

Optalis Limited

Optalis Extra Care Berkshire

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

Summary of findings

Overall summary

This inspection took place on 11 and 13 July 2018 and was announced. We gave the registered manager 48 hours' notice because the location provides a service across four different sites and we needed to make sure the relevant staff and information would be available in the office.

At the last inspection in June 2017 we found the service was not meeting all fundamental standards as required. The provider had not established an effective system that ensured their compliance with the fundamental standards. Following that inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions safe and well-led to at least good. At this inspection we found the provider had taken the action they said they would and had improved the service to an overall rating of good, with a rating of good in all key questions.

Optalis Extra Care Berkshire provides personal care to people living in self-contained flats at four separate specialist 'extra care' housing sites. The four sites have a total of 176 flats. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. Not everyone living at the four extra care facility sites receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our inspection the service was providing personal care to 58 people across the four sites.

The service has a registered manager as required. A registered manager is a person who has registered with CQC 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. The registered manager was present and assisted us on both days of the inspection.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and the relatives who gave us their views. People were encouraged and supported to maintain and increase their independence.

People received care and support that was personalised to meet their individual needs. They received effective care and support from staff who knew them well and were well trained. They told us staff had the training and skills they needed when providing their care and support. Medicines were stored and handled

correctly and safely.

People knew how to complain and knew the process to follow if they had concerns. People's rights to make their own decisions were protected. 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.

Where people were potentially being deprived of their liberty, the service knew to make the relevant commissioning authorities aware. This was so that commissioners could make applications to the Court of Protection for the appropriate authorisations.

People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. Staff were happy working for the service and people benefitted from staff who felt well managed and supported.

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 had improved to good and was safe.

The service had introduced new medicines training and audit systems. They had ensured that all staff were fully trained and assessed as competent before being allowed to assist people with their medicines.

There were sufficient numbers of staff. Recruitment processes were in place and followed with the registered manager making final checks before staff could start work. This made sure, as far as possible, that people were protected from staff being employed who were not suitable.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and staff took action to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring.

People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good ●

The service had improved to good and was well-led.

Quality assurance systems had been put in place to monitor the quality of service being delivered and the running of the service. The system introduced was effective in ensuring the service obtained and maintained compliance with the fundamental standards.

Staff were happy working at the service. They felt supported by the registered manager and local managers and thought the training and support they received helped them to do their job well.

Optalis Extra Care Berkshire

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 11 and 13 July 2018. It was announced and was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a service across four different sites and we needed to make sure the relevant staff and information would be available in the office.

We used information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager, the business manager, the deputy head of regulation and the head of governance and quality assurance. As part of the inspection we spoke with 10 people who use the service. We received feedback from six relatives of people who were not able to give us their views. We requested feedback from 19 community professionals and received a response from one. We also requested feedback from 54 members of staff and received 15 responses.

When looking at documents we took a selection from each of the four extra care housing facilities. We looked at six people's care plans, daily notes, monitoring records and medication sheets. We saw four staff recruitment files, staff training records and the staff supervision and appraisal log. We reviewed a number of other documents relating to the management of the service. For example, audits, policies, incident forms, meeting minutes, compliments and concerns records.

Is the service safe?

Our findings

At the last inspection on 12 and 13 June 2017 we recommended that the registered person implements a process to ensure the effective monitoring and oversight of the handling of medicines. Since that inspection the registered manager and provider took appropriate action. The medicines training was reviewed and amended and a more robust system was put in place to monitor and act on any medicine errors that occurred. This action resulted in a marked reduction in medicine errors and the registered manager and provider introduced analysing the results of monthly audits and identifying and acting on any patterns that may emerge. Daily audits continued at each facility and records seen showed action was taken to reduce the risk of medicine errors and ensure people's safety. Staff had received training and their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines. We saw a compliment to the home where a relative had said, "The staff accommodate everything that is asked of them. They have been managing the medication and making sure she takes it and go back later to ensure she has."

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe from harm or abuse from their care workers. One person added, "They are lovely." Relatives said they felt their family member was kept safe by the service. One relative commented, "My Mum is a lot happier as she can now leave Dad with confidence that he will be cared for." A community professional felt people who use the service were safe from abuse and/or harm from the staff at the service.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or related to specific health conditions such as diabetes. Risk assessments of people's homes were carried out and the majority of staff were aware of the lone working policy in place to keep them safe in their work. One member of staff said they were not aware of the lone working policy. This was passed to the registered manager who planned to remind all staff about the policy.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. The registered manager had introduced a new recruitment checking system after our last inspection. We saw the system was successful, the registered manager had checked all recruitment files to ensure the correct checks and information was obtained before allowing any new employees to start work.

Staff were provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. People told us staff arrived on time and had never missed a call. One person complimented the service saying, "Help is always there if I need it and when I pull my cord they are here straight away." Relatives said staff arrived on time and did everything they should do at each visit. One relative commented, "In recent months familiar and consistent

care and support workers are apparent. This has improved as this was not always the case."

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible or applicable.

Is the service effective?

Our findings

At the last inspection on 12 and 13 June 2017 we recommended that the provider bring the staff training provision fully in line with the current best practice guidance on ongoing training for social care staff. We also recommended they ensured staff received their training within the recommended timescales. After the inspection the provider reviewed and updated their training in line with the latest guidelines. At this inspection we found people received care from staff that had the necessary knowledge, skills and experience to perform their roles. One person commented, "Optalis staff are good. We have a laugh and joke, we are friends." Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. One member of staff (recently left the service) stated, "I must say I have enjoyed working for Optalis, the training was of high standard and the quality of service provided and support given to staff was very efficient." Other comments from staff included, "I think Optalis gives opportunity to all staff to grow and develop themselves" and "The management team also ensures that I attend all the necessary training that I need to be more efficient in my job and making sure that I always follow the policies and procedures."

The service provided training in topics they considered mandatory, such as fire safety, handling medicines and fire safety. All mandatory training was up to date or dates had been scheduled where the training was due. Relatives thought the staff had the training and skills they needed when providing support to their family members. We saw a compliment from one relative who said, "The service and care is exemplary. I could not get better for my mother even if I won the lottery. Kind, caring, go the extra mile, empathy, efficient are just a few words I could use to explain the staff ... This is the example others should follow." Another relative told us, "The care, support, kindness and expertise that are offered to [Name] is truly amazing. A very big well done to [four staff members names]." A community professional said the staff were competent to provide the care and support required by people who use the service.

Some staff held additional relevant qualifications. Of the total care staff, two held a National Vocational Qualification (NVQ) in care at level 2 and six held an NVQ in care, or equivalent, at level 3.

People benefitted from staff who were well supervised. The service aimed to provide staff with one to one meetings (supervision) every six weeks followed by an annual appraisal of their work with their managers. Records showed staff were mostly up to date with their formal supervision meetings and annual appraisals. Staff told us they had regular supervision which they felt enhanced their skills and learning. One member of staff commented, "My manager finds the time to do supervision with me every six weeks."

People's rights to make their own decisions, where possible, were protected. One person told us, "The girls [staff] are lovely they always ask what I want. They never do anything without asking me." Staff received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The 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. The registered manager had a good

understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. However, if people are living in their own homes it is still possible to deprive a person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, he had contacted the people's funding authority to have appropriate assessments carried out and, where indicated, applications made to the Court of Protection for a deprivation of liberty order.

People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light.

People received effective health care support from their GP and via GP referrals for other professional services. A community professional said the service acted on any instructions or advice they gave. One relative told us, "Since [Name] moved in in May there has been a marked improvement in my father's general health – the place is excellent, accommodating, positive, clean and professional."

Where part of their care package, people were able to choose meals of their choice. Staff supported people to obtain foods to meet their individual taste and diverse needs. Where there was concern that someone was losing weight, staff made referrals to the GP. Where nutritional intake was a concern, food eaten was recorded in the daily notes. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

Is the service caring?

Our findings

People and their relatives told us the care workers were caring and kind. One person commented, "They [the staff] are perfect." and another person said they were, "Very, very happy." When we asked one person if they thought the staff were kind and caring they answered, "All the time." One relative said they were "Very pleased." another said staff were, "Very kind and caring." A third commented, "The staff go out of their way to be caring and considerate." A community professional said the staff they had met were kind and caring towards the people who use the service.

Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. People told us they received care and support from staff they knew and who knew them. Staff were respectful of people's cultural and spiritual needs. Their equality and diversity needs were identified and set out in their care plans.

People and their relatives said staff treated them with respect and dignity. One person told us, "They are very polite. We get on very well with them." This was confirmed by a community professional who told us people who use the service were always treated with respect and dignity by the staff. People said the support and care they received helped them to be as independent as they could be. One person explained, "Staff support me well most of the time and I can't ask for any better. They understand I like my independence but help me when I require it and respect too." The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support. One person told us, "They encourage independence. They are wonderful." A relative told us, "Optalis go above and beyond to help [Name] feel independent – which, again, is very important for him and his self-esteem."

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

We saw a number of compliments sent to the service over the previous 12 months. Compliments from people included, "Carers of the names [names of three staff members] have all been excellent carers and have lovely spirits", "The staff understand my sense of humour and laugh with me. When I first came here I had my favourite helpers now I don't as they are all lovely" and "I have been living here since [date] and have settled in well and am happy here. All the staff are very helpful, friendly and willing to help with any task. I am perfectly happy with the overall service."

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they received the care and support they needed, when they needed it. One member of staff told us, "I believe that the team I work with provide high standard care and are compassionate about their roles in order to provide personalised care to their service users."

Comments we received and compliments we saw demonstrated the service and staff were responsive. One person sent the service a compliment saying, "I would like to thank you and your staff for your kindness shown to me this morning. I'm truly grateful for your help for solving my problem with parking at [name of local hospital]." One relative commented, "A recent issue was dealt with very sensitively and professionally. I was very impressed" and another stated, "If I ever have any additional requests I email the care managers and they respond and help wherever possible." We saw a compliment regarding help a person had received from staff, "[Staff name] went above and beyond her duty of care when she helped [Name] write a letter disputing a parking ticket she had received at [name of local hospital] and got it withdrawn."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or manager so that the care plans could be updated. The care plans we saw were well written and up to date.

Information was provided to help people understand their care and support. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People and their relatives knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. One person commented, "Any concerns are treated with dignity, quickly and quietly. No moaning from me."

We saw a compliment sent by a relative to the service, "Thank you very much [staff name] for your sensitive and professional handling of an incident with [Name]. I really appreciate the time you took to listen and understand his issue and the expert and delicate way you dealt with the situation. I also want to thank [staff

name] who didn't dwell on the situation and helped him. I am deeply impressed with the display of skilled and obviously experienced handling [of the situation]."

Is the service well-led?

Our findings

At the last inspection on 12 and 13 June 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with the fundamental standards. At this inspection we found the provider and registered manager had taken the action they said they would take to improve and had met this regulation.

The deputy head of regulated services and the registered manager explained the work that had been done. There had been a review of staffing both within Optalis Extra Care Berkshire and at provider level. A new post of deputy manager had been introduced at each of the four extra care housing facilities and a new post of business manager had been introduced within the service to assist the registered manager in his role. At provider level a new head of governance and quality assurance had been appointed shortly before our inspection and was in the process of reviewing and streamlining the various audits and monitoring systems. It was clear that staff at provider level, the registered manager and all service staff had been working hard, and were fully committed to making improvements at the service and ensuring compliance. Various different checks and audits had been introduced and were effective in monitoring the quality of the service provision. Where any issues were identified we saw action had been taken promptly. The registered manager had a good knowledge of each of the different extra care facilities and was rightly confident that the measures introduced had helped him to attain and maintain compliance with the fundamental standards.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Feedback on the service provision was sought annually from people and their relatives. The new head of governance and quality assurance was working on developing a quality assurance system that would be more targeted towards the individual services, rather than across all the provider's locations. A community professional said the service tried hard to continuously improve the quality of care and support they provided to people.

People received a service from staff who worked in an open and friendly culture and who were happy in their work. Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were asked what they thought about the service and felt their views were taken into account. Comments received from staff included, "I am happy to work for Optalis", "I have in the past worked for various companies but this is by far the most professional" and "I feel that the care provided to the clients is second to none. I have worked in a number of health and social care settings and feel that this is certainly one of the best."

A community professional felt the service co-operated well with other services and shared relevant information when needed. They said the managers and staff were accessible, approachable and dealt effectively with any concerns they or others raised.

People, their relatives and staff said they would recommend the service to another person. Comments received from people who use the service included, "I would recommend [the service] to anyone" and "I get on really well with them. Nothing is too much trouble. They are very good." One family commented, "The current management and team are familiar and very friendly, caring and helpful. We are very happy with the care provided."

Compliments we saw included, "Thanks for everything you do it is much appreciated", "I would like to take this opportunity to pass on my thanks for all the work that is done by the carers. Their help has been brilliant" and "[Name] said the care package was working very well and is fantastic. [Name] said Optalis staff are amazing carers and all the family are happy with the consistency and approach."