

Optimal Living Ltd

Dean Park

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 14 November 2018. At our last inspection in May 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

Dean Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dean Park is one of two care homes located in two adjacent semi-detached houses run by Optimal Care. It provides care and support for up to five people with learning disabilities. There were four people using the service at the time of the inspection.

The care service had 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 a registered manager in post. 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 continued to receive safe care and there were enough staff to meet people's needs. Staff had been suitably recruited to ensure they were able to work with vulnerable people. People had risk assessments in place to enable them to be as independent as possible. Staff were able to recognise abuse and knew how to report it appropriately.

The service was very effective. Staff received appropriate support to carry out their roles on a day-to-day basis through structured supervisions and appraisals. Staff were well-trained and the service aimed to facilitate their further professional development. The service worked well in cooperation with other professionals to ensure people's needs were met safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and

systems of the service supported this practice. People had access to health care professionals and staff ensured people led healthier lives.

The service remained caring. Staff were considerate, kind and helpful to people. Their knowledge of the individual choices and preferences of people enabled them to provide people with relevant care and support. People were involved in the planning and review of their care and people's family members continued to play an important role in these processes as well. People's privacy and dignity were maintained at all times.

The service was responsive to people's needs and wishes. People and their relatives told us that staff went over and above the call of duty. People and their relatives also said this made a profound difference to their lives. The management appreciated and acted on people's and relatives' opinions on the service.

The service continued to be well-led. People and staff had confidence in the manager as their leader and were complimentary about the positive culture within the service. There were systems and processes in place to help monitor the quality of the care people received.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Dean Park

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 14 November 2018 and was unannounced.

The inspection was carried out by one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We were not able to establish verbal communication with some of the people due to the complex nature of their needs; however, we observed how staff were interacting with the people who lived in the home. We talked to two people, two staff members and the registered manager. During the inspection we spoke with one relative of a person to obtain their views on the service. After the inspection we obtained opinions of a health care professional and another person's relative on the quality of care provided by the service.

We inspected the premises and checked records relating to the management of the service, including quality assurance audits and checks, meeting minutes and health and safety records. We checked recruitment records for four members of staff, and information about staffing levels, staff training and supervision. We also reviewed records concerning the management of medicines.

Is the service safe?

Our findings

People continued to receive safe care. One person told us, "I feel safe".

The registered manager and staff remained aware of their responsibilities to protect people and report suspected abuse. They showed awareness and understanding of the types of abuse people could experience and knew what action to take. A member of staff told us, "I'd whistleblow if I needed to".

People had risk assessments in place to ensure risks associated with their needs could be managed safely. For example, there were risk assessments relating to self-harming, eating and drinking, using a stair lift or riding a bike. Risks to people's well-being were monitored and regularly reviewed to ensure people's safety.

There were sufficient numbers of staff to meet people's needs. There were enough staff available to allow people to access the community and to have their personal needs met. One person's relative told us, "I believe there are enough staff here to cover everything".

People were supported by staff who had appropriate experience and were of a suitable character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Appropriate arrangements were in place to ensure people's medicines were administered as prescribed. People were given their medicines on time by staff who had been appropriately trained and assessed as competent in the safe management of medicines. People's medicines administration records had been fully completed.

Accidents and incidents were managed in a way that protected people from the likelihood of their recurrence. Staff completed detailed reports and the registered manager recorded any action taken. All accidents and incidents were appropriately recorded and reviewed. This was done to identify any themes or trends.

People lived in a safe environment that was clean and well-maintained. Regular health and safety checks were carried out on the condition of the premises and the equipment which contributed to people's safety. The equipment was regularly maintained and serviced, which significantly helped to ensure fire, gas and electrical safety.

Relevant procedures reduced the risk of infection. For example, the water systems were subject to regular flushing and disinfection to reduce the risk of legionella. Staff were clear about the need to use personal protective equipment when providing people with personal care.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who were well trained and effectively supported by the registered manager and provider. People and their relatives were confident all staff were suitably trained to meet the needs of people.

Staff told us and records confirmed staff had completed a range of training in how to support people. The training was arranged to help staff support people effectively and meet their assessed needs.

The provider ensured staff put their learning into practice and remained competent to do their jobs. Staff continued to receive regular supervision. The records we saw were detailed and included discussions about the needs of people using the service, day-to-day issues in the home and personal development needs.

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. We were knowledgeable of the MCA. A member of staff told us, "The MCA is to assess if people have capacity to make specific decisions".

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There were DoLS applications in place for two residents living at the service. The registered manager regularly contacted the local authorities to check on the progress of the applications.

People were supported to maintain a healthy diet in accordance with their needs and preferences. The service used a nutritional risk assessment tool to find out if people were at risk of malnutrition. When one person had been identified as being at risk of malnutrition, the service had followed professional advice.

People were supported by staff to maintain their health and well-being through access to a wide range of community healthcare services and specialists as required.

People were supported and encouraged to take part in the recruitment process and voice their view about who should be employed to work with them. People decided on the questions they wanted to ask, and the service facilitated that by using images in their interview questions so that people could take the lead in an interview with minimal support. We saw that one person took part in the recruitment process during our inspection. The person told us, "This is important for me to be able to decide who is going to look after me". This gave people a sense of achievement and improved their well-being as they knew they were contributing to the functioning of the service. It also helped people to maintain and practice their social skills with newly met people.

The service went the extra mile to meet people's needs. For example, one person had been supported to lose weight which improved their quality of life. The person's relative told us, "His health and well-being are the best I have seen since [person] left the family home. When [person] first went there, he was carrying a lot of weight and his lifestyle wasn't the best with a poor diet. Dean Park staff soon put this right and got him eating healthily and installed discipline into his life which he had lacked previously. As a result, [person] has lost a lot of weight and is looking so much better. He is also very contented living there they have changed his life".

The person had progressed with their fitness and undertaken weekly exercise with G-Fitness that visited the service. The person had been using a wheelchair out of the house before, but later progressed to being able to enjoy walks using a walker purchased for them. The person's weight loss together with their improved emotional and physical health meant that their medical conditions such as diabetes had improved and was better controlled.. This had resulted in a significant reduction in medicines used previously by the person.

When one person became very ill, they were taken to the GP as an emergency. The person's GP called an ambulance but was told the case was classified as non-urgent so the person needed to wait to be admitted to the hospital. As the person was in so much pain and they did not know what the problem was, staff decided not to wait and acted immediately to get the person to the hospital. Staff took them straight to the Surgical Assessment Unit (SAU) as advised by the GP. In another instance the mini-bus was not available to take a person to hospital, so the registered manager used their own car to take the person to hospital. As a result, the person got onto the admittance pathway and avoided A&E, which meant quicker treatment and less distress or further pain.

We noted staff had been trained to recognise and act on symptoms even the slightest symptoms of pain so the person would receive the right care as soon as possible.

It was clear that the décor of Dean Park had been designed in line with the needs and preferences of people. The rooms were decorated in a manner which was age appropriate and reflected the personalities of the people living there. To assist people with their mobility, grab rails and a stair lift were fitted within the building.

Is the service caring?

Our findings

People continued to benefit from the caring relationships with staff. One person said, "I like living here". One person's relative told us, "I quite like this home".

People were treated with dignity and respect. Staff said they ensured people were not exposed while supporting them with personal care. A member of staff told us, "I promote privacy and dignity by closing the doors, putting towels over people so they are not exposed during personal care, and by maintaining confidentiality".

People's choices included ways of spending their day, places to go, times of going to bed and getting up.

Staff understood people's different communication needs. Not everybody using the service was able to express their views verbally. Staff were aware of body language and signs people used to express their needs and feelings and what these were likely to mean.

Where needed, information was made accessible to people. For example, there were easy-to-read leaflets concerning making complaints and reporting abuse. Care records such as health action plans included photos and used plain language to help people understand the information.

People were supported to be independent. People told us staff helped them maintain their independent living skills as well as learn new ones. If they wished to, people were involved in ordinary day-to-day tasks, for example, shopping for food, assistance with cooking or cleaning their rooms. A member of staff told us, "I offer people simple choices. For example, two pieces of clothing. I offer them choice of breakfast, lunch or choice of activities".

People's personal and medical information was protected. The registered manager had high regards for confidentiality and said they always aimed to ensure staff knew how to access and how to share any personal information safely at all times.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized and respected within the service. A member of staff told us, "Everyone is treated equally".

Is the service responsive?

Our findings

The service remained responsive to people's needs. The service had needed to ensure a person was supported to access their dentist as the person had not had any teeth which had not only affected their appearance but also their ability to eat. This had been done and at the time of the inspection the person had a full set of teeth and the person felt more confident when outside of the service. This meant that staff ensured the person could access the community and maintain social links.

Previously, a person had had difficulties in accessing the community due to their weight and lack of a confidence. However, at the time of the inspection, the person had been leading a very active life since moving into Dean Park. The person went to the day centre twice a week which was sourced by the registered manager, attended coffee mornings weekly at Swindon Advocacy Movement. They had also enjoyed summer holidays, been to Fairford, a zoo, an aquarium and a theatre. They had been going the seaside, shopping, eating out and walking around the park as well as getting involved in the activities run in the home, such as cake making/decorating, pumpkin carving, arts, fitness, music, massage and gardening.

We received extremely positive feedback from a health care professional who worked with the service. They told us, "I've found the staff to be very knowledgeable and insightful to their resident's needs. There is evidence that they had listened to advice and sought solutions by following up with the GP who is managing changes in medication while the resident was still on our waiting list to be seen. This, for me, reflected that they hadn't just made a referral and sat back. Incidentally the resident is reducing a long term medication (as per NICE guidelines) which she is benefitting from and actually no longer required. The concerns which triggered the referral are now resolving and could well have been the side effects of the long term use of medication".

We saw evidence that people were provided with information in a format they understood. People's care plans were in an easy-to-read format and people were supported to make decisions using flash picture cards, written literature and magazines where they were able to point to the items they would like.

Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. We saw that the care records were updated when people's needs changed to reflect their current condition.

People had key workers who had the responsibility for reviewing their support plans and personal goals every month. The key workers were members of staff who took a lead role in co-ordinating a person's care and promoted continuity of the support among the staff team. Staff kept daily records of people's current experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People were offered a range of activities they could engage in. These included gardening, music sessions, art and craft and trips outside the home. One person told us, "I like going out after dinner. On Monday I go on a bus ride. I go all over the place. I go next door sometimes and have a natter with [person from a sister

service]". One person's relative said, "They had a garden party here, it was good. There is plenty to do here". However, some people told us they would like to go on more outings organised by the service. One person said, "I would like to go out more often. I would like more town trips or day trips to be organised".

Staff told us and we saw that people were able to have guests and people's friends visited them at the home. One person told us, "I go out with my girlfriend on Tuesday and Thursday, we go to the town".

One person told us they enjoyed the company of a dog that occasionally visited the service with the registered manager. The person told us, "I ask [registered manager] when she can bring her dog here. The dog would not go to anyone else but me".

People and their relatives knew how to complain. We saw that people had easy read complaint letters in pre-paid envelopes available in their rooms. One person's relative told us, "I complained about the smell in his room, so it's stated in his care plan he is to help clean his room on Wednesdays. I think that is a good thing". People told us they felt able to raise any concerns and were sure these would be responded to immediately; however, they had not needed to raise any concerns so far.

People's and their relatives' opinions were sought through regular surveys. We saw the results of the last survey which were very positive.

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. 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 and their relatives were positive about the service and the registered manager. One person's relative told us, "The manager is a lovely lady. She is very approachable and she always has time for you. She knows everybody's history and [person] seems happy enough. He has nothing to complain about".

Staff told us the service was well-led, open and honest. A member of staff complimented the registered manager saying, "I'm massively supported by the registered manager. I'm also a carer at home so if I have any problems I can go to [the registered manager]".

The service held regular staff meetings to ensure staff were provided with opportunities to share information and ideas on how the service could improve. A member of staff told us, "We have team meetings approximately every month. We discuss the needs of each of the residents or any problems we may have. [The registered manager] always listens to our opinion".

The registered manager promoted a caring culture focused on person-centred care. This culture was encouraged through all interactions with people, relatives and staff. The registered manager spent time speaking with and supporting people, demonstrating a kind and caring attitude.

The provider continued to use an effective quality assurance system for monitoring all aspects of the service. This helped to identify where the service was doing well and the areas it could improve on. For example, some of the audits had resulted in the service introducing new fire evacuation logs.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify the CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events and the rating from the previous inspection was displayed in the home.