

Optimist Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Optimist Care is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection, 1 person used the service, this person received personal care.

Not everyone who uses domiciliary care services receives 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

Effective processes were not in place to ensure the safe recruitment of staff. We found gaps in staff recruitment folders. We were unable to assess if staff employed at Optimist Care had completed a robust induction as no records were available on staff files. We have made a recommendation about staff inductions.

Improvements were required in relation to some aspects of medicines management. Audits and quality assurance were in place but needed some improvement to ensure the service continually improved and provided positive outcomes for people. The provider had not considered any end of life care wishes the person may have.

The person and their relative spoke positively about the care provided. The service had a small staff team who worked closely together and knew the person well. Staff told us they had enough personal protective equipment (PPE) and had received training in how to use it.

The provider had arrangements in place for health professionals to work together to support the person's needs.

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

Rating at last inspection

This service was registered with us on October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to recruitment practices and quality assurance.

Please see the action we have told the provider to take at the end of the report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Optimist Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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

The 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 January 2023 and ended on 06 January 2023. We visited the office on 4 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the person who used the service and their relative about their experience of the care provided. We spoke with 1 member of staff, and the registered manager.

We reviewed a range of records. This included care records and plans. We looked at 1 staff file in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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 requires improvement. This meant 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.

Staffing and recruitment

- The registered manager had not always ensured staff were safely recruited. We saw gaps in recruitment files, such as not having an application form containing full employment history and staff were employed before relevant references were obtained. References received were not verified.
- Staff were subject to Disclosure and Barings checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, the DBS on a staff file was issued by a previous employer from over 3 years ago.

The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet needs and provide good quality care.
- We found no evidence of missed visits. There was an electronic system which alerted office staff if a visit had not been made within 15 minutes of the scheduled time.

Using medicines safely

- Medication administration records were reviewed. The person's medication was kept in a blister pack. A blister pack is used to store and sort tablets. The registered manager told us they recorded when medicines were given from the blister pack on a medicines administration record (MAR). However, the MAR chart was incomplete. It did not include the timings, the dose and strength for the medication.
- The registered manager completed a monthly audit. However, this was a tick box audit which did not include a medication count and contained limited information. This meant there was a risk errors may not be identified and acted upon.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any form of abuse and I would take immediate action."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments were not completed in relation to the risks posed and presented by COVID-19 for people using the service. Risks presented by the pandemic had not been identified for staff at the domiciliary care service. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including staff from black and minority ethnic groups were not identified.
- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risk. For example, assessments described risks to people's home environment.
- Potential risks to the person were included in the care plan and there were prompts for staff at each visit to monitor these.

Preventing and controlling infection

- Staff confirmed they had received appropriate infection, prevention and control training.
- Staff had access to Personal Protective Equipment [PPE], including face masks, aprons, gloves and hand sanitiser, and confirmed there were adequate supplies available.

Learning lessons when things go wrong

- No accidents or incidents had been recorded at the time of inspection.
- The registered manager had responded promptly to the feedback from the inspection and told us they had shared information with staff about how to make improvements to the service.



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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not started the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs roles in health and social care. The registered manager told us they are in the process of starting The Care Certificate.
- No information was available on staff files to demonstrate a robust induction had been completed to enable staff to carry out their role and responsibilities effectively.
- Staff had received 1 supervision in August 2022. We did not see any other records of supervision or 'spot check visits'. The latter enables the registered manager to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

We recommend the registered manager considers current guidance to demonstrate staff receive a robust induction and regular supervisions.

- Staff had completed their mandatory training and additional courses which were specific to people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The person's care records contained limited information about how to support them with their eating and drinking needs and what their preferences were. The registered manager told us they will update and include this information in the support plan.
- The registered manager told us that people's needs were assessed before commencing the service. One relative confirmed an assessment of their family member's needs was completed prior to the start of the service. We were unable to fully evaluate this as there was no evidence for a completed assessment kept in the person's care records.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. For example, one person's care plan recorded their specific religious observance needs and how these were met.

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 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

- The person's care plan contained information about decisions they could make themselves; however, a written record to confirm this was not available.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the registered manager for escalation and action.

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; Respecting and promoting people's privacy, dignity and independence

- A relative told us their family member was always treated with dignity and respect by staff. They told us, "[Relative] gets on really well with staff and they know exactly how to look after and support [relative]."
- Staff were able to tell us about the person's preferences and how they liked to be supported. They told us, "I have worked with [person] since the beginning, I've got to know them very well and I know what help they need."
- A relative told us their family member was treated in a respectful and dignified way.
- A relative confirmed their family member received consistent care and support from staff that were familiar and aware of their family member's care and support needs.

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

- The registered manager sought consent from the person to work closely with the person's relative to ensure they were involved in making decision. The relative told us, "We have regular contact and constant feedback given to us. I get a regular report and I am happy with the amount of support provided."
- The person's relative spoke positively about how staff communicated with them and supported the person to make decisions. They told us, "Staff always keep [relative] informed and include them in all decisions."

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 always met.

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

- The person's care records were personalised but incomplete and contained limited information. For example, the care plan did not contain a picture of the person. No information was available about the person's life history. This meant new staff new or unfamiliar staff may not have all the important information available.
- Care records listed what 'Good days' and 'Bad days' could look like for the person. This enabled staff to provide the right level of support to ensure the person had choice and control and that their needs were met.
- The person was supported by a small staff team who knew them well and knew how they liked to be supported.

End of life care and support

- The person's care plan did not include information about their end of life care wishes. Following our feedback, the registered manager told us they would update their documentation to ensure end of life care wishes were considered.
- The provider was not supporting anyone with end of life care at the time of the inspection.

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.

- The person's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- The person's care plan was written in practical, plain English.

Improving care quality in response to complaints or concerns

- The registered manager told us no formal concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others since the domiciliary care service became operational. This concurred with information held by the Care Quality Commission.
- The service's Mission Statement provided information for people and those acting on behalf about how to make raise a concern or complaint. The registered manager confirmed this was provided to the person at the commencement of their care package.
- A record of compliments was not maintained at this time to demonstrate the service's achievements.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems to monitor the quality and safety of the service were not robust and did not identify the shortfalls we found at this inspection. For example, a member of staff had not undergone the appropriate recruitment and competencies checks before supporting people unsupervised. We did not find any impact of this processes, but improvements were needed to minimise risk as the service grew.
- Care plans and risk assessments were incomplete and did not contain all relevant information. MAR charts were incomplete, this had not been identified by the medication audit making the audit ineffective.
- Formal supervisions for staff were not taking place frequently and there was no evidence of spot checks on staff files; however the registered manager told us they were always in regular contact.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were either not in place or robust enough. This demonstrated a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Formal staff meetings were not taking place. However, staff told us they have regular contact with the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sought regular feedback from the relative and the person they supported. This feedback was used to improve the care provided. Much of the feedback was informal through conversations with the relative, however, the provider did have a system for documenting formal written feedback.
- The service had a small staff team who worked closely together. Staff told us they felt supported in their role by the registered manager.
- The registered manager understood their responsibility to be open and honest with people if something went wrong.

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.
- The provider worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.

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>We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>