

Optimal Care Services Limited

# Optimal Care Services Limited

## Inspection report

Unit A27  
Hastingwood Trading Estate, 35 Harbet Road  
London  
N18 3HT

Tel: 02031892570  
Website: [www.optimalcareservices.co.uk](http://www.optimalcareservices.co.uk)

Date of inspection visit:  
25 April 2019

Date of publication:  
30 May 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Optimal Care Services Limited is a domiciliary care service. It provides personal care to people living in their own flats within supported living schemes as well as people living in their own homes in the community. The service supports people with learning disabilities, autism and mental health. The service was supporting six people at the time of the inspection.

People's experience of using this service: Some people that we met were unable to tell us how they felt about the care and support that they received from Optimal Care Service Ltd. Our observations, however, were positive and we saw that people seemed happy and content with the support that they received. People who could speak with us told us that they were happy with the way in which they were supported.

Relatives also commented that they were assured that their relative was safe and that they received the appropriate care and support as required.

Risks associated with people's care, medical and health needs had been identified and appropriately assessed so that support staff had the appropriate guidance to ensure people's safety.

Staff knew of the different types of abuse and explained the actions they would take to safeguard people from harm.

People received their medicines safely and as prescribed. Policies in place supported this.

Only those staff assessed as safe to work with vulnerable adults were recruited. We observed there to be sufficient numbers of staff to meet people's assessed needs.

Care plans were detailed, person centred and gave clear direction to staff on how people wanted to be supported. However, for one person we did note that their care plan was not reflective of their current needs despite it being reviewed by the service. The care plan was updated following the inspection.

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 in the service supported this practice.

People had access to a variety of health care professionals and services where required.

People could choose what they wanted to eat and drink and were supported by staff to make healthy choices where appropriate. People were able to access drinks and snacks at any time.

Relatives told us that support staff were kind and caring. We observed positive, friendly and jovial interactions between people and the support staff.

People and their relatives knew who to speak with if they had any concerns to raise and were assured that this would be addressed appropriately.

Senior and team managers including the registered manager had systems in place which allowed them to monitor and check the quality of the care and support people received. This enabled them to implement further learning and improvements where required.

Rating at last inspection: Good (Report published October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# Optimal Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one adult social care inspector.

**Service and service type:** Optimal Care Services Limited is a domiciliary care agency providing support to people with learning disabilities, autism and mental health who live in their own home or within supported living schemes.

The service had a manager registered 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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. We were informed at this time that the registered manager was away on leave. The inspection process was supported by one of the directors of the service and a team manager. Following the inspection, we spoke with the registered manager on the telephone.

We also needed to obtain people's consent to visit them as the service supported people in their own flats within a supported living scheme and in the community.

Inspection site visit activity started and ended on 25 April 2019. We visited the office location on this date to see the manager and office staff, to review care records, policies and procedures. Following this we visited people at two supported living schemes with their permission.

What we did: Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with three people using the service and three of their relatives to obtain their feedback on the care and support that they or their relative received. We also observed interactions between people and care staff. We spoke with the registered manager, a director of the service, two team managers and two support workers.

We looked at the care records for four people who used the service and medicines administration records and medicine supplies for three people. We also looked at the personnel and training files of four staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits, policies and procedures.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- When we asked one person if they felt safe with the support staff that looked after them, they told us, "Yes, it's good here." Relatives also confirmed that they believed their relative to be safe. One relative said, "We are quite confident with the staff that he is safe and well looked after."
- The provider had policies in place which gave information and guidance on how to protect people from abuse.
- Support staff could describe the different types of abuse people could face, how to recognise signs of abuse and the steps they would take to report their concerns. One staff member told us, "I would report it to my manager immediately."
- Support staff understood the meaning of the term 'whistleblowing' and knew that they could report their concerns within the organisation as well as to external agencies such as the local authority and to the Care Quality Commission.
- Care plans listed risks associated with people's care, support and health needs. Risk assessments detailed the risk and risk management strategies in place for support staff to follow to make sure people remained safe. Risk assessments were reviewed annually or sooner where change was noted.
- Support staff were seen to understand people's needs and associated risks and supported them appropriately.

Staffing and recruitment

- The service continued to follow appropriate processes to ensure that only those staff assessed as safe to work with vulnerable adults were employed.
- Pre-employment checks included written references confirming past conduct in previous employment, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- We saw that there were sufficient numbers of staff available to support people with their assessed care needs. The service made sure that staffing levels were flexible, where required, to suit the needs of people.

Using medicines safely

- People continued to receive their medicines safely and as prescribed.
- Medicine administration records were fully completed and no omissions in recording were found.
- Medicines were stored securely in a locked medicines cabinet.
- We found that where people had been prescribed 'as and when required' medicines, directions were not always in place for staff to follow on how and when to administer the medicines. 'As and when required' medicines can include painkillers. Following the inspection, the team manager sent us copies of completed

protocols where required.

- Support staff continued to receive appropriate medicine administration training followed by an observed assessment to ensure that they were competent to administer medicines.
- Weekly and monthly checks were carried out by senior support staff and team managers to ensure people were receiving their medicines safely and as prescribed. This included the checking of stock levels of medicines prescribed in their original packaging.

#### Preventing and controlling infection

- Records confirmed that all staff had received infection control training. Care staff had access to personal protective equipment to prevent and control the spread of infection.
- We visited two supported living schemes and found that all areas included people's own flats as well as communal areas were clean and free from malodours. People were supported, where possible, to be involved in cleaning and housekeeping of their own flat.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded with details of the actual accident/incident and actions taken as a direct result. This also included information about whether medical assistance had been required and any injuries sustained.
- A team manager explained that following each accident or incident, a de-briefing session was held with the appropriate team members to analyse the event and implement any learning or further improvements where required.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Upon receiving a referral for a placement at one of the supported living schemes and a package of care, the service carried out a pre-service assessment to determine whether the service would be able to effectively meet the person's needs.
- The assessment gathered information from the person, their relatives and any involved health care professionals on the person's needs in relation to personal care, communication, mental health, medical health, behaviours and aspirations. Relatives told us that they had been involved in the care planning process.
- Following the assessment, the person and their relatives were invited to visit the scheme to see whether the person liked the house and whether it was appropriate for their needs.
- Once the placement and package of care was confirmed, all information gathered as part of the assessment process was formulated into a care plan listing the person's care and support needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- One relative believed that support staff working with their relative were appropriately skilled and trained to do so. They told us, "Staff are trained and skilled. I know that they have all received training to deal with anything [person] throws their way." The second relative was not so confident and told us, "I really don't know! I have reservations on that one. They are quite good at being a basic and general carer."
- Records seen confirmed that support staff received an induction prior to starting their employment with the service.
- The induction programme was in line with the Care Certificate. The Care Certificate sets out the learning competencies and standards expected of care workers new to care.
- Support staff confirmed this to be the case and added that following induction, regular training was also provided to refresh and update their knowledge. Staff also felt confident in asking for training that they felt was relevant to their role.
- In addition to the training, staff also told us that they received regular supervision and an annual appraisal to support them in their role.

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

- We saw people made decisions and choices about what they wanted to eat and drink as part of their daily routine. Choices were respected by support staff and people were supported accordingly. People had access to snacks and drinks as and when they wanted.
- We saw people eating and drinking meals and snacks which they enjoyed. One person told us, "I do the shopping. I do ready meals and staff help."

- Relatives confirmed that people were supported to eat meals of their choice. One relative explained, "[Person] has a tendency to eat the wrong thing. They [staff] do prepare meals for him but sometimes for a quiet life he may have something that he shouldn't. 90% of the time he will prepare his own food and he likes to cook and they support him with that. He does all his own shopping."
- People's likes, dislikes and any specialist dietary requirements were clearly recorded in their care plans. Support staff knew people's food and drink likes, dislikes and choices and demonstrated how they supported them in this area.

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

- People were supported to access relevant health care service where a specific need was identified. We saw referral requests had been submitted to dietitians, GP's, behaviour therapists and occupational therapists.
- The service ensured that the appropriate level of support was provided when people needed to attend health care or social care appointments. The team manager told us that staffing levels were adjusted to support people accordingly. Each visit or appointment was recorded with information about the visit and any actions or outcomes from the visit which required follow up.
- Support staff maintained regular logs of people's health and wellbeing, participation in activities, weight and behaviour charts so that they could work together to ensure people received effective care and support.
- Relatives confirmed that their relatives health, medical and social care needs were appropriately attended to where required.

Adapting service, design, decoration to meet people's needs

- We visited two supported living schemes as part of the inspection process and found them to be clean and well maintained.
- People were encouraged and supported to maintain their own flats. People also had access to communal areas such as the communal lounge and outdoor spaces.
- People had decorated and personalised their own flats as per their choice. We saw that people had decorated their home with personal items.

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 with appropriate legal authority. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

- All staff demonstrated a good understanding of the MCA and the importance of always gaining people's consent and ensuring people were given choice and autonomy to make their own decisions. One staff member told us, "Not to think that anybody don't have capacity until when it is proven. Reading through their personal information, I would be able to know if they have capacity or not and when they don't have

capacity I still give them the opportunity to make certain decisions by giving them choice."

- Observations throughout the inspection demonstrated that people were always involved in making day to day decisions about the delivery of their care. Relatives also confirmed their involvement in all aspects of their relatives' life. However, where people lacked capacity, the service had not completed any mental capacity assessments where decisions in people's best interests had been made by other involved individuals.
- Following the inspection, the service sent us completed mental capacity assessment for people where appropriate and details of best interests' decisions that had been made.
- People were not restricted from leaving the supported living accommodation and were encouraged and supported to access the community as and when they wished.

# 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

Good: 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

- Some people that we met were unable to communicate with us verbally and used facial gestures and signs in order to express themselves. Where people could, they told us they were happy. One person told us, "Staff are good." Another person said, "I like the staff here. I like it here."
- Relatives also confirmed that they found support staff to be kind and caring. One relative told us, "Sometimes they are a bit too caring." Another relative stated, "The care is not too bad."
- We observed that people had established positive relationships with support staff which were based on trust and mutual respect. People approached support staff confidently and expressed the needs which support staff understood and responded to appropriately.
- Support staff knew people well. We observed interactions between staff and people and saw that support staff responded to people with understanding and compassion. Staff knew what people wanted and what they were trying to tell them. One staff member told us, "We have understanding, give assurance, empathise with them [people] and make them feel comfortable."
- Support staff knew about people's individual needs around their race, culture, religion, sexual orientation and gender. Care plans documented people's specific cultural or religious needs and how they wished to be supported.
- Support staff understood their responsibilities around supporting people with their diverse needs. One staff member told us, "I just believe that people have equal opportunities and we treat them equally"

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

- We observed that people were able to express their views and make decisions about their daily living activities and this was acted upon appropriately by staff supporting them.
- Support staff demonstrated good knowledge and awareness of people and their needs taking into account their likes, dislikes, preferences, personalities and behavioural traits. This enabled them to support people appropriately and promote their positive well-being.
- Support staff knew of people's varying communication needs and adapted their styles and methods to ensure people were able to comfortably and clearly express themselves.
- People were supported to engage in monthly meetings with staff to discuss any issues or topics that affected them and their needs. Areas of discussion included clients issues, health and safety and maintenance of the schemes.
- Relatives confirmed that they were also actively involved in all aspects of their relatives life and were able to express their views and suggestions. One relative told us, "We are told of anything that happens, negative and positive. We regularly get emails and phone calls and we are very much kept in the loop."

Respecting and promoting people's privacy, dignity and independence

- We observed support staff respecting people's privacy and dignity when we visited people at their home. Staff members spoke to people with respect, knocked on their bedroom doors before entering and supported people sensitively where specific support was required.
- Relatives told us that they believed that their relatives privacy and dignity was always upheld and that where possible support staff always supported people to remain as independent as possible. One relative told us, "They are respectful of his privacy and dignity. He has his space and they [staff] are aware of this. They do support him with promoting his independence where possible, they support enough where is able to feel he is doing things himself."
- Support staff described the ways in which they respected people's privacy and dignity. Examples included, "I don't discriminate against gender or their religion. Through that I give them all the respect they require", "I hold this in high esteem. Before I do anything, I take permission, if I have to go into their room I knock on their door, if I support them with shower I ask them if it is convenient" and "I knock on their door get their permission before you enter their room, close the door when doing personal care."
- Support staff also explained different ways in which they encouraged people to maintain their independence where possible. One staff member told us, "I support them what I think they cannot do and let them do things themselves where they can."

# Is the service responsive?

## Our findings

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

Good: 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 gave good information about the person, their history and background, likes and dislikes and how they wish to be supported. Care plans were compiled in partnership with the person, their relatives and any involved health care professionals.
- Relatives confirmed that they had been involved in the care planning process and were regularly invited to review meetings.
- A team manager informed us that care plans were reviewed annually or sooner where significant change had been noted. However, we found that one care plan had not been updated and was not reflective of the person's care needs despite being reviewed. We highlighted this to the team manager who following the inspection sent us and updated and current version of the care plan.
- People were supported to engage and take part in activities and outings that were of personal interest. Some people were able to access activities and opportunities within the community independently. Some people attended structured sessions within day centres and local community centres. One person had been offered employment and worked at a shop for two days of the week.
- Some people had individual activity plans which guided support staff about the person's interests and what they would like to do. One activity plan seen was pictorial and support staff used this to engage with the person on a daily basis about what they wanted to do.
- Other activities that people engaged in included shopping, bowling, arts and craft, listening to music and visiting family.
- Relatives confirmed that their relative was involved and engaged in various activities. One relative told us, "He is a bit more into the community now as he is working with the [name of organisation]. He is always out and about with them [staff] and they try to make sure the activities he gets involved in are catered for him."

Improving care quality in response to complaints or concerns

- Processes were in place to record, investigate and resolve any complaints that the service received.
- One relative gave positive feedback about approaching managers with their concerns and told us that all issues were dealt with appropriately and promptly. They told us, "We have got all the information about complaining and we have in the past and they have been dealt with appropriately."
- However, another relative that we spoke with was not so positive with their feedback and told us, "We have taken the first approach is to speak to the member of staff who is on duty. Normally we know [name of staff member] if we have any issues we speak to them first. Big issues have been addressed but not always massively quickly but in general they have addressed them." This feedback was given to the registered manager after the inspection.

End of life care and support

- People receiving care and support were young and not everyone wished to discuss end of life care.

Therefore, end of life wishes had not been recorded as part of the care planning process.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Team managers who supported the inspection process, due to the absence of the registered manager, were well known by the people we visited. We saw that people approached team managers and other staff with confidence and they responded appropriately.
- Relatives told us that they knew the team managers and support staff well and felt able to approach them with their concerns. However, relatives did not know who the registered manager and had not ever spoken to them. We spoke to the registered manager about this who stated that they were responsible for the business management of the service but going forward would ensure people and relatives knew who they were and their availability.
- Team managers showed an awareness of their responsibilities of notifying CQC of any incidents or concerns. However, we did find records of an incident where one person had sustained a significant injury but the service had not completed a notification of this to the CQC. This was brought to the attention of the team manager who gave assurance that CQC guidance would be followed where notifications needed to be made.

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

- Team managers, the registered manager and directors of the company completed a variety of monthly and quarterly spot checks and audits to oversee and monitor the quality of care and support that people received.
- These systems allowed the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- Staff understood the management structure in place and knew who they would speak to if they had any concerns to raise.
- Staff spoke highly of the registered manager and team managers, stating that they were always available and very supportive. One staff member told us, "[Registered manager] is a fantastic person because I am always offered training and training is always promoted. I can approach them at anytime."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked to give feedback about the quality of care and support that they received through the completion of annual satisfaction surveys.
- An analysis of the results from the survey was completed and where actions were required an action plan



was put in place and feedback was given to relatives on the outcome of their feedback. One relative told us, "I have completed some in the past and we do get feedback on things that have changed."

- In addition, each supported living scheme held monthly client meetings and discussed with people topics such as general issues, client issues, health and safety and maintenance.
- Support staff told us and records confirmed that they felt well supported in their role and various systems were in place which enabled them to share experiences, learn from each other and make suggestions. These included supervisions and regular staff meetings. One staff member told us, "We talk about the clients, how we are progressing and how we can help the clients and how we can improve the service and ourselves. They are useful because it keeps track of what we discussed and we act on things."
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, the local authority, local leisure centres, day centres, learning disabilities and mental health professionals.