

Optimal Care Services Limited

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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 was undertaken on 4 October 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure that someone would be available on the day of our inspection.

Optimal Care Services Limited provides support and personal care to people with learning difficulties, living in four supported living houses in Havering. There were six people using the service at the time of our inspection.

There was a registered manager in post at the time of our 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 and associated Regulations about how the service is run.

The registered manager was not available on the day of the inspection visit and we were assisted by the operations manager throughout the inspection.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and recorded ways to mitigate risks.

The service was generally following appropriate recruitment procedures to make sure that only suitable staff were employed at the service.

Staff we spoke with had a good knowledge of the medicines that people were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities.

Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their support plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff and management.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and support plans reflected how people were to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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 told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and recorded ways to mitigate these risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good ●

The service was effective.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring.

People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

People told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

Good ●

The service was well-led.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

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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 checked 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 was undertaken on 4 October 2016. We gave the provider two days' notice that we would be visiting their head office. We visited three of the four supported living units and met three people who used the service. We were not able to speak in depth to all of the people we met because some people had complex ways of communicating and others were out of the service. We were able to obtain two people's views about the service they received.

We also spoke with four people's relatives and four social care professionals over the phone. The inspection and interviews were carried out by one inspector.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people with personal care, the human resources (HR) manager and the operations manager.

We looked at three people's support plans and other documents relating to their care including risk assessments and medicines records. We looked at four staff files as well as other records held by the service including meeting minutes, health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "I feel safe with them." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "They are really kind to him."

Staff could explain how they would recognise and report abuse. They told us, and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident.

Before people were offered a service, a pre-assessment was undertaken by the registered manager or operations manager. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to nutrition, managing finances and managing behaviours that might challenge the service.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. We saw risk assessments had been completed in relation to activities of daily living and people's safety was being appropriately balanced with their right to take some risks as part of everyday living.

Risk assessments were being reviewed on a regular basis and information was updated as needed. Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's support plans.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. After staff had been trained they undertook observed competencies by a senior staff to ensure that they understood the training and were able to put this into practice.

Staff we spoke with had a good knowledge of the medicines that people they supported were taking. The management undertook spot checks on staff at the person's home. These spot checks included medicine audits. People told us they were satisfied with the way their medicines were managed. One person told us, "I take them myself." We saw appropriate risk assessments in relation to the self-administration of medicines

which included observing the person and making sure they understood what the medicine was for and any possible side effects. These risk assessments were being reviewed regularly.

We checked a random selection of six staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. However, we noted that one person's recruitment file only contained one written reference rather than the recommended two references. The HR manager told us they would ensure this oversight was not repeated. We saw that the HR manager carried out checks to make sure the staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the service until satisfactory references and criminal record checks had been received.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. A relative commented, "The staff are absolutely fantastic." Another relative told us, "We are very happy with the service. The staff are knowledgeable and are in tune with his needs." Social care professionals were positive about the service and told us that the staff had a good knowledge of Autism.

Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. Staff were positive about the support they received in relation to training.

In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff could also discuss any training needs in their supervision.

Staff told us they received regular supervision and annual appraisals and we saw records of these in staff files we looked at. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks, undertaken by managers, were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. Staff told us that supervision was a positive experience. One staff member told us, "I always want to do things better, I can always improve."

Staff told us about the induction procedure they undertook when they first started working for the service. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own.

The operations manager told us that all staff were currently working toward the Care Certificate which is a recognised qualification for all new staff. He told us that it was decided that all staff would undertake this qualification as it would also be a useful refresher for staff who had worked at the service for some years.

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them

and did not do anything they did not want them to do.

Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their support plans.

There was information incorporated into people's support plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan. People's care plans detailed food likes and dislikes and if they needed any support with eating and drinking. We saw that some people had been referred to dieticians and healthy eating and weight reduction advice was recorded in their support plan.

The registered manager told us that no one currently needed help with eating or drinking but staff assisted people to prepare their meals. We saw appropriate risk assessments in relation to food preparation in people's support plans. People told us they were happy with the support they received with eating and drinking.

The service took primary responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. People told us they were happy with the way staff helped them access health care professionals and one person commented, "They prompt me as I sometimes forget."

Support plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage any health conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts details of healthcare professionals.

Relatives told us that the service kept them updated about any changes to people's healthcare needs.

Is the service caring?

Our findings

People told us they liked the staff and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "The staff are ok, they treat me very well" and "They care about me." A relative commented, "They are good they look after him."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One person told us, "We talk about it [support plan] a lot."

Relatives told us they were kept up to date about any changes to people's care plans. A relative commented, "We are kept in the loop."

We saw examples of where the staff had taken action to encourage, support and facilitate people maintaining contact with their family.

Staff understood that racism, homophobia or ageism were forms of abuse. One staff member told us, "We must challenge all forms of abuse." They gave us examples of how they valued and supported people's differences. They told us that everyone was a "unique" individual and that it was important to respect people's culture and customs. Staff gave us examples of how they did this in relation to food preparation and religious observance.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. One person told us, "They knock on my door."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when providing personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns. Relatives told us they were kept up to date with any issues.

A relative commented, "They are very good at letting us know about any concerns. We asked for a medicine review. We have had three in the last seven months." Another relative told us, "They keep us informed about issues, we are working together."

Social care professionals we spoke with told us the staff and management were very responsive and good at communication. They told us the staff were proactive and that support plans were person centred outcome focussed and staff treated people as individuals. They also told us staff involved families and management was accessible and adaptable. One relative told us, "Everyone wants what's best for him."

Each person had a support plan that was tailored to meet their individual needs. Plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. These plans focussed on what people wanted to achieve and what their goals for the future were. We saw that these goals had been discussed with the individual and then strategies and required actions were recorded about how these goals would be achieved. These strategies were being reviewed to see how successful they were in meeting these outcomes and goals.

We saw examples of how the service had responded to people's changing needs. This included staff responding to someone's increased challenging behaviour by implementing a behavioural monitoring chart and discussing the implications of this behaviour with them. The operations manager told us that the person now understood what effect their behaviours had on other people and their property. Records showed that strategies introduced with the person had resulted in a decrease in the incidents of challenging behaviour. We also saw the service was proactive in trying to reduce peoples' reliance on medicines used to control behaviour. A relative told us that this had achieved very positive outcome for their son.

People told us they had no complaints about the service and said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "If I had concerns I would go to staff or tell my mum and dad."

We saw that, where complaints had been raised, these had been appropriately investigated and dealt with by the management. One person told us, "I have loads of complaint forms in my welcome pack." They went on to say they had made a complaint, using these complaint forms. They said, "I was very pleased with the way it was dealt with."

A relative commented, "There were a couple of issues we were concerned about. I contacted [the operations

manager] and within a couple of hours he got back to me. Very prompt."

Is the service well-led?

Our findings

People who used the service, their relatives, staff and social care professionals were very positive about the service and how it was run. A person who used the service told us, "They do advise me very well." A relative told us, "We are very happy with the service, they listen to us." A staff member commented, "I'm very proud to work for this company. The managers are very accessible and trust the staff to know their job." Social care professionals said that the management worked well with them and kept them informed about how the people using the service were doing to meet their goals.

Staff told us that the management listened and acted on any suggestions staff made for service improvements. One staff member told us, "We contribute to improving service delivery."

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, regular reviews of service provision and monthly visits and audits by the management.

People confirmed they had regular contact with the management and been asked for their views about the agency. One person commented, "We have surveys. I feel involved." A relative told us, "[The operations manager] always asks us if everything is ok."

We saw completed surveys that showed people were satisfied with the service. Comments included, "First class service" and "Caring and conscientious."

From these quality assurance systems, we saw that the management used these to look at further improvements that could be made. We discussed with the operations manager ways of publishing the results of quality assurance reviews. This was so people using the service, their relatives, staff and social care professionals could see what the service was doing to improve and that any potential issues they had commented about had been addressed.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect and involve them in decisions about their care. When we discussed these visions and values with the management it was clear that these values were shared across the service.