

Optima Care Shine London Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement**



Is the service well-led?

**Good**



# Summary of findings

## Overall summary

### About the service

Optima Care Shine London Limited is a supported living service for adults with an autistic spectrum disorder and learning disabilities. This service provides care and support to people living in three supported living homes. At the time of the inspection, eight people were receiving support with personal care.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was an open culture which helped people to achieve the outcomes they wanted to. Staff empowered people to make decisions about their care and support needs. People had access to the community so that they could build and maintain important relationships to them.

Staff were provided with guidance on how to support people with their individual care needs but not all staff had specialist training to ensure they had the required knowledge to support people safely. We have made a recommendation about the training requirements for staff.

Systems required reviewing on how the manager recorded the safeguarding concern raised so that information was up-to-date and not missed. People's care plans were robust and provided guidance for staff on how people wanted to be supported in their homes and out in the community. However, likelihood of the risks was not recorded, and the manager told us they would include this information as necessary.

Staff were aware of the safeguarding procedure and the actions they had to take should they notice any concerns related to people's safety. Recruitment procedures were robust, and people had support to take their medicines safely. Agency staff were used to cover shifts where required and the provider was in the process of recruiting permanent staff. The premises were cleaned regularly by staff who followed relevant best practice guidelines regarding infection control and prevention.

Healthcare professionals were positive about the change that was happening at the service and told us how staff worked towards good practice to support people's positive behaviour. Staff said that restraint was not used or appropriate for this service.

There was a recent change in management and feedback from relatives, staff and healthcare professionals was that things started to improve for better in all aspect of people's care. Relatives told us how the new manager was visible and approachable to talk to should they have any concerns. Healthcare professionals

had noticed improved communication and engagement from the service to support people with their complex needs. Staff felt supported and confident to raise issues where necessary. Positive culture at the service was promoted so people could have a good quality life. Audits were in place to monitor the quality of service delivery and action was taken to make improvements where necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 June 2018).

#### Why we inspected

We received provider concerns in relation to management and people's care. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good.

This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Optima Care Shine London Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Optima Care Shine London 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

This inspection was carried out by five inspectors.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. 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 service had a manager in post who was in the process of registering with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be available to speak to us.

#### 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 information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with relatives of six people using the service. We spoke with eight members of staff including the manager, deputy managers and care workers. We also contacted three healthcare professionals with experience of working with the service.

We reviewed a range of records. This included people's care plans and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Although guidance for staff was provided regarding the support people required, not all staff had attended the specialist training to ensure they had the necessary knowledge and skills to support people safely. Records showed staff training gaps in epilepsy, autism, learning disabilities and behaviour that challenged. The provider told us how they planned to change the system used to monitor staff's training needs to ensure their compliance with the training requirements. We also saw evidence to suggest that staff were urgently requested to attend the missed training courses and the manager told us they planned to complete these in the next few weeks.
- Health professionals also said that staff required specialised training to support people safely but that recently training was arranged as necessary, "Training does not appear to be arranged by the provider and when we have offered training, we have not been taken up on our offer... We have reports that things might be making a turn for the better, with some general training having been arranged in the last month."
- Although a few relatives raised questions how about well their family members' autism needs were being met, healthcare professionals were positive about the recent improvement the service was making to support people safely. A health professional said, "From a Positive Behaviour Support (PBS) perspective, I believe that in the last year there have been several missed opportunities to reduce the risk of behaviours of concern for one of the clients. The manager at the time alerted us of new behaviours of concern and I completed assessment and a PBS plan, however, this plan is only beginning to be implemented now with the new manager... In recent months we have seen an improvement in the service's engagement with positive behaviour support... so we believe we might be in the process of accomplishing the right level of engagement" and "Communication in relation to most complex clients or where there are high levels of concern has recently been very proactive."

We recommend the provider reviews current training to ensure all staff have the knowledge and skills they need to ensure people are supported safely.

- Care plans and risk assessments in place identified people who needed support and helped to keep them safe from harm. Risk assessments were based around people's individual needs such as managing behaviour that challenged, road awareness and safety and relationships/social networks. We saw staff were provided with guidance on how to support a person who had epileptic seizures. This included risk assessment, seizure protocols and epilepsy support plan for staff to follow when assisting the person out in the community.
- However, it was unclear how the provider assessed the level of risk as information was missing related to likelihood of the risks that occurred. This was discussed with the manager who agreed to include this

information in the risk assessments for staff's information as necessary.

- Staff told us they had received training in restraint but had never used physical restraint when supporting people. Comments included, "Everyone has a PBS plan that we follow. We know the triggers and all the strategies to calm people. It's about distraction and speaking to people in a calm manner" and "We had the Therapeutic Management Violence and Aggression (TMVA) training but not had to use it here."
- Staff told us they read people's risk assessments and were familiar with them. Assessments included aims and interventions, the steps to minimise the risk and staff were aware of how to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- The management team used a safeguarding spreadsheet to record any safeguarding activity or concerns being raised regarding the people at the supported living schemes. However, the safeguarding spreadsheet was not always completed fully, and information was missing related to the outcome of the completed investigations and the actions the service was taking to safeguard people as necessary. We discussed this with the manager who told us they were waiting for information from the local authority to confirm which safeguarding alerts had been closed and updated the spreadsheet promptly with the information they had, aiming to record the data as necessary from now on.
- Staff were clear about the process they would follow if they had any concerns about the safety or welfare of people using the service. Comments included, "If I see any practice that shows they [people] are abused, I would report to my manager and if nothing is done then I would approach the authorities such as the police" and "Record and report it [suspected abuse] and make sure the abuser is removed from the situation."
- People's money was managed in a safe way. Financial care plans were in place which documented the support needs of people who were not able to manage their own finances. Finance sheets were kept, along with receipts whenever any money was spent. These were checked and found to be correct with the money in people's petty cash boxes.

Staffing and recruitment

- Staff rotas were flexible to meet people's needs. Some people required additional support whilst out in the community and the staffing arrangements allowed for this to happen. Staff told us there were enough staff available to support people. Comments included, "Yes, the staff levels are fine" and "There are enough of us here, it's not a problem." Relatives told us that there was enough staff, but some noted that due to COVID-19 pandemic, they had not visited the service as regularly so they could not see if there were any staff shortages.
- The manager told us that the staff team were stable and that some staff had moved over from previous providers, to stay working with specific people.
- Records showed that agency staff were used to cover shifts where necessary, but the manager told us they used consistent agency staff who were familiar with people's care needs, preferences and daily routines. There was also on-going recruitment and interviews being arranged aiming to recruiting the permanent staff as necessary. They recruited staff specifically for each home, ensuring applicants have the right skill mix and also fit in with the people they supported.
- Staff had an option to do long shifts if they wanted to. They said, "There has never been any pressure on anyone to do long shifts, other staff choose to and other staff don't" and "I prefer long shifts. It's my choice. Then I get more days off after less days on if I do the longer hours. It's better for my work/life balance."
- Pre-employment checks were carried out to assess staff as suitable and fit to work with people. The provider checked new staff's employment history, references, proof of identity, right to work in the UK and criminal records to ensure they make safe recruitment decisions.

Using medicines safely



- Medicine records were well-organised, accurate and showed that people had received their medicines as prescribed. Medicines administered as and when required were also counted in and out to ensure they were not being administered incorrectly.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff told us they received regular training in administering medicines and were confident in their medicines practice. One staff member said, "I've just had medicines training, which I have to update every year."
- Medicines were audited weekly for each person and staff competency checks for medicines administration were carried out annually to ensure safe practices.

#### Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. This helped minimise the risk of people catching or spreading infections.
- Staff were wearing the appropriate Personal Protective Equipment (PPE) during the inspection, including face masks, gloves and aprons which helped to keep people safe. One member of staff told us, "I am happy with all the PPE I've been given and the latest infection control training I've received."
- Staff understood their responsibilities regarding safe infection control practices. Correct procedures were followed wherever food was prepared and stored.
- The premises were kept clean and hygienic. Staff completed daily cleaning checks on high touch surfaces such as door handles, light switches and staircases.
- Visitors were only allowed in exceptional circumstances. They were required to wear a face covering when visiting, and wash hands before/after mask use. Facilities were in place to wash hands or use hand sanitiser on entering and leaving the home. All visitors were screened for symptoms of COVID-19 before being allowed to enter the homes.

#### Learning lessons when things go wrong

- The provider had procedures in place for reporting any incidents and accidents that occurred. Staff had to report, record and notify an appropriate authority should an incident take place so that the person was provided with all the support necessary.
- Incidents and accidents were regularly analysed aiming to identify trends and patterns for putting additional measures in place to prevent further reoccurrences.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was an open culture within the service. People and staff interacted in a friendly manner which indicated they were comfortable in each other's company. A staff member told us, "My conscience wouldn't let me let things slide." Another staff member said they aimed "to give the people the best life they deserve and to encourage independence."
- Relatives told us that staff were caring and that they provided good support to their family members. Their comments included, "They [staff] show a lot of care and effort. I really appreciate them... They are good at communication and they would always ring if anything" and "I really like the staff. They good at what they do." A healthcare professional said, "It was always my impression that staff were kind and helpful to service users and that they had good relations with service users and their families."
- Some people who use the service did not communicate verbally and staff used specific, person-centred techniques to ensure their keyworker sessions were effective. Some people used assistive technology with staff support to facilitate this, such as choice-maker boards. A staff member said, "I try to always check with them [people] and ask them. Just because a lot of them do not speak, it does not mean they don't understand us. They [people] could signal to us a response if something was wrong."

How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had three supported living houses that provided regulated activity for people they supported. A new manager had been in post since January 2021 and was in the process of registering with the CQC. The manager had support from deputy managers to oversee all three of the houses.
- Relatives felt confident about the changes the manager was making, with one relative telling us, "The new manager is brilliant. He does know what is happening. I certainly feel that [the manager] stepped up and positive change started happening... [My family member] didn't have enough to do in a day but [the manager] has addressed it. [My family member] does face time now with the family daily since [the manager] has arrived."
- We received complimentary feedback from staff about the new manager and it was felt that they were an improvement on the previous managers. Comments included, "[The manager] is more visible which is good and available on the phone" and "[The manager] is good, he has a lot of good ideas and he is organised."
- Some concerns were raised about the previous managers and also the management support structure above the service manager. Staff comments included, "Before [the current manager], it was hit and miss, sometimes it was like hitting a brick wall" and "When our colleague died, there was no communication from

the senior team, they didn't express any empathy with us. Nobody from senior management showed any interest." A relative told us, "My concern is that managers changed a lot. We lose the continuity."

- We passed on these concerns to the manager who acknowledged that there was disquiet with the previous registered managers and also the senior managers within the broader provider organisation. The manager said they were working through these and making improvements for a more open and inclusive culture within the service, but this could take some time.
- Staff were confident about whistleblowing and told us they would not hesitate to speak up and challenge poor practice. They said, "I would feel confident in speaking up, I have done it before."

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

- People were provided with an easy to read questionnaires to help them to understand the feedback they were giving. Residents questionnaires, completed in January 2020, showed that people were happy with the staff that cared for them and the support they received with food choices.
- During the COVID-19 pandemic, staff regularly updated relatives on how people were doing if it was decided that the risk for them to visit was too high. We saw staff supporting a person to have a face-to-face video call with their family member which helped them to maintain their relationship.
- Relatives felt they were involved in making decisions about their family member's care and support needs as appropriate, with one relative telling us, "I am always involved, especially about the vaccination [for COVID-19], they discussed that well with me. I was well informed about that."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had established systems to routinely monitor the quality and safety of the home care service people received. This included regular auditing of infection control, medicines and financial records.
- Care plans and risk assessments were reviewed every six months or more often if required. Care records were completed by key workers and then signed off by the managers which helped to ensure the information in them was relevant and up to date. Key workers completed monthly reports about the people they were responsible for.
- The manager of the service ensured that staff meetings, supervision and appraisal meetings took place to provide staff with opportunity to challenge practice and improve the care deliver as necessary.
- The manager told us they were transferring to use an electronic system to help staff to monitor safe care delivery. Care plans and daily notes will be completed electronically so that staff could be alerted about the increased risks, such as inadequate food or fluid intake by people.

Working in partnership with others

- The healthcare professionals told us the service was going through a transition period and that the manager was addressing their concerns as and when necessary. Their comments included, "There has been a new manager called [name of the manager] who appears to be taking things seriously and has shown willingness to working with professionals. In the past it has been very difficult working with the service due to a change of managers and staff at a quite rapid pace and it has been challenging to feedback or seek any positive changes in the service delivery" and "Involvement with our service has improved since the new manager joined, however given the state of service when he joined it is only logical that it will take more than a couple of months to turn things around. Although, I have been made aware of a number of changes that indicate things moving in the right direction..."
- Staff told us they held video calls if they could not support a person to attend a GP practice during the COVID-19 pandemic so that people's health needs were met as required.
- A correspondence section of the care plans showed that people were supported to access and had input

from the healthcare professionals as necessary.