

Optimum Care Plus Limited

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## Inspection report

265 Purley Way  
Croydon  
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Optimum Care Plus Limited is a domiciliary care agency providing personal care to people living in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 8 people using the service, some of whom were children.

### People's experience of using this service and what we found

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines to achieve the best possible health outcome. Staff followed effective processes when providing personal care and when preparing and handling food to reduce infection and hygiene risks.

#### Right Care:

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 8 September 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Optimum Care Plus Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since they were first registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 4 relatives about their experiences of using the service. We spoke to the registered manager, the field supervisor, a senior care support worker and a care support worker. We also spoke to a consultant working with the service, who specialised in communication needs of people with a learning disability and/or autistic people. We reviewed a range of records including two people's care records, records relating to staffing, and other records relating to the management of the service including the service's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- A relative told us, "I trust the carers with my [family member]. They are all passionate about the job. They care very much." Another relative said, "[Family member] is very safe with them and we are happy." Another relative told us, "I feel I can trust the staff with my [family member] and leave them with him."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People were safe and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. A relative told us, "The staff are very good at recognising [family member's] triggers and distracting them."
- Staff assessed people's sensory needs and did their best to meet them. A relative told us, "They are conscientious and make sure [family member] is looked after. If [family member] needs space they give this to them. They make sure they are not overwhelmed by situations."
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "[Registered manager] works hard to find the right match for my [family member] and this really helps. It puts me at ease knowing this. She is carefully selecting people for [family member] as they can be quite choosy as their needs are complex. If the carers find my [family member] is not engaging with them they are honest about this and they go back to [the registered manager]."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- Where the service was responsible for this, staff provided the support people needed to take their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff completed a comprehensive assessment of each person's needs prior to them using the service. This included functional assessments for people who needed them and staff took the time to understand people's behaviours.
- People had care and support plans that were personalised, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and/or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Updated training and refresher courses helped staff continuously apply best practice
- The service checked staff's competency, through regular spot checks, to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. They could describe how their training and personal development related to the people they supported. A staff member told us, "I have had supervision since starting here and it is every 3 months...I get to discuss areas where you might need more support and things you've done well...[registered manager] has given me a lot of support and is very approachable. She gets involved and asks about how work has been, what has made me happy and feedback about people."

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where the service was responsible for this, people received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food and planning their meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. Some of the people using the service were under the age of 16 and the principles of the MCA did not wholly apply to them. However staff still involved them as much as possible in decisions about how their care and support was provided to reflect their choices and preferences.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. They liaised with people who were legally authorised to make decisions on a person's behalf, to ensure their consent was obtained prior to care and support being provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well matched with staff supporting them and as a result, people were at ease, happy and engaged. A relative told us, "I can now go out and know [family member] will be engaged...I was amazed how attentive they are with [family member]." Another relative said, "My [family member] doesn't like change and different care workers so the continuity we get really helps and you see the change in [family member]. They smile and they are happy. The carer is very caring." Another relative told us, "I think [family member] is happy with the carers. [Family member] loves to go out with them."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. A relative told us, "My [family member] is very happy with the carers. They have a long term carer and this is great for them as they need the continuity. The carer is very, very kind and caring. [Family member] used to be very hyper and could lash out but things are very different and they are much calmer."
- Staff showed genuine interest in people's well-being and quality of life. A staff member told us, "I enjoy everything about this job. I enjoy caring for people and making sure they are well looked after."
- Staff members showed warmth and respect when interacting with people. A relative told us, "[Registered manager] has a very soft and caring approach and is focussed on my [family member] and understands their needs."

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

- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. A relative told us, "When [staff member] is caring for [family member] she is constantly communicating with them even though they are non-verbal. But they understand her and she understands them. She is always talking to them and will make a joke and make them laugh. She asks them about their day and how they are."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. A relative told us, "They are very respectful of our family and culture."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Each person had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.

- Staff knew when people needed their space and privacy and respected this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. A relative told us, "[Registered manager] is passionate about this job based on her experiences and this is so obvious and this helps us very much. They understand autism and how to communicate with [family member]."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.
- Staff spoke knowledgably about tailoring the level of support to individual's needs.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff understood people's individual communication needs and knew how to facilitate communication and when people were trying to tell them something.
- Information could be adapted to meet people's specific communication needs. For example, information could be made available in an easy to read or pictorial format if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. A relative told us, "They take [family member] to the park and open spaces as they love these and like to run around. When the weather is not great they take them to indoor activities. They will take [family member] to [restaurant] for their favourite meal."
- People were supported by staff to try new things and to develop their skills. A relative told us, "[Family

member] will do things like cooking with the carers which really surprised me as I didn't know they liked this. So it was something new for me and the carer taught me something."

- Staff enabled people to broaden their horizons and develop new interests and friends. A relative told us, "I think my [family member] is becoming more social now because they are going out more and having new experiences and becoming more socialised."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- The service had systems in place to obtain and record people's wishes for the support they wanted to receive at the end of their life, where this was appropriate. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager worked directly with people and led by example. Relatives told us the registered manager was approachable and took a genuine interest in what people and relatives had to say. A relative told us, "[Registered manager] is very hands on and will get involved and will cover shifts if needed. She is very approachable and I can call her at any time." Another relative said, "We have been lucky, we have found great carers and [registered manager] is very good and she understands our [family member]. Whatever I need, I can speak to [registered manager] and she will always listen and change things for me. I can call any time and speak to her and she is very good at changing things."
- Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture. A staff member told us, "When you have a good manager you then put in 110% effort as you want to go above and beyond for them...the first day I met [registered manager] it was a pleasure meeting her and made me feel welcomed and part of a team. If I call her she picks up the phone and is always happy to hear from you and asks how I am. She will always respond when you get in touch with her. She will always call you back."
- Management and staff put people's needs and wishes at the heart of everything they did. A relative told us, "[Registered manager] is good. She sends the staff on time. She will tell me who is coming in advance and when so it helps me prepare. I think they provide a good service to me and my family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. A relative told us, "When we had to complain, [registered manager] investigated and wrote an apology which we were very pleased with."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. A relative told us, "[Registered manager] will come here and check how things are and will talk to me and my [family member] and checks in with them and involves them as well." Another relative said, "[Registered manager] is very supportive and checks up on us and the staff, to make sure the staff are doing their jobs properly and see that we are ok and if there is anything we need."
- Staff reviewed people's care and support on an ongoing basis as people's needs and wishes changed over time
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- Staff delivered good quality support consistently. A relative told us, "The staff are very good. I think [family member] gets good care and support from the carers. They don't just sit on their phones and twiddle their thumbs." Another relative said, "It's a very good service. The carers are coming on time and they give us very good service. They take [family member] out and they provide good care to him." And another relative told us, "I am very satisfied with them and I would give them 5 stars! The service are very, very good...[registered manager] gives us lots of advice and we have learnt a lot about all the things we need to support our family. I am very happy and very grateful."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. In response to recent feedback the registered manager had brought in an external consultant, who specialised in communication needs of people with a learning disability and/or autistic people, to work with staff to develop personalised communication systems and structured timetables for people and their families to support people when at home.

#### Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. Staff listened to feedback from health care professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life.