Optima Care Shine London Limited

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Inspection report

Causeway House
13 The Causeway
Teddington
Middlesex
TW11 0JR

Tel: 07810833344
Website: www.optimacare.co.uk

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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 announced inspection took place on 09 and 10 May 2018. This was the provider's first inspection since their registration on 22 May 2017.

This service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. At the time of inspection 12 people were receiving support. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was no registered manager at the time of our inspection, however the role had been recruited to. In the interim the director of development had full oversight over how each service was run. A registered manager is a person who has registered with the Care Quality Commission 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.

People were supported by staff that knew them well and treated them with dignity and respect. Relative told us that staff were kind and caring and treated their loved ones well.

Processes were in place to protect and safeguard people from the risk of abuse, and staff were aware of the actions to take if they suspected people were at risk. Any risks to people were thoroughly assessed and robust management plans were in place to mitigate the risk of any potential incidents reoccurring. Lessons were learnt from any incidents and accidents and comprehensive debriefs were held to support all involved. There were suitable numbers of staff to meet the needs of the people using the service.

People were supported to receive their medicines appropriately, and encouraged to self-medicate where it was safe for them to do so. Cleanliness and infection control processes were maintained and regularly checked to maintain good hygiene levels.

People's needs and choices were assessed prior to accessing the service to ensure the provider could meet their needs. People's consent to treatment was sought in line with the Mental Capacity Act 2005 (MCA).

People were supported by staff that were sufficiently trained to meet their needs, and followed the standards of the Care Certificate. Staff received regular supervision to support them and appraisal plans were in place.

Where necessary, people were regularly referred and supported to access a range of healthcare professionals. People were well supported to maintain a balanced diet and receive enough food and fluids to keep them well.

The provider was pro active in supporting people to express their views in ways that suited them. People were supported with the ways in which they liked to articulate needs in relation to their diversity or culture. People were supported to be as independent as they were able to be.

People's support plans were personalised and reflected people's choices in how they preferred to be cared for. People were supported to participate in activities of their choosing at the times that it suited them. There was a robust complaints policy in place, that was accessible to people, their relatives and stakeholders.

The service was well-led and staff received good levels of support in helping them to deliver their duties. Steps had been taken to build links with partnership agencies and other community groups in order to strengthen the development of the services delivered. There were effective quality monitoring systems in place to drive improvements across 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?

Good

The service was safe.
People received medicines safely at the times that they needed them. Risks were assessed and mitigated, with thorough investigation and debrief following any incidents. Staff levels were appropriate to meet the needs of people and infection control measures were in place. Safeguarding processes supported staff in recognising and reporting any signs of abuse.

Is the service effective?

Good

The service was effective.
People's needs were holistically assessed and the team worked together to deliver effective services. People were supported to eat and drink well, and to access healthcare professionals. Staff received training appropriate to their role, and attended regular supervision. People's consent was sought in line with the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.
Staff were kind to the people they were caring for, and treated them with compassion. People's privacy and dignity was respected and they were supported to be involved in decisions around their care.

Is the service responsive?

Good

The service was responsive.
People received personalised care that supported them to be as independent as possible. Complaints were managed and responded to appropriately.

Is the service well-led?

Good

The service was well-led.
Quality assurances systems were effective in driving improvements to the service delivery. People's relatives and staff spoke well of the support they received from management.

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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.

This inspection took place on 09 and 10 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a supported living service, whereby the manager was not always present. We needed to be sure that they would be in.

The inspection was conducted by one inspector. On the first day of inspection we visited two of the three supported living sites, with a visit to the provider's head office on the second day of inspection.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care records for two people. We also looked at four staff files and documents relating to the overall management of the service which included quality assurance audits, medicines administration sheets, complaints records, and accident and incident reports.

During the inspection we spoke with one person receiving services, two relatives, an advocate, two care staff, one of the acting managers and the director of development.

Prior to our inspection we obtained feedback from one of the teams that had placed people with the service.

Good

Is the service safe?

Our findings

Relatives told us that they felt their loved ones were kept safe by the service. Staff were aware of how to keep people safe and knew how to follow the provider's safeguarding policy if they had any concerns that people were at risk of abuse. One staff member said, "If I had any concerns I would tell my manager, if I wasn't satisfied I would alert [the local authority] and the CQC". Another staff member told us "I've usually had feedback from the manager with an update".

Procedures were in place to check that staff were safe to work with people prior to them commencing employment. Records showed that staff were subject to disclosure and barring (DBS) checks, provision of a full employment history and photographic identification.

People's medicines were managed to ensure that they received their medicines at the times they required them. People's medicines were securely stored within a locked cabinet in their homes. Records we looked at showed that medication administration records (MAR) were up to date with no omissions. The provider ensured that stock balance checks were regularly completed to ensure that all medicines were accounted for. Where one person preferred to self administer their medication appropriate systems were in place to support them to do so safely. Staff that administered medicines were required to undertake annual medicines competency assessments. At the time of our inspection we were unable to review the medicines competency assessments for all members of the staff team. The provider provided us with a full list of those with missing assessments and assured us these would be completed.

There were enough staff to meet the needs of the people using the service. People's allocated hours were covered to ensure that people received one to one support where required for care, both in their homes and in the community. One staff member said "If there has been any sickness or change in staffing levels the Director has always managed to get another staff member from another site".

People's risk assessments were thorough and clearly highlighted the support that people required in mitigating any risks. Records showed that people's risk assessments were updated following any incidents and that any changes to care provision were reflected in people's behavioural support plans. Risks to people were assessed in areas such as medicines, health, community, activities, routine and structure and travelling. Risk management plans detailed any early warning signs and triggers that could signal people were at risk of distress and clear steps were recorded to enable staff to effectively support people.

Where accidents and incidents occurred these were comprehensively investigated by the provider in a prompt manner. Where necessary other clinical professionals were involved to support the review of any learning from incidents as they occurred. A full analysis of events was completed and learning shared with the staff team through team meetings.

The provider had an infection prevention and control policy in place. Staff were required to undertake daily cleaning duties and night staff completed cleanliness checks. On the first day of inspection we observed that communal areas and people's homes were clean, and that staff utilised personal protective equipment

(PPE) such as gloves and aprons when supporting people.

Good

Is the service effective?

Our findings

People's needs were holistically assessed to cover all aspects of their care requirements. A relative told us "Everything is going according to [my loved one's] needs."

A disability distress assessment tool was utilised to support identification of stress in people and enable staff to support people with their behaviours. People's care files included clear guidance on people's individual preferences such as preferred methods of support and their goals and aspirations.

Technology was utilised to support people to be as independent as possible. Where appropriate people used a personal GPS tracker system, to enable them to access the community independently whilst having a way to contact staff and have their safety monitored through location tracking.

People were supported by staff that were trained with the skills to support them in delivering their roles. Annual training topics included challenging behaviour, working with adults with learning disabilities, diet and nutrition, mental health, medicines and infection prevention and control. A staff member said of training, "It's practical and you're able to reflect. They make sure you put it into action and see how it improves work with people." All of the current staff team had been enrolled to undertake the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

Staff were supported through regular supervision. A staff member told us, "I find it really supportive, to reflect on practice, I'm reminded of what supported living is and discuss training." The provider had a programme for annual appraisal in place, however as the service was still new in operation these were not yet due to be completed with staff. We will check staff appraisal records at our next inspection.

The provider had identified that improvements could be made to support people in the personalisation of their homes. Steps had been taken to identify people's preferences and abilities in choosing how they wanted to personalise their space. One person had participated in the redecoration of the communal areas, and discussions had been held around the colours they wanted to paint their own accommodation.

Staff utilised a clear handover system to ensure that important information in relation to people's needs was passed between working shifts. Staff shift responsibilities were clearly defined, and included information pertaining to duties people and staff had completed throughout the day. Records showed that management covered an on-call system to ensure that support was available to staff and people using the service at any time.

Staff that we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and had received relevant training. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally

authorised under the MCA.

We checked whether the home was following the principles of the MCA. Where people had required orders under the Court of Protection the provider had ensured that appropriate applications had been made. Records showed that best interests decisions meetings took place to ensure that people were supported in ways that were minimally restrictive.

People were supported to receive enough food and fluids to maintain a balanced diet. Risk checklists were in place to assess any support people required in preparing their meals. One person told us of the meals they liked to prepare with the support of their keyworker, and their care plan reflected these dietary preferences. Where one person required some support with feeding, support workers were clear on how to enable the person to feed themselves as independently as they were able to.

Where required people were supported to access a range of healthcare professionals. People's care files contained hospital passports with clear guidance on the support they required in relation to their conditions. Records showed that people had been supported to access annual check ups, psychiatrists, behavioural support practitioners, hospital, chiropodists, dentists and opticians. People's health needs were clearly recorded in their health needs support plan.

Good

Is the service caring?

Our findings

People were looked after by people that cared for them and treated them with kindness and compassion. A relative told us, "They are caring and can meet his needs" whilst another said "The ones he's got at the moment [keyworkers], they get on great together. I'm quite happy with them" and "We've got trust in them." A staff member told us, "We're always asking, it's very person centred here. You have to be open to offer a choice, be aware of how people respond." An advocate said of one person, "The change in him was remarkable. He was much more engaged with staff and myself and would ask staff for company in his room. He was particularly interested in everyone's culture."

During our first day of inspection we observed some thoughtful and tactile interactions between staff and people, reflecting that staff were aware of people's communication needs and preferences. Staff would get down to a person's level to speak with them, and were able to astutely explain to use how people wished to be spoken to.

Staff were passionate about their work and the support they delivered to people. One staff member said of the provider, "They want to uphold the values of supported living, understanding that tenants are people with choices, and that this is their home." Another staff member told us "I'm aware of the independence of the people I'm supporting, and we're bridging the gap for what they don't have the ability to do."

When speaking with staff and management across both days of inspection it was clear that they understood people's individual needs and were able to provide ample examples of how people liked to be cared for. People's care files clearly detailed people's preferences and records showed that both they and their family members participated in discussing important information in relation to people's care.

People's care files included copies of their tenancy agreements, and each person was provided with a copy alongside a tenant's handbook. People were provided with information and supported to make decisions through the use of pictorial images. Records showed that people's specific needs were taken into account, for example, one person completed a pictorial checklist prior to each independent outing to ensure they were clear on safety procedures.

Staff worked to respect people's privacy and dignity at all times. One staff member said of supporting people with personal care, "We have walkie talkies so other staff don't enter. I cover personal areas with a towel, make sure there's no intrusion. I always think 'What would be my standard'." People's care files included guidance on the personal care support or prompting that each individual required.

Good

Is the service responsive?

Our findings

People, and where appropriate their relatives were involved in the planning of their care and the support they received. Monthly keyworker meetings were held, and included people's goals and aspirations for the coming month. Clear outcomes and timeframes were listed to support people in achieving their goals. For example, one person's monthly report reflected the progress they had made in crossing the road independently. Any health appointments, incidents, family contact, finances, activities and successes were discussed with pictorial images used to support people to express their feelings in relation to their achievements.

People were supported to engage in a range of activities that were important to them. People's files included interests checklist profiling their likes and dislikes in relation to activities. An advocate told us, "I have been impressed particularly with the way that staff engage with [name of person] and the frequency with which they are assisting him to go out into the community." One person told us of their interest in taking bus rides, visiting the farm and using the gym. Records showed that the person had been supported to undertake these activities and that special trips had been arranged to celebrate their birthday. Some people using the service attended a local college, and where appropriate staff support was in place. A staff member told us that the provider had been open to suggestions in improving available sources of activities for people telling us, "We have opportunities to feedback changes or suggest improvements, for example a box of tactile objects and a stress ball to help decrease anxiety". The provider had also consulted people on any group activities they may wish to undertake and plans were in place for summer barbecues.

Where required people were supported to practice a faith of their choosing. A staff member told us that two people liked to attend the local church, and another person was supported with their lifestyle requirements in relation to their religious beliefs.

The majority of the people accessing the services were younger adults, and were not receiving end of life care. However, the provider had identified a need to ensure that these discussions were held with people should the unfortunate need arise. The provider told us they would look to identify people's end of life wishes, and we will check their progress with this at our next inspection.

The provider had a complaints policy in place, and it was accessible to those that needed it. Staff that we spoke to were clear on how to escalate any complaints they received, and told us that they would attempt to resolve matters themselves where possible. The provider's complaints policy was available in a pictorial format to support people using the service to make a complaint with ease.

We looked at the provider's complaints records, and saw that any issues had been responded to promptly and efforts had been made to resolve complaints to the complainant's satisfaction. A relative told us "I would be happy calling the manager if I had any problems."

Good

Is the service well-led?

Our findings

People's relatives and staff spoke well of the management support that they received. One relative said, "They've been quite good" and another told us, "I speak to [name of manager] most of the time, they seem to be competent and doing their best". A staff member told us, "I think [name of manager] is a really good manager, very capable and very organised" and another said of management, "I receive a lot of support and training. There's quite a lot of communication. I like that they're sharing their vision".

At the time of our inspection a registered manager was not in place following a recent resignation. A registered manager is a person who has registered with the Care Quality Commission 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.

However, the provider had already appointed a new registered manager who had notified us of their intention to register with the CQC once they commenced their role. In the absence of this role the director of development held full oversight on how the service was run and had engaged promptly and transparently with the CQC prior to this inspection.

The provider had ensured that notifications were submitted to us in a timely manner, and any important events were fully investigated.

The provider undertook a range of regular audits to monitor quality and drive improvements across the service. These covered areas such as medicines, finances, assistive technologies, health and safety and support plans. Annual quality and compliance audits were conducted for each of the service locations, resulting in development plans. Records showed that these were then reviewed by locality managers on weekly or monthly basis and supported sharing of developments with the relevant commissioners.

Staff were encouraged to share their views and opinions through regular meetings. Staff meetings discussed tenants, monthly reports, policies and debriefs following any incidents. People's views were sought through their monthly keyworker meetings, and following our inspection the provider sent feedback forms to people's relatives and other stakeholder's to seek their opinions.

The provider had taken a proactive approach in utilising local initiatives and working with other partnership agencies. They had signed up to the 'Herbert Protocol' - a national scheme in partnership with the Metropolitan Police, to encourage carers of vulnerable people to compile useful information about them in case they go missing. The provider had signed up to STOMP - a health campaign to stop the over-use of psychotropic medication to manage people's behaviour. The provider also told us of successful developments in supporting people with their cooking and meal planning skills. Following successful partnership working with speech and language therapists (SALT) travel training had positively supported people in using public transport where they had not done so before.