is the service effective?

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Where people were potentially being deprived of their liberty, the registered manager had contacted the local authority so that appropriate applications could be made to the Court of Protection.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Good ●

### Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful. People and their families were supported to express their views and be involved as far as possible in making decisions about their care, treatment and support.

People received individualised care from staff who were

Good ●

understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and adapted in response to people's changing needs.

The registered manager and staff helped people maintain relationships with those important to them.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

### **Is the service well-led?**

**Good** ●

The service was well led. People and their relatives were happy with the service provided and felt the service was managed well.

Staff were happy working at the service and there was a good team spirit. Staff felt supported by the management team. They felt the training and support they received helped them to do their job well.

The registered manager had quality assurance systems in place to review and assess the quality of service and monitor how it was run.

# Independent Living Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 and 23 November 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

We looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and received feedback from 15 members of the care staff. We also sought feedback from people who use the service, their relatives and health and social care professionals. We received feedback from three people who use the service, two of their relatives and two health and social care professionals.

We looked at three people's care plans, monitoring records and medication sheets, five staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, compliments, incidents records and staff meeting minutes.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe when with staff. Relatives told us they felt their family members were kept safe by the service. Health and social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with bathing or related to specific health conditions such as epilepsy. 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.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People who use the service were involved in the recruitment of staff during the interview and selection process.

Staffing was provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. Sickness and annual leave cover was usually provided by regular staff, with minimal use of agency workers. When agency staff were used, they were workers who were known to the service and who knew the people receiving support. People told us they received care and support from familiar, consistent care and support workers. Relatives felt there were enough staff to provide the support their family members needed. Health and social care professionals felt there were enough staff to keep people safe and meet their needs.

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded in a log, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with the incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. The training log confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

## Is the service effective?

### Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. Health and social care professionals felt the service provided effective care and supported people to maintain good health. One professional commented, "Care workers who have been with the service for several years understand the individual service users, their personalities, likes and dislikes." Another said the staff were, "very knowledgeable".

New staff were provided with induction training which followed the care certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. Ongoing staff training was overseen by the registered manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire awareness, health and safety, food hygiene and safeguarding adults training. Other mandatory training included medicine administration and infection control. The training records showed staff were up to date with their training, where training was due we saw dates had been scheduled. Practical competencies were assessed for administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people who use the service.

A number of people the service supported had been assessed as being on the autistic spectrum. A relative told us they felt staff would benefit from training in autistic spectrum disorder (ASD). We discussed this with the registered manager. At the time of our inspection staff were not being provided with ASD training. By the second day of our inspection the registered manager had sourced suitable online training and expected that all staff would have completed the training by January 2017. The provider had also started to develop an additional classroom based training in ASD, to roll out to staff early in 2017.

A number of staff held additional qualifications in care. Of the 32 care staff, six held the National Vocational Qualification (NVQ) level 2 in care and six held the Qualification Credit Framework or NVQ level 3 in care. One care worker held an NVQ level 4 and one was working on their level 3 diploma in health and social care.

People benefitted from staff who were well supervised. The service aimed to provide staff with one to one meetings (supervision) every six weeks with their managers. Some were overdue but meetings had been scheduled. The registered manager told us they were planning to introduce a new supervision schedule with four one to one supervision meetings and four observational supervision checks a year. Staff told us they had regular supervision which enhanced their skills and learning. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager.

People told us staff asked their consent to the care they received. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in supported living accommodation, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was not aware that applications to the Court of Protection were necessary in some cases. Once this was identified to the registered manager he took immediate action and identified that 12 of the people they support were potentially being deprived of their liberty. The registered manager contacted the people's funding authority to have appropriate assessments carried out and, where indicated, applications made to the Court of Protection for a deprivation of liberty order. This would then mean that the service could be sure they were not depriving people of their liberty unlawfully.

People were able to choose their meals, which they planned with staff support. People were weighed monthly and the staff made referrals to the GP where there was concern that someone was losing weight, or was putting on too much weight. Where nutritional input was a concern, food intake was logged and the care plans showed staff were working with dietitians and speech and language therapists where indicated.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. People had health action plans. The health action plan held information about a person's health needs, the professionals who support those needs, and their various appointments. All people had an annual health check from their GP as part of their health action plan.

## Is the service caring?

### Our findings

People and their relatives told us the care workers were caring and kind. One relative added, "I would also compliment the management team who always get back to us on any issues we raise." One professional said the service was successful in developing positive, caring relationships with people using the service and added, "Always attention to duty."

People were consulted and confirmed they were involved in making decisions about their care and support needs. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. Relatives told us their family members received the care and support they needed and that staff arrived on time. People told us they received care and support from familiar and consistent care and support workers.

Where people did not have family members to support them in decisions about their life, we saw independent advocates had been obtained and had been involved.

Earlier in 2016 the provider developed their "Enhancing lives project". The project had been developed to enhance people's wellbeing and lives. The project aimed to ensure people who use their services were recognised as individuals, were in control of their own lives, were as healthy and active as possible and were able to enjoy their days in an enjoyable way. At the time of our inspection people, their relatives and staff had been involved in developing the "enhancing lives" tool to make sure the tool contained outcomes they should be working on. Initial work had taken place in one of the supported living houses as part of the project, with people involved in starting to identify their own goals and wishes.

People told us staff always treated them with respect and dignity. This was confirmed by health and social care professionals, who told us the service promoted and respected people's privacy and dignity. One professional commented, "Without a doubt." Another said they, "strongly agreed" this was the case.

People were supported to be as independent as possible. Staff told us they encouraged people to do the things they could. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support. Care plans had clear goals that people and their support staff were working towards. For example, one person was working towards being more independent with their medicines. People and their relatives told us the support and care people received helped them to be as independent as they could be.

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal needs. The registered manager explained that they received an assessment of need from a member of the local authority team, together with details of the care package required. The registered manager then arranged for the person to visit the supported living house and meet the other tenants. If the person decided they would like to move to the supported living house, the service began to develop the person's care plan to support their package of personal care. Goals to enable the person to maintain and improve their independence were set and incorporated into the care plans.

People's individual likes and preferences in the way they wanted things done were included in the care plans we saw. The registered manager explained that they were developing a new care planning system that would be even more person-centred. The new care plans were being introduced gradually and replacing the current care plans as they were reviewed. Care plans included a one page profile, setting out the things in the person's life that were most important to them. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. People said they were happy with the care and support they received from the service. One health and social care professional said the service made sure its staff knew about the needs, choices and preferences of the people they supported. Another said the service provided personalised care that was responsive to people's needs.

People's changing needs were monitored and their package of care was updated when needed. The care plans we saw had all been reviewed recently. This was to check the person's needs had not changed and that their care plan was up to date.

Each person had a key worker. A key worker is a named member of staff who works with the person closely. They help them to identify and achieve their goals and also support them to take part in the development and review of their care plans. People had a monthly meeting with their key worker. Meetings were recorded and clearly set out actions needed for staff to support the person to reach their goals. The actions were monitored and details were recorded of the outcome and how the goals were met.

People and their relatives were aware of how to raise a concern and said the service responded well to any complaints or concerns raised. We saw any concerns were explored in the monthly key worker meetings and actions taken to resolve them as they happened. There had been no formal complaints made since the service registered.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

People received a service from staff who worked in an open and friendly culture. Staff told us the registered manager and the seniors were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.

Staff told us managers were open with them and asked what they thought about the service provided. They felt managers took their views into account. They felt well supported by the registered manager and the senior care staff. Team meetings were held monthly, with each supported living house holding their own meeting. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with happenings within the company. There was also a staff newsletter that provided internal news and information to staff.

Feedback on the service provision was sought by the key workers during their individual meetings with people, as well as during formal reviews of their care plans. Remedial action was taken if issues were raised. People and relatives confirmed they were asked their opinion on the service they received. People, their relatives, staff and health and professionals all said they felt the service was managed well.

The service carried out routine audits of a number of areas related to the running of the service. For example, first aid equipment, medication and staff recruitment files. The audit reports included findings that needed to be addressed and any actions required were added to the service's continuing improvement plan. The plan showed actions were taken within set deadlines to address issues identified in their audits. The provider had developed a new monthly audit system that was more in depth and covered additional areas such as health and safety and data protection. The new audit system was introduced just before our inspection and the audits for November were underway.

People benefitted from a staff team that were happy in their work. Staff told us they were happy working at the service. One member of staff told us, "We (clients and staff) moved to Optalis in June 2015. Since moving both the clients and staff have benefited immensely from the move. Optalis pushes for staff points of views, client's inclusion and independence and fights for their rights and ensures that their views are heard. The company is one of the best I have worked for and I enjoy working for Optalis." People who use the service, their relatives and staff all said they would recommend the service to another person or member of their family.