

# Optalis Limited

# Homecare

## Inspection report

Trinity Court  
Molly Millars Lane  
Wokingham  
Berkshire  
RG41 2PY

Tel: 01189778600  
Website: [www.optalis.org](http://www.optalis.org)

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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

About the service:

Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 19 older people using 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).

People's experience of using this service:

- People felt safe and the service assessed risks to the health and wellbeing of people who use the service and staff. Where risks were identified action was taken to reduce the risk where possible.
- Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.
- Medicines were handled safely by staff who had been assessed as competent to do so.
- People received effective care from staff who were well trained and supervised.
- People felt the service they received helped them to maintain their independence where possible.
- People and their relatives said staff were caring and respected their privacy and dignity.
- People received care that was designed to meet their individual needs and preferences.
- 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 knew how to complain and knew the process to follow if they had concerns.
- People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.
- One relative told us, "We find the frontline team to be friendly, well trained and knowledgeable and they have made a real difference to the quality of life my [relative] enjoys in their twilight years... They have never let my [relative] down whatever the weather or their staffing levels... I would like to offer my thanks to the Optalis organisation and request that you pass on my praise of the current service we receive."

Rating at last inspection:

This was the first inspection of the service since it was added to the provider's registration on 15 March 2018. The service was not previously rated.

Why we inspected:

This was a planned comprehensive inspection in line with our aim to carry out the first inspection of a service within six to twelve months of the date of registration.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

## 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.

# Homecare

## 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 under 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:

One inspector carried out this inspection.

#### Service and service type:

Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and people who may have dementia, a physical disability, a sensory impairment and/or mental health needs.

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 a small service and we needed to make sure the relevant staff and information would be available in the office.

The inspection site visit took place on 13 February 2019. We visited the office location to see the office staff and to review care records and policies and procedures. The registered manager was not available on the day of the visit. The head of regulated services for the provider was present and assisted us during the day.

#### What we did:

##### Before the inspection site visit:

- We looked at information the provider sent us in the Provider Information Return. 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 looked at 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 contacted five community professionals asking for feedback on the service and received responses from two.
- We contacted 14 members of staff asking for feedback on working for the service and received responses from 11.

During the inspection site visit we looked at:

- Three people's care plans, daily notes, monitoring records and medication sheets.
- The one recruitment file of new staff employed after the service registered. Other staff had transferred from another of the provider's services and their recruitment had already been checked when we inspected that service.
- The staff training matrix.
- The staff supervision log.
- Management audits and quality assurance reports.
- Policies and procedures.
- Records of accidents and incidents.
- Staff meeting minutes.
- Records of compliments.
- Records of concerns.

After the inspection site visit, for feedback of their experiences, we contacted:

- Three people who use the service.
- Four relatives of people who use the service.

# 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

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew what actions to take if they felt people were at risk.
- People said they felt safe with the staff.
- Relatives said they felt their family members were safe with the staff.
- Community professionals thought the service and risks to individuals were managed so that people were protected.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.
- Emergency plans were in place, such as emergency plans for extreme weather conditions.
- One community professional commented, "Optalis [Homecare] regularly highlight to me issues that they see as risks to the individual I support, both in an environmental context and in the terms of their health and welfare. They are pro-active in trying to manage environmental risks."

Staffing and recruitment

- A community professional thought the service made sure that there were sufficient numbers of suitable staff to keep people safe and meet their needs.
- Staff were provided in line with the hours identified in people's individual care packages.
- Staff said they had enough time to provide the care people needed within the time allocated to them.
- Required staff recruitment checks were carried out to ensure people were protected from having staff work with them who were not suitable.

Using medicines safely

- People's medicines were handled safely.
- The training records confirmed staff had received training in handling medicines.
- Only staff trained and assessed as competent were allowed to administer medicines.
- Medicines administration record sheets were up to date and had been completed correctly by the staff administering the medicines.

Preventing and controlling infection

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment so they could carry out their work safely.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents.



# 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

- People received effective care and support from staff who knew how they liked things done.
- Each care plan was based on a full assessment, included individual preferences and choices, 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.
- A community professional thought the service provided effective care and that staff had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles.
- People said staff had the knowledge they needed when providing their support.
- Relatives thought staff had the training and skills they needed when supporting their family members.
- Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period.
- The service provided training in topics they considered mandatory, such as fire safety, administration of medication and food hygiene.
- All training the provider considered to be mandatory was up to date or dates had been scheduled where the training was due.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in dementia.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff received formal supervision every six to eight weeks to discuss their work and how they felt about it.
- Twice a year the staff had assessments of their competency regarding handling medicines, moving and handling and safeguarding where the registered manager or a senior observed their practise while working with a person using the service.
- Once a year staff had a formal appraisal of their performance over the previous 12 months.
- Staff told us they had regular supervision which they felt enhanced their skills.

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

- Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten.
- Where people were not eating well staff would highlight that to the person's relative, the registered manager or a senior member of staff and advice would be sought from a health professional if necessary.

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

- One relative told us, "They liaise with doctors, district nurses and the local chemist that supplies her medicines and continually update me on any required changes to her care and/or medical needs. They have been quick to spot medical changes to her normal condition and on a couple of occasions have even called emergency services and waited with her."
- A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Ensuring consent to care and treatment in line with law and guidance

- People's rights to make their own decisions were protected.
- Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work.
- We checked whether the service was working within the principles of the MCA and found that they were. 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

# 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; equality and diversity

- People said they were treated with care and kindness.
- We saw a comment on a recent survey form where a person commented, "[I have] not had anyone [staff] who wasn't very kind."
- Relatives said staff were caring when they supported their family members.
- We saw a compliment left by a relative when they contacted the office in December 2018. They said they were very impressed with the care staff when they come in smiling as it lifts his relative. They added they thought staff had a great human touch and treated their relative in a very kind and caring manner.
- A community professional thought the service was successful in developing positive caring relationships with people.
- People's equality and diversity needs were identified and set out in their care plans.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People's views on the support they received was regularly sought.
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported.
- We saw four responses from people on surveys carried out in January 2019. All said they felt care workers treated them with dignity and respect. One person added, "Yes, with a big yes."
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- One relative told us, "We have received excellent service from Optalis [Homecare]. All the staff are efficient and helpful. They treat my mum with great respect and kindness."
- A community professional said staff promoted and respected people's privacy and dignity.
- People and their relatives said the staff encouraged their family members to be independent.
- We saw all people who had completed survey forms for the service in January 2019 said the care workers encouraged them to be as independent as possible.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
- People's right to confidentiality was protected. All personal records were kept locked away in

the office and in a place of their choice in people's homes.

# 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

- People received support that was individualised to their personal needs.
- People confirmed they were involved in decisions about their care and support needs and that they chose how their care was delivered.
- Care plans included people's preferences and the daily notes showed staff provided care in the way the person wanted them to.
- Relatives said their family members received the care and support they needed.
- A community professional thought the service provided personalised care that was responsive to people's needs. They added, "[Name] has no family and often care staff have gone 'above and beyond' to organise, [for example] a haircut and emergency shopping."

Meeting people's communication needs

- Information was provided, including in accessible formats, to help people understand their care and support.
- Where people did not have English as their first language, the service documented this and included details of how to communicate with the person in their care plans.
- We saw some work that had been successfully carried out with one person who spoke very little English. Staff had worked closely with the person's relative and developed a communication chart for staff to use when working with the person to enable clear communication. The chart included phrases related to their care in English, with a translation in the person's own language. Staff used pictures where considered more effective. We saw this was a continuous process where words and phrases were being added as the communication chart developed. The person's relative told us, "I am very happy with what the care staff do for my mother despite the language barrier and am always grateful for their hard work."
- The provider was aware of the Accessible Information Standard (AIS). From August 2016 onwards all organisations that provide adult social care are legally required to follow the AIS. 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.

Improving care quality in response to complaints or concerns

- There had been no complaints made to the service since their registration.
- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action.

- People said staff responded well to any concerns they raised.
- Staff were aware of the procedure to follow should anyone raise a concern with them.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone using their service.

# 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 good-quality, person-centred care.

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

- People received a service from staff who worked in an open and friendly culture.
- The registered manager and provider had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.
- Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager.
- We saw a compliment made to the service from one person who said, "I am happy with my current carers who are friendly and efficient and give good quality service levels. Thank you."
- A compliment from a relative stated, "On behalf of the family and [Name] we would like to thank you from the bottom of our hearts for caring for [Name] so brilliantly. [Name] adored you. A huge thank you."
- A member of staff commented, "Optalis [Homecare] cares about the clients but also acts in a very professional way. I am proud to be part of this company."

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

- The service had a registered manager as required.
- The registered manager was aware of their legal responsibility for meeting the requirements and regulations about how the service is run.
- All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.
- Records were up to date, fully completed and kept confidential where required.
- There was an effective audit system in place that included audits of different aspects of the running of the service including care plans, medicines, staff training, staff supervision and other documentation. Where issues were identified, actions had been carried out to ensure everything met the required standard.

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

- Staff received training in relation to the Equality Act and human rights as part of their

induction, with the training refreshed on an annual basis.

- Care plans showed this training was put into practice with any equality or cultural needs identified, incorporated into care plans and met.
- People benefitted from a staff team that were happy in their work.
- Staff felt the service was well-led and told us they enjoyed working at the service.
- Staff said the managers asked what they thought about the service and took their views into account.

#### Continuous learning and improving care

- Staff felt they were provided with training that helped them provide care and support to a high standard.
- All staff said they would recommend the service to a member of their own family.
- We saw four survey responses from people who use the service dated January 2019. All said they would be 'likely' or 'extremely likely' to recommend the service to friends or family if they needed similar help or support.

#### Working in partnership with others

- A community professional said the service demonstrated good management and leadership, delivered good quality care and worked well in partnership with other agencies. They added, "My main interaction has been with a senior care worker and administration staff. They appear to have a good handle on the support provided and [Name's] needs. [The service has a] good working relationship with social care [care managers]."
- When recommending the Homecare team for an Optalis 'Customer Choice Award', one relative wrote, "In summary, the support provided has been fantastic. They are responsive, and quick to sort out any issues we've had. I know they are always thinking about what is best for mum."