

Optimum Care (GL) Limited

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## Inspection report

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Date of inspection visit:  
19 May 2021

Date of publication:  
23 June 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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 five people with personal care.

### People's experience of using this service

Robust risk assessments had not been completed to ensure people could receive safe care at all times in relation to people's health conditions and circumstances.

Staff had been trained in the Mental Capacity Act (2005) and were aware of the principles of the act. Consent had been sought from people to provide care and support. However, assessments to determine people's capacity to make decisions had not been completed in full. We made a recommendation in this area.

Quality assurance systems were not in place to ensure risk assessments and capacity assessments were accurate to ensure people received safe high-quality care.

Medicines were being managed safely. 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.

Staff felt supported and received regular supervisions. Staff had received training to carry out their role effectively. Care plans were in place to support people with meals according to their preferences and choices. Staff worked in partnership with professionals when people were not well.

Feedback had been sought from people and staff to make improvement to the service.

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 Requires Improvement (published 11 November 2019). We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The service remains rated Requires Improvement.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to Safe, Effective and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. 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 Optimum Care (GL) Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 24 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.

#### 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 four care plans, which included risk assessments and four 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 and call logs. We spoke with three relatives of people who used the service, as people were unable to communicate with us due to communication difficulties. We also spoke with two 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.

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant that 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

At our last inspection, risk assessments had not been completed in relation to people's health conditions. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Robust risk assessments were not in place to minimise the risk of harm when supporting people.
- Although risk assessments had been completed on people's health conditions such as Chronic Obstructive Pulmonary disease (COPD) and diabetes, this did not include the signs and symptoms people may experience such as with breathing difficulties or when sugar levels were not stable. In addition, there was no information to differentiate what the symptoms between Covid19 and COPD were and to determine if people were potentially at higher risk of complications if displaying Covid-19 symptoms because of their underlying health condition. This meant that there was a risk people may come to potential harm should they experience breathing difficulties due to insufficient risk assessment in place.
- Robust risk assessments were not in place for one person identified at risk of choking. The risk assessment included the person to have pureed food to prevent risk of choking. The risk assessment did not include what staff should do if the person was to choke. Another person was transferred using sliding sheet, however, assessment had not been completed on how to move the person safely.

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 continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Using medicines safely

- Medicines were being managed safely. People's Medicine Administration Records (MAR) showed people had been given their medicines as prescribed. People and relatives told us they received their medicines safely. A relative told us, "They administer medicines on time. Medicines have not been a problem."
- Staff had received training on medicine management and told us they were confident with supporting people with medicines.
- The provider had carried out regular medicines audits to ensure medicines were being managed safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had put processes in place to protect people from the risk of abuse and minimise the risk harm.
- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "Safeguarding is protecting vulnerable adults from abuse, harm or danger. There is many abuse; sexual, physical and financial. If this happens, I will inform the emergency service or manager and whistleblowing is reporting bad behaviour or unsafe practice to the manager or local authority."
- Relatives told us people were safe. A relative told us, "(Person) feels safe around them. They handle (person) with care."

Staffing and recruitment

- Systems were in place to ensure staff attended care visits on time.
- The service used a digital monitoring system to have oversight of staff time keeping and attendance. Staff logged in and out of visits electronically or by using a phone. This showed they had attended and left their visit after carrying out personal care. Call logs showed that staff generally went to appointments on time. There had been no missed visits. A relative told us, "They do come on time. There have been no missed visits."
- Staff were sent rotas in advance and were given time to travel in between appointments to ensure missed and late calls were minimised. A staff member told us, "We are given enough time to travel to appointments, so we are not late."
- Systems were in place to ensure staff were suitable to provide safe care to people. They had carried out relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity.

Learning lessons when things go wrong

- The provider had put systems in place to learn lessons following incidents.
- Incidents had been recorded, investigated and action taken to ensure people were safe.
- Lessons had been learnt following incidents to minimise the risk of re-occurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control and had access to personal protective equipment (PPE) such as gloves and aprons. Relatives confirmed that staff used PPE when supporting them with personal care. A relative commented, "All the PPE is worn by them. Aprons, masks and gloves." A staff member told us, "I have had training on infection control. We are given PPE such as aprons, gloves and masks. This is very important."



# 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.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has improved to Good. This meant that people's outcomes were consistently good and people's feedback confirmed this.

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.

- MCA assessments had not always been completed in full to ensure people were able to make specific decisions.
- We found although assessments had been carried out to determine people's capacity to make specific decisions, some areas had not been completed such as the specific decision that was being assessed. The registered manager told us that this was a record keeping error and all the principles were applied during the assessment.
- During our last inspection, staff had not received training on the MCA and were not aware of the principles of act. During this inspection, we found staff had been trained on the MCA and aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks and would ensure consent was sought. Records showed consent had been sought from people. A relative told us, "Yes, they ask for (person) consent all the time."

We recommend the provider refers to best practice guidance for recording MCA assessments and updates their practices accordingly.

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

- 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. The service assessed local authority referrals of people as part of pre-service assessments to determine if people could be supported.
- Reviews had been carried out regularly to ensure people received support in accordance with their current

circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience

- Regular supervisions had been carried out to ensure staff were supported. For staff that had been working for more than 12 months, an appraisal was carried out. Staff told us they felt supported. A staff member told us, "(Registered manager) is a good manager. He is really helpful. Whenever we have challenges, he responds on time."
- Staff had completed mandatory training and refresher courses to perform their roles effectively. Staff had received an induction. A staff member told us, "I received an induction, it was helpful. It helped me to develop. We did training and it helped to do the job. It educates us." A relative told us, "They look after (person) well. We have had no problem there."

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

- People were given choices and supported with meals to maintain a balanced diet.
- Care plans included information if people required support with their meals and their preferences.
- People were given choices when staff supported them with meals. A staff member told us, "We always ask them what they would like to eat and how they would like it. We always give them choices on what they would prefer and that will be prepared according to their preferences."

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

- People were supported to access healthcare services when needed and staff knew what to do if people were not well. A relative told us, "They do adhere to good infection control practises. (Person) had an infection on their leg, they called district nurses and it helped with the infection."
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure robust audit processes to ensure the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Robust quality assurance systems were not in place to ensure people received safe high-quality care at all times.
- The provider's systems and processes did not identify the shortfalls we found in the areas of risk assessment. In addition, we found MCA assessments had not been completed in full to ensure people's legal rights were being protected and MCA principles were being followed.
- During our last inspection, the registered manager told us due to concerns found with risk assessments that audit timeframes would be shortened to ensure standards were being met. During this inspection, the registered manager told us that audits on care plans and risk assessments had not been carried out, which meant systems were not in place to identify potential shortfalls and take prompt action.

Systems and processes were either not in place or robust enough to ensure the quality and safety of people using the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Audits had been completed on medicine management, infection control and health and safety on people's home environment.

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

- 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. They knew to be open and transparent to people should something go wrong.

- Audits had been completed on safeguarding notifications to ensure notifications were made in a timely manner.

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

- Systems were in place to gather people's and staff feedback on the service.
- The management team regularly carried out spot checks of staff practice and the outcomes were discussed with staff.
- The management team held staff meetings 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.

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

- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "(Registered manager) is very good. He is very open and easy to talk too. He is willing to teach you when facing challenges. He is very calm, he wants you to learn so you can provide a good service."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Feedback was sought from spot checks, through telephone and surveys to identify potential areas of improvement. This included feedback on PPE, care delivery, training and appearance.

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. A relative told us, "The manager got in touch with a famous doctor and they got (person) a physio to help (them) to walk."

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).</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).</p>