

Optalis Limited

START

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 13 March 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

START is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 12 people using the service. START stands for Short-Term Assessment and Reablement Team. The START Team is part of the Wokingham Integrated Social Care and Health Team (WISH). Working with other members of the WISH team, START's stated aim is to promote the wellbeing of adults with care and support needs. The service aims to help people regain their independence so that they can manage everyday activities as far as possible. There are two aspects to the service:

1. Assessment, which usually takes between one day and two weeks. This is a limited period of care and support during which time the team will help people identify any long-term care needs.
2. Reablement, this service is usually provided for up to six weeks. The focus is on enabling people to retain or regain their skills and confidence so that they can return to being as independent as possible in their own homes.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People were treated with respect and their privacy and dignity was promoted. People and their relatives said the care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to retain and regain their independence as much as possible.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Other required checks were made to ensure staff were of good character and suitable for their role.

Staff received training and supervision to enable them to do their jobs safely and to a good standard. The registered manager was in the process of sourcing additional training in topics relevant to the specific work of staff within the service. For example, training in reablement had been arranged for staff to help them build on their skills when delivering the service.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed weekly or as changes occurred. People's rights to make their own decisions, where possible, were protected and promoted by staff.

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.

Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. The majority of people who use the service had retained their independence with handling their medicines. Where this was not the case, support was provided towards helping them regain independence where possible.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place to monitor the quality of the care and support being delivered and the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Good ●

Is the service effective?

The service was effective. People benefitted from staff who were well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where support with meals was included in their care package, people were supported to eat and drink enough.

Good ●

Is the service caring?

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

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

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

Good ●

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said.

Is the service well-led?

The service was well led. People were happy with the service they received and said the service was well managed.

The service worked well in partnership with other agencies, clients and family members to meet the needs of people who use the service.

Staff were happy working at the service. They felt supported by the management within the service and were optimistic that improvements made recently would continue.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Good ●

START

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 13 March 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the provider 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 looked at the PIR and 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.

As part of the inspection we spoke with the registered manager. We received feedback from four of the twelve people who use the service and two of their relatives. We also received feedback from four of the service's care staff and three community professionals.

We looked at four people's care plans and associated records, four staff recruitment files, staff training records and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, spot check supervision records, staff file audits and staff meeting minutes.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather.

People said they felt safe from abuse or harm from their care workers. Relatives said they felt their family member was safe when with the staff. One relative said, "The staff are thoughtful and caring. They pass on their concerns to us and they are easy to communicate with." Risk assessments were carried out to identify any risks to people when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks of falls and risks to people related to moving and handling. Community professionals thought the service and risks to individuals were managed so that people were protected. One professional said, "Seniors are able to undertake appropriate risk assessments to meet their obligations to their customers and staff."

The service assessed the environment and premises for safety of staff when providing the package of care as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. Staff received training in personal safety and had access to the lone working policy. Not all staff were aware of the lone working policy and the registered manager had already put lone working on the next staff meeting agenda so the policy could be reviewed.

The provider had an on call system where senior care staff or managers from two of their domiciliary care services were allocated to be on call for the two services out of hours. The provider had an electronic system for staff to log in and log out of calls. This enabled the on call seniors or managers to monitor where staff were, make sure they had attended their scheduled calls and make sure staff were safe. If necessary, the on call staff member would undertake calls that staff were not able to carry out for whatever reason. Staff said, on the rare occasions this was necessary, there was no official named back up or second on call person to take over monitoring the electronic system. We passed this comment on to the registered manager and provider. They undertook to look into it and amend the process so that on call staff could be clear on how to arrange for someone else to take over the electronic monitoring while they were out on a call.

There were enough staff employed to ensure people received the care they needed in line with their packages of care. Staff said the time allowed for each visit meant they were able to complete all the care and support required by the person as directed by their care plan. People and their relatives said staff usually turned up on time, stayed the correct amount of time and provided the care and support needed. Care staff said there was usually enough travel time allowed between visits and people said staff had never missed a call. One relative said it would be helpful to have a more precise time for their calls but understood why this was not always possible. Community professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. One community professional

commented, "I feel that current management are well aware of safe staffing levels and only accept work that they can manage."

People were protected by appropriate recruitment processes. Staff files included all the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment, full employment history and criminal record checks. The registered manager had a checking system to ensure all required recruitment information was double checked for completeness before allowing new staff to start working at the service.

In instances where the service supported people with medicines we saw this was set out in their care plans. Staff had received training to ensure the right people received the right drug and dosage at the right time. Only staff who had completed their training and been assessed as competent were allowed to administer medicines.

Is the service effective?

Our findings

People received effective care from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care. In January 2017, one family had written to the provider complimenting a member of staff on how skilfully the staff member had dealt with a difficult situation. They described how the member of staff had arrived at their relative's house to find them agitated. The family said the staff member was, "absolutely brilliant with [Name]." They went on to say they were extremely impressed with the staff member's ability to calm the person down and enable them to talk about what they wanted. The family said their relative responded, "... really well to her [the staff member's] soft and understanding approach." The way the staff member had dealt with this situation led to them being awarded the provider's 'best customer compliment' for the month.

In January this year a community professional wrote to the service regarding how effective the service provided had been saying, "Thank you for your excellent work and assistance with [Name], in particular picking this case up as an emergency. This not only kept [Name] safe when feeling incredibly vulnerable, but has re-abled her to become self-sufficient again."

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first started employment with the company. Staff said the induction training had prepared them for their role before they worked unsupervised. They also felt they received the training they needed to enable them to meet people's needs, choices and preferences. Due to the short term nature of the service provided, the registered manager explained it was not always possible to arrange last minute training for staff on meeting someone's specific needs. The registered manager was looking at ways specific training needs could be met at short notice. For example, the registered manager was in the process of sourcing a short training session for staff on the care of stomas from the local community nursing team. In the long run the registered manager was working towards setting up a bank of contacts to call on for very specific training should the need arise.

Community professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. The registered manager had booked additional training for all staff to increase their knowledge of reablement and supporting people to become more independent. All professionals commented on staff needing some additional training in reablement but were aware this work was already in hand. One professional said, "In general, care is of a good standard. Work is in progress in the upskilling of staff undertaking reablement work."

Where any routine, mandatory or update training was due, dates had been scheduled and training sessions booked. Staff had received training in topics such as health and safety, fire safety awareness, food safety, infection control and moving and handling. Other training routinely provided included safe handling of medicines and safeguarding adults.

Staff had one to one meetings (supervision) with their line manager four times a year plus a direct observational session twice a year. Direct observational sessions are where a manager observes a member

of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were up to date with their supervision meetings. Staff said their supervision meetings enhanced their skills and learning and confirmed they had yearly appraisals of their work. When the new registered manager started they found formal supervision had not been kept up to date. Staff confirmed supervisions had been re-introduced and felt they could raise issues that were relevant with the new registered manager.

People's rights to make their own decisions, where possible, were protected. Staff confirmed they received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People and their relatives said they were involved in decision making about their care and support needs and that staff asked their consent to the care they received.

The registered manager had a good understanding of the MCA and her responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. They were aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included what people had eaten. Where people were not eating or drinking well, the registered manager said advice would be sought from an appropriate health professional. Community professionals said they thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People said their care workers were caring and kind when they supported them. One relative wrote to the service saying, "Thank you to all START team from Optalis for supporting [Name] in his first few weeks at home. Your smiles and positivity have helped keep him (and me) going." Another relative wrote saying, "With thanks, for all your help in caring for my mother, to you and all your team."

Community professionals said the service was successful in developing positive, caring relationships with people using the service. One professional said staff did this well and added, "The staff are very committed."

People were supported to be as independent as possible. The care plans set out people's goals and gave details of things people could do for themselves and where they needed support working towards improved independence. This helped staff to provide care in a way that maintained the person's level of independence.

People said they had been involved in planning their care and with reviews of their care plan. Relatives said that, with their family member's consent, they were consulted as part of the process of making decisions relating to their care and support. Staff knew the people who use the service and how they liked things done. People said they were happy with the care and support they received. One person said, "They have always been very kind to me. Some are just wonderful." Other comments made included, "I can't speak highly enough of them, they have been wonderful." and, "We have a chat and a laugh."

People and their relatives said the support and care they received helped them to be as independent as they could be. One person currently using the service said, "I have gradually been able to do more and more for myself. I won't need them soon. I couldn't have done it without them." Another person worked with the staff to write a case study for the Optalis board, describing their journey through the START service. They commented, "I couldn't have coped without the help from the START service. I found it very good. They helped me to help myself." The person acknowledged that the working style of the reablement workers aided his recovery. "The reablement workers encouraged me to look after myself." and added, "I had to get used to doing things in a different way. [Staff member] gave me advice on how to manage without help."

People and their relatives said staff always treated them with respect and dignity. Community professionals said people who use the service were treated with respect and dignity by staff. People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Is the service responsive?

Our findings

People received support that was individualised to their personal needs and independence goals. They said they were happy with the care and support they received from the service. Community professionals said the service provided personalised care that was responsive to people's needs. One professional commented, "Care plans appear to be person centred and appropriate."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred routines were included in their care plans so that staff could provide consistent care in the way people preferred and chose. The assessments and care plans captured details of people's abilities and wishes with their self-care. People said staff knew about their needs, choices and preferences when they were supporting them.

Care plans were reviewed weekly, with a senior or the registered manager visiting the person in their home and discussing their progress with their reablement goals. During those visits their goals, and actions towards meeting their goals, were reviewed and updated as people's abilities improved.

On a day to day basis, staff assessed people's needs and abilities. Where improvements or changes were identified, staff passed the information back to the seniors so that their package of care could be adjusted when necessary. The care plans we saw were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans. Weekly reviews were well documented and it was possible to track people's improvements and see that the service was responsive to people's changing needs, working towards their goals and improving their independence.

People and their relatives were aware of how to raise a concern. They were given details about how to make a complaint when they started a package of care. They knew who to contact at the service if they needed to and said staff responded well to any concerns they raised. One person commented they had not had cause to complain and commented, "I cannot fault them at all." The service had received no complaints in the 12 months prior to our inspection. Staff were aware of the procedure to follow should anyone raise a concern with them.

Is the service well-led?

Our findings

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

The registered manager became registered in January 2017, having managed the service since November 2016. The previous registered manager left the service in August 2016. Staff told us there had been a period of uncertainty with a number of staff leaving, reducing the service START had been able to offer. During the three months the service had been without a manager staff told us the seniors had supported them and provided some continuity for them. One member of staff told us morale had been low during that time. However, they went on to say, "I feel we have now turned a corner and I feel far more positive about my role in general and my ability to perform and complete my job to a high standard." Another member of staff said the new registered manager, "...is very good at responding" and added that they expected they would now get regular supervision. One community professional said, "The new manager appears to be very much guiding the service and is a very organised person who makes sure everything is very well covered." Another professional commented, "The situation has improved since the team have had a supportive manager in the office. It is very useful to have someone to go to if a more management decision is needed."

The registered manager recognised the hard work the staff team had carried out to keep the service going during the period of uncertainty. The registered manager recommended two of the seniors for the provider's 'Star' award for their outstanding contributions to the service. In the nomination it was recognised that the seniors had supported and guided the START care staff "to ensure they felt supported and secure during a difficult period." The nomination went on to say, "The team ensured that no customer received a break in service."

When starting in November the registered manager had assessed the needs of the service and identified what improvements were needed. The identified needs had formed the basis of a continuous improvement plan that the service was working to. The registered manager explained she had first focussed on introducing structure; improving staff morale and wellbeing and getting staff training, competency and supervisions up to date. Current work underway related to retaining current staff and recruiting new staff so that the START service could be offered to more people. Training, supervisions and competency checks were up to date and staff morale was improving. This was demonstrated by comments received from staff and community professionals. Recruitment was underway with job vacancies being advertised at the time we inspected.

Feedback on the service provision was sought by the senior staff when they visited people at their weekly care plan and goal review. Remedial action was taken if issues were raised by people during those contacts. Annual surveys of people who use the service were carried out, with the next one due in April this year.

The provider had a new audit system of a number of areas related to the running of the service. The

registered manager was introducing the system and planned to carry out the audit themselves. For example, audits of staff training, staff files, health and safety, customer files and medicine records. All records seen were up to date, fully completed and kept confidential where required.

People and their relatives said the service was well managed. The registered manager and staff team were working on rebuilding a positive culture that was open and inclusive. The seniors and registered manager met weekly and team meetings had been re-introduced monthly and enabled staff to contribute ideas and suggestions towards the development of the service. Staff meeting minutes showed staff were kept up to date with what was happening within the service and with the people they provided care and support to. People, their relatives and care staff said they would recommend the service to others and their own family members.