

Optimum Care (GL) Limited

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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

Optimum Care (GL) Limited is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service was supporting two people with personal care.

People's experience of using this service

Care plans contained some risk assessments to effectively manage risks and keep people safe. However, risk assessments had not been completed regarding people's health conditions to ensure the safe delivery of care at all times.

Staff had not received training on Mental Capacity Act 2005 to ensure people's consent can be sought legally. People were not supported to have maximum choice and control of their lives and staff were not aware on how to support people in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action was taken to ensure people received high quality care at all times.

People and relatives told us they were safe when supported by staff. Systems were in place to ensure staff attended care visits on time. Systems were in place for infection control and to learn lessons following incidents.

Assessments had been carried out prior to people receiving a service to determine if they could be supported effectively. Staff had received training to carry out their role effectively.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences and what was important to them.

Care plans were person centred and included people's support needs. Systems were in place to obtain feedback from people and relatives.

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 9 May 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service started to provide the regulated activity of personal care.

Enforcement

We have identified breaches in relation to need for risk assessment and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 responsive 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 ●

Optimum Care (GL) Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support us with the inspection.

The inspection activity started on 11 November 2019 and ended on 11 November 2019. We visited the office location on 11 November 2019.

What we did before the inspection

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.

We reviewed the information we already held about the service. This included details of its registration, and

notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies. We spoke with two relatives of people who used the service, as people were unable to communicate with us due to communication difficulties. We also spoke with three staff and contacted professionals that the service worked with for feedback about 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.

Assessing risk, safety monitoring and management

- Risks around people's care needs were not thoroughly assessed. There were risk assessments in place for moving and handling, falls and the environment.
- However, risk assessments had not been completed in relation to people's health conditions. For example, some people had diabetes, high blood pressure and a history of cancer. There was no information on the signs and symptoms of cancer or high blood pressure and what staff should do if these signs occurred.
- Some staff we spoke to were not aware of the signs and symptoms associated with high blood pressure and low or high glucose levels and what they should do to ensure people were in the best of health. A staff member told us, "It would be useful if we have some information on diabetes."
- Failure to complete risk assessments in these areas meant that there was a risk people may not receive safe care at all times.
- We fed this back to the registered manager who told us that they would ensure risk assessments were put in place immediately.

The above concerns meant that risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe.
- Relatives told us people were safe. A relative told us, "[Person] is always safe with them."

Staffing and recruitment

- Systems were in place to monitor time keeping to ensure staff attended calls on time.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "I am given enough time to travel so I am not late." Staff completed time sheets, which were also checked by the registered manager to ensure they attended calls on time and stayed the duration of the calls. People's feedback was also sought on time keeping, as part of quality monitoring checks.
- The provider had purchased a digital monitoring system to monitor staff time keeping in the future. The registered manager told us this would give them a greater oversight of staff. People were given contact numbers to contact staff should they have any out of hours emergencies.
- Relative told us staff were punctual. A relative commented, "They have never missed a visit. They do come

on time. If they are late, they will let me know."

- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people.

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- There had been no accidents or incidents since the service started supporting people with personal care.

The registered manager was able to tell us the procedure for recording incidents and how they would analyse the incident to learn lessons to minimise the risk of reoccurrence.

Using medicines safely

- A medicines policy was in place. Medicines were being managed safely.
- There was a medicine assessment plan that detailed the medicines people took and the support people required with medicines.
- We checked medicine administration records (MAR) and these showed people received their medicine as prescribed. However, the registered manager told us for one person, one of their medicine stopped and another dosage had decreased. Although the correct information was on the person's MAR, there was no records of this on the person's medicine assessment plan, which meant the medicine support plan was outdated. The registered manager told us they would ensure systems were put in place to ensure people's medicine assessment plans were regularly reviewed and updated.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- People and relatives told us that staff wore personal protective equipment (PPE) such as gloves and aprons when supporting them.

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.

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.

- Assessments had been carried out using the MCA principles to determine if people had capacity to make specific decisions. Records showed a person did not have capacity to make decisions and a best interest meeting was held with family members to make decision on the person's best interest.
- However, staff had not received training on the MCA and some staff we spoke with were not aware of the principles of the MCA. This meant that there was a risk staff may support people without knowing if they had capacity to make decisions. The registered manager told us that staff would be assigned to carry out this training as soon as possible.
- Staff told us that they always requested people's consent before doing any tasks and would ensure consent was sought.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses in most areas to perform their role effectively. Training was provided on safeguarding, first aid, moving and handling and infection control.
- Relatives told us that staff were suitably skilled to support people. A relative told us, "So far it has been positive. When I see [person], I am told [staff] have been great." Another relative commented, "They have all been professionally trained."
- Regular supervisions had been carried out to ensure staff were supported in their role. This included discussing training needs and performance. Staff told us they felt supported. A staff member told us, "[Registered manager] is supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-service assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included if people required support with their meals. Records showed that people should be given choices and offered healthy meals. Relatives confirmed that people were supported with meals effectively and were given choices.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed the service worked with professionals such as nurses to ensure people were in the best of health.

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; equality and diversity

- Relatives told us staff were caring and they had a good relationship with people. A relative told us, "They are very caring." Another relative commented, "[Person] is really happy. They hold [person] hand and talk."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People or relatives were involved in decisions about their care. Care plans showed that people and relatives had been involved with the support people would receive. A relative told us, "[Person] is involved with decisions. [Person] would not allow it. If [Person] says something, they will do it."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "When providing care, I make sure I close the doors and shut curtains. I will not share any information of [people] with anyone. I respect their privacy and confidentiality." A relative person told us, "They do respect [person] privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on areas people were independent and where they needed support. A staff member told us, "I encourage independence. For example, with one person I always encourage them to take their medicine or support them to cook their meals with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed people's support needs. A relative told us, "Care plans are accurate. When it was done, I read it to [person] and [person] signed it. [Person] was happy with it."
- Care plans were specific to people's needs. For example, information in one care plan included that staff should that staff spend time with a person to provide companionship and prevent isolation. Information was available on times care was required and the support required during each care visit. A relative told us, "They have been providing superb care. If you had them [staff] for your parents, you would be very happy."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities.

Meeting people's communication needs

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

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. People did not have communication difficulties. The registered manager was aware of what the AIS was and told us, should they support people with communication difficulties then they would explore what equipment or resources were available. This would ensure staff communicated with people effectively and responded to their needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- No complaints had been received since the service started supporting people. The registered manager told us about the complaints process and people were given information on how to complain if they needed to. Relatives we spoke to confirmed this.
- We saw compliments had been received about the service. A comment included, 'We would like to thank Optimum Care Limited for the wonderful care that [person] has received in the short time that [person] has been there. [Person's] health and personal care has improved greatly, especially personal care with pads and [person] skin is in excellent condition.'

End of Life Care:

- The service supported people with end of life care. End of life care plans were in place. The registered manager told us that end of life preferences were discussed with people and relatives prior to supporting

people. An end of life policy was in place.

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 management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- Audits had been carried out on care plans and medicine management. However, we found shortfalls with risk assessments and some medicine records where one person's medicine support plan was not updated. This meant risks to people were not monitored and assessed to ensure people remained safe. Robust systems would need to be put in place to ensure these shortfalls were identified and prompt action taken to ensure people received high quality care at all times.
- Care plan audits were carried out every three months and one person's care plan had not been audited as they were being supported for less than three months. We found shortfalls with risk assessments in the person's care plan. The registered manager told us they would look to shorten the timeframe for care plan audits to ensure shortfalls were captured in a timely manner.
- In addition, staff had not received training on the MCA and some staff we spoke to were not aware of the principles of the MCA. This meant staff may not be able to determine if people can make specific decisions and how they should act in people's best interests.

This meant the service had failed to ensure that adequate quality assurance and systems were in place to identify shortfalls to ensure people received safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- There was an effective system to gather people's feedback on the service.
- The service carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care. This also included getting people's feedback on staff and the care they received.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people

received high quality support and care.

- Relatives told us they liked the service. A relative told us, "[Registered manager] is a good manager. He keeps in touch with me. He reviewed a care plan and he will discuss it with me and [person]. If there is any changes [person] doesn't like, he will take it out." Another relative commented, "I will give them a five star rating. [Registered manager] has been a diamond, he is amazing. He makes sure everything goes well."

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

- The registered manager was clear about their role and understood risks and regulatory requirements. The registered manager told us once staff were employed, training and induction would ensure staff were clear about their roles and regulatory requirements to ensure quality in their performance. We were informed that risk assessments would be made robust and communicated to staff to ensure they were aware of risks and how to provide safe high-quality care at all times.
- Staff told us the service was well led and they enjoyed working for the service. A staff member told us, "I like working there. [Registered manager] is a good manager. I am very happy with them." Another staff member commented, "[Registered manager] is a very, very good manager."

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Telephone surveys had been carried out to gather feedback and this was analysed to identify areas of continuous improvement. These focused on care plans, staff time keeping, satisfaction and complaints. The results were positive. Comments from the survey included, '[Person] health and well-being has improved since Optimum took over care package.'
- The manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- The registered manager told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with the local authority and health services to carry out reviews on people's care to ensure their needs and preferences were maintained.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p>