

Optima Care Limited

Gate House

Inspection report

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Date of inspection visit:
12 May 2017

Date of publication:
15 June 2017

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 12 May 2017 and was unannounced.

The service is in the village of Eastry near to the main towns of Sandwich, Dover and Ramsgate. There was one person living at Gate House and two people who were about to move in. Each person had their own bedroom. The home is open plan in style with access to the garden at the front and back of the house. The house has one level and is set in the grounds with other houses owned by the company. The houses are separated by fencing and gates for privacy and security.

There was a registered manager at the service who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection in January 2016, the service was in breach of some of the regulations and was rated 'Requires Improvement'. The registered manager sent us an action plan outlining how they would rectify those breaches. The registered manager and team had worked hard to update policies, care planning, staff training and recruitment and develop communication support and person centred care. At this inspection improvements had been made and all the regulations were met.

The service had a clear direction and purpose that the staff team were signed up to. There was a person centred culture. Staff were enthusiastic in their roles and had received training to make sure they had the necessary skills to support people to keep them healthy and well minded.

A relative told us, "The main thing I look for is honesty and I feel confident in the leadership at Gate House."

Thorough and detailed assessments were carried out with people and their representatives before they moved into the service. The registered manager made sure that people were compatible with each other and that sufficient preparation had been made to give people the best chance of success. The service went the extra mile to make sure people's rooms were designed in the way they wanted and organised equipment and made adaptations with people's preferences and individual needs in mind.

Staff were caring and people's individuality was respected and nurtured. People's confidence was growing and with this their communication skills had increased. Relatives and health and social care professionals told us that the service was really making a difference to people's lives. People had more control over how they wanted to live their lives and were trying new experiences. People were more confident and incidents of anxious behaviour were reducing with the change of lifestyle. There were planned activities that people could choose from and the right number of staff to support them.

There was a system of risk assessment to protect people as much as possible without limiting their experiences. Each situation and opportunity was assessed for how it would enhance the person's quality of life and what the potential risks were. Positive risks were taken to help people develop their independence.

People were learning new skills and living as active a lifestyle as they wanted. Staff respected peoples' privacy and dignity and offered people choices in the way they could understand and respond to. Meetings were held regularly with people to plan and discuss their goals and aspirations so that the service was run in the way they wanted. People's relationships with their families and other people who were important to them were encouraged and supported; this included regular phone calls and visits.

People were supported to maintain a healthy active lifestyle. Clear easy read plans were designed to help people manage health conditions that needed monitoring. The staff worked closely with health professionals to maintain peoples' health and followed their advice. Medicines were stored safely and managed safely by the staff. Prescribed medicines had been reviewed and there were regular audits of stocks and administration.

Mealtimes were organised in the way each person preferred. People made their own meals as much as possible and were encouraged to eat a healthy diet. The kitchen was practically designed with everything accessible and there were comfortable dining areas for people to eat either together or on their own if they preferred.

The registered manager understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were subject to constant supervision by staff and there were some restrictions to their liberty but these had been assessed to make sure they were the least restrictive. For example, people were able to freely access the kitchen and only sharp knives and other assessed items were kept out of harm's way. All DoLS authorisations had been agreed and were up to date or had been sent to the local authority for review.

Staff we spoke with knew about different types of abuse and had attended training in safeguarding people from harm and abuse. Recruitment checks on staff were thorough. References were requested and any issues were followed up. Health declarations had been completed and prospective staff had provided proof of their qualifications.

Staff had regular team meetings and one to one meetings with the registered manager or senior members of the staff team and said they felt well supported and were able to air their views.

There was a clear complaints procedure and opportunities for people to share their views and experiences of the service in a way they could understand. An easy read version had been designed and was available to people.

Regular checks of the environment had been carried out and there were records of checks of the care plans, staff files, medication records and other records. There was a quality monitoring system in place. The current service was fairly new and people were only just starting to move in. People's and their representatives views had been gathered as part of the assessment process at this time. Incidents and accidents had been analysed to look for any common patterns and trends to reduce further incidents. The registered manager had notified the CQC of events that affected people or affected the smooth running of the service. The office was well organised and records were accessible and up to date.

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.

People were protected from abuse. Staff knew signs of abuse and had received training to keep people as safe as possible

Risks to people had been identified and action had been taken to keep people safe and well.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to have the skills and knowledge to support people and understand their needs.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

People were supported to eat healthily and participate in meal preparation.

Specialised diets were catered for and people were involved in menu planning.

People were supported to live an active and varied lifestyle and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people. There was a warm culture of support in the home.

People were given privacy and were treated with dignity and respect.

Staff took time to listen to people so that they could make choices and decisions about their care.

Staff were motivated and flexible to support people's changing needs and wishes.

People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was person centred.

People were supported to make choices about their day to day lives and their goals and aspirations were included in their plan of support.

People were supported to continue their education, to learn new skills and try new experiences. There was a variety of activities organised that people enjoyed.

People were listened to. There were systems in place to enable people to share any concerns with the staff.

Is the service well-led?

Good ●

The service was well led.

The registered manager was experienced and qualified to manage the service and was committed to providing a warm culture in the home based on people's individual needs and preferences.

People's views and interests were taken into account as much as possible and feedback was considered in the running of the service.

Audits and checks were carried out to make sure the service was safe and effective.

Clear records were kept about the care and support people received.

Gate House

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.

The inspection took place on 12 May 2017 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, we looked at the information we held including notifications from the registered manager. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with 2 staff, the registered manager, the deputy manager and people living at Gate House. We also made observations of how people were supported and spoke with two relatives and a professional involved in the assessments and planning about people's care and support.

During the inspection we spoke with one person, the registered manager, the deputy manager and a member of staff. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a variety of records including assessments and moving in plans, care plans, medicines records, audits, staff files, training records, risk assessments, accident reports, development and behaviour analysis, audits and quality monitoring.

After the inspection we spoke to two relatives and received feedback from a health and social care professional.

We last inspected Gate House on 7 and 11 January 2016. The provider was in breach of five regulations and the service was rated Requires Improvement. These breaches were now met.

Is the service safe?

Our findings

People sometimes had anxious and emotional behaviour that could detrimentally affect them and others around them and this could occur frequently without the right support. People looked confident and relaxed in the company of staff. People's relatives were complimentary of the service and said they felt confident that their loved ones were safe and well cared for. The home had been designed with each person's needs in mind and various features had been included to protect people and maintain their safety.

At the last inspection the service had not protected people from harm when other people became upset, anxious and emotional, and the staff recruitment processes were not thorough enough. This had led to breaches in the regulations. At this inspection improvements had been made.

The registered manager and deputy manager had developed a culture in the service that respected people's human rights and diversity. People were supported to maintain their own ways to manage anxiety and emotional behaviour and to help them feel safe and secure. Staff spent time with people and found out what was important and enabled people to maintain control of their lifestyle. There was good information to show staff what may trigger anxiety and how to minimise any future occurrence. Staff supported people in the way they preferred so that they felt safe.

There was a clear system of risk assessment to protect people as much as possible without limiting their experiences. Each situation and opportunity was assessed for how it would enhance the person's quality of life and what the potential risks were. Risk assessments focused on enabling the person to take risks rather than restricting them. There was a risk assessment process where all eventualities were considered. People tried new experiences going out regularly, for example, using public transport and learnt to stay safe in the home, for example, using the cooker and kettle.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. A full employment history was now gained from staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were involved in the recruitment of new staff by meeting them as part of the process. Interactions between people and staff were taken into consideration as part of the recruitment and probation.

There were always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. If a person was trying a new activity for the first time they were supported by additional staff. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and he kept the staff levels under review.

The registered manager, deputy manager and senior staff shared an on call system so were available out of

hours to give advice and support. Staff said they worked as a team and stepped in at short notice to cover staff sickness or to provide extra support when needed. Each shift was planned so staff knew what they were responsible for on the shift and there were staff handovers and a communication book so staff were always up to date about people.

Staff had received safeguarding training and were knowledgeable about the different types of abuse. Staff were encouraged to raise any concerns and to challenge when they thought people's safety was at risk. Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

People were protected from financial abuse. People were supported to manage their money and any money spent on people's behalf was accounted for.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Incidents and accidents were recorded and reported appropriately. At the last inspection there were shortfalls in gaining an overview of incidents and accidents. For example, if the incidents were occurring in the same place or at the same time of day. At this inspection the registered manager had analysed the reports to look for patterns and trends that may reduce further incidents and had clear graphs and records that gave a good overview. The registered manager had used this overview as a basis for evaluating the effectiveness of the support given to people. It was noted that incidents of anxious and emotional behaviour had reduced since people had first moved in.

There were safe medication administration systems in place and people received their medicines when required. Medicines were stored in a locked cabinet and administered by trained staff. The cabinet was not overstocked and medicines were stored at the correct temperatures. People had individual care plan guidance around taking their medicines. Each person had been assessed to make sure they participated as much as possible and goals were written to develop people's skills. There was clear information in people's care plan folders about what medicines were for that included simple language and pictures to help people.

Medicines administration, records and stocks were all checked regularly and the checks recorded. Any issues were followed up to make sure people were receiving their medicines correctly and safely.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Is the service effective?

Our findings

A person's relative said, "If anything happens that I need to be told about the [deputy manager] or staff tell me straight away." [Person] developed an infection and a GP appointment was made straight away that afternoon." A health and social care professional commented on the effectiveness of the staff saying, "Staff are always very welcoming and very professional at all times and keep in regular contact and get back to messages left promptly."

At the last inspection there were shortfalls in staff training and support including insufficient guidance to support people's nutrition needs which led to breaches in the regulations. Improvements had been made at this inspection.

Training was organised to provide staff with the right skills to support each individual. Training included specific health conditions and people's individual nutritional needs. The times when there had been incidents where people had become upset and anxious had reduced and staff knew what signs to look out for to reassure people. People were developing their independence and confidence in how they interacted with others and staff had the skills they needed to support this.

There was an on-going programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. The registered manager had identified that some training in topics specific to people's needs were not available through the provider. They had sourced online training that staff were completing to give them this essential knowledge. This covered topics such as diabetes and behaviour that challenged.

Staff now received regular supervision and met regularly with their line manager. They told us they felt well supported and could go to the registered manager or deputy manager if they had any issues. Staff had now all had an annual appraisal, where there were able to discuss their training and development needs for the year ahead.

New staff worked through induction training during their probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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 (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had applied for DoLS when people's liberty was restricted or they required continual staff supervision. The kitchen was now unlocked and people could access it whenever they wished. People were able to make day to day choices about what they wanted to do, eat and wear.

The registered manager understood his responsibilities under the Mental Capacity Act 2005. He knew that capacity must be assumed unless a capacity assessment had been carried out which established a person lacked capacity. He knew only to make decisions for people in their best interest. He had organised 'best interest meetings' when people needed support to make decisions and invited people's friends and family.

Mealtimes were organised around each person's lifestyle. People were involved in the whole process from choosing the menus, buying the food and preparing the meal. They were helped to eat healthily and were encouraged to try new foods. People were in the process of compiling menus with the staff and photos were being taken of their favourite foods to make this more fun. People went into the kitchen and helped themselves to drinks and snacks and staff supported them to do this. Staff knew people's favourite foods and were aware of people's dislikes and any food intolerances. Any restrictions were only in people's best interests and were kept to the minimum. For example, the kitchen was open but sharp knives were locked away.

People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing. People's health needs were recorded in detail in their individual health action plans. If a health need was identified, options for further investigation and possible treatment were considered with relevant professionals and in light of people's understanding and capacity.

People's care records showed relevant health and social care professionals were involved with people's care. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People were supported to attend routine health check-ups including with a specialist dentist.

Is the service caring?

Our findings

People looked well cared for, healthy and comfortable in the company of staff. People's relatives were complimentary of the caring attitude of the staff and how well cared for their loved one was.

At the previous inspection staff did things for people and not with them which limited people's opportunities and independence. At this inspection improvements had been made. There was a noticeable change to an active and person centred culture that people were thriving on. The service focused on people's strengths and celebrated people's achievements. A health and social care professional commented, "The management and staff have a very positive culture for all kinds of disabilities and nothing is impossible for any of them to do. Where there's a will there's a way."

Staff were respectful and encouraged people to take as much control of their lifestyle as possible. There were formalised plans in place to increase people's independence and encourage them to work towards specific goals. People had long term independence targets, including developing skills with regards to managing money and learning how to use the washing machine. Tasks were broken down into parts so that people learnt a bit at a time. In this way people had learnt how to wash their clothes using the washing machine and prepare snacks and light meals independently. Activities were versatile and organised to build on people's strengths and what interested them. For example, one person liked the self-scanner in the supermarket so they were enjoying learning shopping skills this way.

People were supported to express themselves and discussions were held in a way people could contribute to. People's communication was supported with aids like photos and clear straight forward language. A visiting health and social care professional told us that people had developed their communication skills and were more confident with their relationships with people. They commented that a person had greeted them by name, "which was a shock as [person] had never really spoken to me before due to their upset or distress."

Each person had key staff who took a particular interest in their support plans, were a named person people could go to if they had concerns and would advocate for them. Independent advocacy services were also available. An advocate is someone who supports a person to make their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Staff offered choices so that care and support was then given in response and in the way people wanted it. The philosophy of the service was based on respect, equality and supporting people to develop their lifestyle.

Staff were organised so that people's dignity and self-esteem was taken into consideration when being supported including when out and about. The registered manager, deputy manager and staff considered what activities people's peers would be doing. Staff treated people with respect and explained that the activities like going to the pub and into town were the kinds of things they did. Staff explained that they felt that when they were out, people looked like they were out amongst friends rather than being taken out with

a 'carer'.

The home was colourful and spacious with good light and organised so that it was easy for people to orientate themselves, promoting their independence and autonomy. Each person had their own bedroom that had been furnished and decorated in the way they wanted with features that were specifically for them. People's privacy was respected and they were able to have alone time when they wanted it. Consideration had been given to maintaining people's wellbeing and various measures had been put in place to protect people and reduce anxiety. One person could become anxious and emotional when in the bathroom so protective covering had been installed and mirror tiles for distraction.

Records were completed, to monitor people's development and progress, so that staff could see what worked well and what needed to be improved in how they supported people. Incidents of behaviour that had limited people or upset them were recorded into a graph so it was easy to see where incidents had increased or decreased and what may have been the causes. Information was monitored and used to evaluate the effectiveness of the service to each person and all information was kept confidentially. Staff were aware of the need for confidentiality and kept records securely. Meetings where people's personal information was discussed were held in private.

Is the service responsive?

Our findings

A visiting health and social care professional told us, "This [person] has been to the pub, cinema and on public transport for the first time in his life! [Person] did not know what a pub was and what you could get there. [Person] did not know what the cinema was and he really enjoyed this activity."

At the last inspection people's care was inconsistent, some people's needs were being met to the detriment of others and the written care plans contained conflicting information.

At this inspection improvements had been made. Care and support plan documentation had been updated so that it was useful to inform staff of how to support people. People received the care and support they needed, in the way they wanted. People were being encouraged to do more for themselves and develop their independence. There were clear plans for activities that were organised and people were trying new experiences.

People received care and support that had been designed specifically for them. A thorough assessment process had been completed before people moved into the service to make sure the service could meet their needs, choices and preferences. People and their representatives had been fully involved in all aspects of the assessment.

Preparation and moving in plans had been designed and all necessary preparation was carried out before people moved in. The registered manager and deputy manager found out what was important to the person, about their background, communication needs, behaviours that challenged, and overall care needs. The plans included adjustments to the living spaces, relevant training for staff and any additional support that would be required. Once the moving in plan was implemented there was a series of visits to make sure people were ready and happy to stay. Relatives were complimentary of the registered manager, deputy manager and staff. One relative commented, "They want us to be part of the transition. They have taken on board everything we have said."

Person centred plans were based on the assessments and reviewed regularly to make sure staff supported people in the way they wanted. People and their relatives were involved in planning the support and what was written in the care plan. People's personal care and daily routine preferences were documented. There were some photographs and symbols making the care plans more accessible. Handover meetings between staff at the start and end of each shift ensured that important information was shared and acted on where necessary. People had developed skills and learnt from new experiences so the care plans were updated to reflect their progress. People lived active and varied lifestyles trying things they had not done before.

People took part in a range of activities. People's interests and preferences were used to inform how staff supported them to spend their time. People went out for regular walks and used the local facilities including the shops and pubs. There were a mixture of familiar favourite activities and trying new experiences so that people's lives were expanding. Staff were supporting a person to go zorbing. People were learning new skills at the same time, for example, using public transport and paying for activities. One person loved a particular

style of film and had gone several times to see the same film because they loved it so much.

People were supported to keep in touch and maintain friendships with people who were important to them. People had formed friendships prior to moving to Gate House and had attended clubs where they met their friends. The staff at Gate house supported people to continue to attend the venues and meet with their friends and maintain some continuity between where they had lived previously and now. People were also supported to visit their families and have visitors as much as they wanted to. Relatives told us they felt welcomed at the home and were grateful for the support to maintain involvement in the care of their loved one.

Relatives said there was good communication with the registered manager and deputy manager. The deputy manager regularly emailed relatives to keep them informed of people's day to day lifestyle and relatives said they really appreciated this and it helped them to feel involved in between visits. One relative commented, "I receive weekly emails containing the details of [person's] days that you miss otherwise and I really like this."

There was a complaints policy in place and staff were able to tell us what they would do if someone made a complaint. Complaints and concerns were taken seriously and were recorded, investigated and responded to. The complaints procedure was produced and displayed in an accessible format that was meaningful to people. People expressed themselves in different ways and there was recorded information about what they wanted. People sometimes displayed anxious, upset and emotional behaviour if they were unhappy. These incidents had reduced over the last few months and they were becoming more confident and vocal.

Is the service well-led?

Our findings

The staff team was supported by the registered manager and deputy manager who were skilled and experienced in providing person centred care. The registered manager had been a registered manager in different types of services for nearly twenty years. Staff told us they felt well supported and felt comfortable asking the registered manager and deputy manager for help and advice when they needed it.

At the last inspection there was a culture where staff 'did for' people rather than with them. At this inspection the culture in the service had shifted, staff were supporting people instead of doing things for them and as a result people looked happy and confident. The deputy manager worked alongside staff so they could observe and support the team. They were able to pick up on training issues and guide staff to develop attitudes and skills. People had more control over their lives, were trying new experiences, learning new skills and developing their potential. A visiting health and social care professional commented, "[Person] has had their whole world widened since being at [Gate House]."

Regular meetings had been held to give the staff team an opportunity to share ideas and discuss issues. Specific topics were focused on regularly to aid staff's learning and awareness. For example, safeguarding and discussion around incidents to share lessons learnt and develop good practice. Staff were positive about the direction the service was going in and said they felt well supported by the registered manager and deputy. Minutes of the meetings highlighted the areas that they were working on and showed action had been taken.

The registered manager and team were working hard to develop support for people to share their views and participate in the development of the service. Meetings were held with people who wanted to have these. Minutes were written with actions taken forward. Each person had a key worker who got to them well so that they could help interpret people's communication to determine preferences. Each person had a communication assessment and were given the right support to help them express themselves. People were encouraged to speak up. Objects, pictures and photos were all available and there were easy read policies that included pictures to assist people to make sense of them.

The focus of the service provided at Gate house had changed over the last year or so and some people were just starting to move in. So the opportunity for people and their representatives to say what they wanted and give feedback was given during the assessments and moving in plans.

There was a quality monitoring process in place that was going to be implemented once everyone had moved in. The deputy manager made sure that regular discussions were held between people and staff and the service was organised around what people wanted. A person's relative told us, "[Deputy manager] is very easy to talk to and listens to us. It's good to feel involved and they've done so much work to make sure that [person] feels settled."

At the previous inspection the registered manager had failed to complete effective audits as they had not identified the issues we had found. At this inspection improvements had been made. The registered manager carried out regular monthly checks on the service. These covered a range of areas, including the

quality of completed paperwork, like daily notes and incident forms and whether relevant health and safety checks were carried out. The provider employed a consultant who carried out additional, independent audits on topics such as infection prevention and control and medicines. Any areas of improvement identified were responded to and included in the action plan.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission of important events as required. The offices were well organised. Records and plans were up to date and readily available and were stored securely.