

Optimal Homecare Services Ltd

Optimal Homecare Services

Inspection report

Longfield Place
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Date of inspection visit:

26 March 2019

28 March 2019

29 March 2019

01 April 2019

Date of publication:

07 May 2019

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:

Optimal Homecare Services is a domiciliary care agency that was providing support to 15 people at the time of the inspection. Not everyone using Optimal Homecare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People felt safe and were happy with care staff. Care staff knew how to recognise and report potential abuse. Risk was considered in relation to equipment, environment, and any other specific need, and supported with person focused risk assessments.

People received support from a consistent staff team who arrived on time and stayed for the required duration of the call. Recruitment checks were robust. Staff had medication training and followed the principles of good infection control.

The registered manager provided clear leadership based on reflection and of accepting nothing less than the best. Care staff received regular training and practice updates and were subject to regular competency checks. All staff told us how much they felt part of a team. All people and staff told us communication was excellent.

Staff understood the importance of obtaining consent and people told us they always had choices. People were supported with nutrition and accessing health services if needed.

People were very happy with care staff and spoke highly of them. People were properly assessed and their needs and wishes were reviewed regularly, and privacy and dignity was promoted along with independence.

The service had received no complaints but people knew who to contact and care staff felt able to raise any issues.

Optimal Homecare Services had a strong focus on the best outcomes for both people and staff. The values of the registered manager showed high expectations and the views of all were considered and responded to. Although the documented quality assurance measures were limited, the registered manager had daily updates and was constantly reviewing service provision. They acknowledged they needed to develop some impartial monitoring and showed us the plans they had put in place.

Everyone we spoke with recommended the service and said nothing could be done better.

Rating at last inspection: Requires Improvement (report published 28 March 2018)

Why we inspected:

This was a planned inspection in conjunction with our inspection schedule.

Follow up:

The service will continue to be monitored in line with our inspection programme, and if information of concern is raised, this will be investigated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Optimal Homecare Services

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 associated with 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:

The inspection team consisted of an adult social care inspector.

Service and service type:

Optimal Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people living with dementia or a learning disability.

The service had a manager registered with the Care Quality Commission.

Notice of inspection:

The inspection was announced for the site visit on 26 March 2019. Telephone calls were made to people using the service and to staff on 28 and 29 March 2019.

What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

During the inspection we spoke with two people using the service, and one of their relatives. In addition, we spoke with three staff including care staff, and the registered manager.

We looked at two care records including risk assessments, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

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.

This domain had previously been rated requires improvement as recruitment checks had not been sufficient. This time we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, and staff knew how to recognise and report potential abuse.
- We saw appropriate referrals to other agencies including the Care Quality Commission had been made.

Assessing risk, safety monitoring and management

- If people required the use of equipment such as a hoist to transfer from bed to chair, detailed risk assessments were in place showing the placement and method for their use including photographs. Where people were at choking risk, detailed risk assessments were also evident. If people's needs changed because of their condition, there were different risk assessments for staff to follow which provided specific guidance as to how to make that judgement.
- The registered manager also conducted a thorough environmental risk assessment for each person's home to ensure safety of all their staff.
- Staff sent updates to the on call team leader after each visit so any key concerns were shared promptly and staff's wellbeing was ensured.
- Staff were vigilant around noticing any marks on people, and responded quickly and appropriately to any concerns noted, demonstrating a good awareness of checking skin integrity.

Staffing and recruitment

- People told us they were happy with the staff who stayed the duration of the call and who were always punctual. People's daily records showed staffing teams were consistent and punctual. One person said, "They stay extra if needed."
- Rotas showed staff worked shifts which provided a good work-life balance, and people's needs were met by a consistent staff team. Staff worked with colleagues where two staff were needed to support a person and calls were organised with sufficient travel time. They told us they had enough time to complete their tasks properly including writing up records. One member of care staff said, "It is very well organised."
- Staffing levels had recently increased to enable the registered manager to detach themselves a little from day to day care provision.
- Recruitment checks were more robust than during the previous inspection. Staff had been interviewed in depth and references obtained. Staff did not commence employment until all checks had been made and verified.

Using medicines safely

- Staff received appropriate medication training and were assessed by the registered manager as competent before administering medication.
- Medication administration records provided clear instructions for staff about the amount and location of creams to apply. Records showed people's allergies, GP and pharmacist in the event of any issues. All records showed what time medicine had been given and was signed for.

Preventing and controlling infection

- Staff understood and followed good practice in regard to infection control. People told us staff always wore personal protective equipment when required.

Learning lessons when things go wrong

- The service had not any incidents or accidents but the registered manager told us what action they would take in the event of such a situation. Where minor care practice issues had arisen, we saw these were dealt with promptly and learning shared with staff in a non-judgemental manner to ensure all followed best practice.

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

- The registered manager had a sound understanding of best practice and how to ensure they maintained current knowledge. This was shared with staff through training and regular updates.

Staff support: induction, training, skills and experience

- Staff received a detailed induction covering all aspects of care delivery. They then shadowed more experienced colleagues for a period of two weeks, and following this, were shadowed themselves during their first shifts. Staff new to care had begun completing the Care Certificate which is a set of minimum standards for all care staff.
- The registered manager delivered training in people's own homes showing staff directly how to safely use equipment such as a hoist or stand aid. They also completed observations for staff to demonstrate their competence. One relative told us how confident staff were in their use of such equipment.
- The registered manager was due to commence more formal supervisions with staff to discuss their individual performances. They currently spoke and texted staff daily with information relevant to the people they supported. This could include practice reminders and details about a person's wellbeing.

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

- Where people required assistance with their food and drink, we saw their preferences were recorded and staff supported as specified. People at nutritional risk had food and fluid charts in place which were closely monitored by care staff.

Staff working with other agencies to provide consistent, effective, timely care

- We saw a number of examples where other agencies were involved in people's care. The information shared was timely and enabled the person's needs to be met promptly.
- We also saw staff worked well as a team, sharing significant information with each other to encourage high standards of care delivery.

Supporting people to live healthier lives, access healthcare services and support

- We saw evidence of effective wound care monitoring by care staff in conjunction with advice from the district nursing team.
- Staff made full use of a shared communication book in people's properties where anyone involved in supporting the person could record key information or updates. This meant everyone had access to the correct and latest information.

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 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. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager and staff understood the importance of obtaining consent and how to support people effectively who were unable to make decisions. People told us they were always given choices.

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; respecting equality and diversity

- People were happy with the care staff describing them as kind, friendly and considerate. One person said, "I always feel cheered up after their visit." Another told us, "Staff are excellent. They are always very caring." A relative said staff were very good, "They always do what they need to do." Another described staff as 'very patient.'
- The registered manager always asked, as part of their initial assessment, if people had particular cultural or spiritual needs. They described how one person had a disability but did not want to be defined by this. This was reflected in their care documentation so all staff knew how to approach them.

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

- The registered manager advised how they were supporting one person, who had no family who lived locally, through the use of Skype calls to their relatives in another country.
- Care documentation evidenced people's communication needs had been considered in depth, including where staff should stand if someone had a visual impairment, to ensure they were providing the best possible means of engaging with the person. People's individual methods of communicating were also recorded so staff could recognise expressions if a person was unable to communicate verbally.

Respecting and promoting people's privacy, dignity and independence

- Care documentation provided guidance for staff to ensure people's privacy and dignity was promoted at all times. People's preferences and wishes were noted.

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

- Care records were person-centred and provided current detail about people's needs. These were updated regularly, and staff were supported with daily text updates if needs had changed suddenly. This also aided staff to be aware of the smallest of changes.
- An overview sheet provided a concise summary of people's needs. Step by step details of what was required on each visit was also recorded to ensure staff covered all aspects of care needed.
- Staff received specific guidance and suggestions of how to approach situations differently if one particular method was not working. Some of this was based on the registered manager's close knowledge of the people using the service showing they were creative in their thinking and keen to ensure people were supported in the best manner by their staff.

Improving care quality in response to complaints or concerns

- The service had not received any complaints but had a number of compliments. One read, "Thank you. I do appreciate all you and your staff do for [name]. You are amazing and valued. You and your staff do a job which is dedicated, compassionate and they show a care for [name]." Another said, "I always feel listened to."
- Where minor issues were raised we saw the registered manager deal with these promptly and efficiently to ensure they did not escalate into bigger concerns. We heard them deal with one such instance while we were inspecting. One relative said, "If I have raised anything, it has been sorted very quickly. The manager is very approachable and will listen and act on any concerns."

End of life care and support

- We saw in daily updates shared with staff very personalised information and guidance in how to support people at the end of their life. This reflected how the person presented that day and was therefore very timely. It included information from other services such as the district nurses so all staff knew the current situation. Any changes to medication were also shared this way so staff had clear and immediate guidance.
- We read how the delivery of some special equipment had alleviated a person's pain and staff had very clear guidance as to how this should be used and checked at each visit.
- Where people had a 'do not resuscitate' plan in place, staff had clear guidance as to what action they needed to take.

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 high-quality, person-centred care.

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

- People told us the service was very good. One person said, "It's very good. They do everything that needs to be done. I'm very satisfied." We asked all people and relatives we spoke with if they would change anything and everyone said no. Everyone told us they would recommend the service and would have no hesitation in doing so.
- The registered manager had a clear vision which stated the customer comes first, and staff must feel valued. We saw and heard evidence of both of these aspects being translated into practice. The high retention rate showed staff were happy and they told us so.

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

- The registered manager set high standards and expectations for themselves and their staff. Their drive was to ensure everyone received good quality care.
- Staff had random spot checks completed by the registered manager. These were observations of staff delivering care and feedback about their performance.
- Audits were limited as the registered manager was only just beginning to move away from hands on practice. However, care notes and medication records were reviewed on a monthly basis to check for accuracy, completeness and any issues not already known about.
- The registered manager told us about their plans for growth in the service and also planning for unforeseen emergencies. This was important as the registered manager worked alone so needed to develop their contingency plans.
- Staff told us there was always someone to contact out of hours and the registered manager was available for any issues, no matter how small. Although more formal meetings were not regular, the use of daily updates ensured all staff had significant information quickly and accurately.

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

- The service had recently sent out a questionnaire to all people and we saw feedback was very positive. 86% had been returned. People listed five things they liked about the service which included courteous staff, customer-centred care, conscientious in every way and high-quality service. No negative comments were received.
- Staff were shown and given regular appreciation by the registered manager who shared positive comments from people receiving the service. They were also very aware of when situations had been

difficult for staff to manage and always acknowledged these.

- One member of care staff told us, "This is better than anything I have worked in before. Support is always there." Another said, "It's an absolutely brilliant service. We could not ask for more support or better communication. We all know what's happening. The manager really cares about the service users and the staff."

Continuous learning and improving care

- The quality assurance audits showed staff were given individual feedback about their performance, especially in regard to documentation. The focus was on what staff did well, and where improvements were required. Staff felt this was a positive way to learn and improve.
- The registered manager also did a six month summary of any recurring trends and then informed staff if there were particular concerns which needed to be addressed.
- The group texts sent daily evidenced where practice needed to change following advice from other professionals such as podiatrists or district nurses. This information was shared promptly, relevantly and meant action was taken quickly to address any issues.

Working in partnership with others

- We saw many examples of inter-agency working and learning from others. The registered manager was very accepting of advice from other services and acted wherever this was to benefit the person receiving the service.