Optimum Healthcare 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 took place on 2 and 16 October 2018 and was announced. This was the first inspection of the service by the Care Quality Commission (CQC).

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, adults, young people, people with learning and profound disabilities and people at the end of life. Not everyone using Optimum Healthcare Limited 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. At the time of the inspection ten people were receiving personal care from the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. They told us they were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe with staff and the registered manager knew how to make appropriate referrals to the safeguarding team when necessary.

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.

The service worked in partnership with other agencies including health professionals to help ensure people's healthcare needs were met. Medicines were managed safely.

Staff knew about people's dietary needs and preferences. People told us their choice of meals was followed.

There were a complaints procedure and people knew how to complain.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had

effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's choices and preferences were respected.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

Staff knew people and their care and support needs.

People were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and

reviewed.

People received calls around the agreed time period. Staff completed required care and support tasks before leaving the calls.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the service.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

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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 took place on 2 and 16 October 2018 and was carried out by one adult social care inspector. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small service, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We made telephone calls and visited people who used the service on the 2 October 2018.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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.

We spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with two people who used the service, three relatives, two care workers and the registered manager.

Good

Is the service safe?

Our findings

Medicines were managed and administered safely. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Some people were prescribed medicines, which had to be taken at a particular time and we saw there were suitable arrangements in place to make this happen.
Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system.

The administration of topical medicines such as prescribed creams was recorded. MARs contained details of topical medicines and records contain body maps to indicate where and how topical creams should be applied. Protocols were not in place that clearly described when medicines prescribed for use 'as required' should be administered. There was no medicines profile in place which provided information on the medicines people were prescribed and the reasons why and possible side effects of prescribed medicines. PRN protocols were not in place because this was not stated in the providers own policy.

We recommended that the provider reviewed their medicines policies and procedures to reflect published guidance.
People were kept safe from abuse and improper treatment. People who used the service told us, "I feel safe when the staff visit, there is always two of them when they visit". "I feel safe, they all know the key safe and pass it to one another". One relative told us, "I'm going away for a few days, I wouldn't do that if I didn't feel confident and not worried. I know [relative] is going to be safe."

Electronic call monitoring was used. This allows real time monitoring of staff activity to help improve the safety of the service. If staff were late for a call or if a call ran over the system would alert the office. The office would contact staff to clarify if there were any concerns.

Staff understood and followed the correct processes to keep people safe. Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager knew how to make appropriate referrals to the safeguarding team when needed.

Risks to people's health and safety were assessed including an assessment of their living environment and any specific risks associated with their care such as issues related to people's skin integrity, mobility, moving and handling and ability to administer medication. They provided staff with additional guidance.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

The service was adequately staffed which ensured staff provided a person-centred approach to care delivery. Daily records of care evidenced that calls consistently took place and staff attended at appropriate times each day, indicating there were enough staff deployed. Staff we spoke to said they had sufficient times to meet people's needs.

One person told us, "Staff always come, if they are going to be late they let me know by telephone. I have different staff at different times, but I know all the staff who come". Another person told us, "When staff visit I feel good they come four times a day, get me up washed and dressed and give me my breakfast. They give me half an hour and when they come at lunch they get things done. They will do owt in house, hoover up put washer on and put washing in drying room. They are very good".

Staff told us they received training for infection control. We saw staff had access to personal protective equipment (PPE), such as gloves and aprons and were using these appropriately.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, one person was experiencing falls. The registered manager reviewed the forms and identified it was due to the person refusing to use the equipment provided. The registered manager made a referral to the occupation therapist team to look at new equipment. They also spoke with the person and their family to move the furniture around to prevent trip hazards.

Good

Is the service effective?

Our findings

We saw people's needs were assessed prior to commencement of the service to ensure the service could fulfil these needs. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. One person who used the service told us, "Before they started supporting me. My family were asked to attend, and the manager came to assess me with [Staff member]. After that they made the arrangements. They asked me all sorts of questions. They asked me, what do you us to do".

The service was proactive in keeping update with best practice guidance. For example, the registered manager attended provider meetings and training delivered by and in conjunction with the local authority.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us training opportunities were good and there was plenty of training on offer. One person said,

A training matrix was in place which indicated what training staff had completed and when refresher training was required. The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling and safeguarding. We saw staff had also received specialist training in topics such as dementia care and PEG feeding. The provider is working with the different organisations to provide specific training and understanding and to ensure person centered support is delivered.

People we spoke with felt staff were adequately trained. One person who used the service told us, "Staff know what's what. They defiantly have the right training and take notice. When they get new staff the one with most experience takes the lead. I tell them to take notice of [Staff member] she knows. Then next time they take the lead, so they learn, everyone has got to learn". Relative's told us, "Staff are well trained, if they don't know something they will ask me or read the paperwork". "Staff are well trained they know how to speak to people, always try to talk to communicate, [Person] can't communicate well. Staff always sit and take the time to understand".

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. We saw staff received regular spot checks where their competency was reviewed. This included checking they arrived at the person's home on time, stayed for the correct amount of time, completed the required tasks. Staff we spoke with confirmed these took place. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year.

People's nutrition and hydration needs were met. People who used the service told us they received the support they needed to eat and drink when staff visited. One person commented, I'm very happy with the food I get, I'm not bothered about hot meals. They [Staff] will do whatever I want to eat. They always ask". Another person told us, "I have a list of foods that I have in the fridge and freezer my [Relative] writes this out. Staff then help me choose what I want from this list. Staff's cooking not too bad, only the odd one who doesn't cook right. I tell them they haven't done it right, and they have another go".

A family member told us, "I have no complaints about the food they prepare. They always take their time with [Relative] and will always ask if [Relative] want any more". Another relative told us, "They will cook bacon and egg for my [Relative] if that is what they want.

The service worked with other agencies to ensure people were supported to meet their health care needs. Where staff were concerned about people's health or had noted a change, we saw they had made referrals to relevant health professionals. There was a log in the person file which showed when office staff had made contact with health professionals. One person who uses the service told us, "I tell [Registered manager] when I have an appointment and she will arrange the transport for me. Then when I go to the hospital staff pack me up with lunch, so I have sometimes to eat and drink when I'm there. They help me with medical appointments and district nurse visits". One relative told us, "When my [Relative] goes to hospital, we never know how long they will be. I just phone the office and they will sort care times for when they return".

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 when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no DoLS had needed to be made.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relatives had been involved in decisions as part of a best interest process.

The manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect. People who used the service told us, "Staff are friendly and kind, they are all friendly. I get on well with the staff, they treat me with respect". "They [staff] always leave the blinds closed to respect my privacy". "They [staff] treat me with respect and dignity. We have a good laugh now and again, one of them brings me plums, from her tree". "Staff are very kind, they always check everything is okay before they leave". Relative's told us, "The staff are lovely. They treat my [relative] with respect and the care is good. They are lovely with the care". "Optimum cares are brilliant, they take care. They sit and talk to [relative] and always get the work done."

The service based in a specific geographic location. This helped with the continuity of care workers. We looked at daily records of care, which showed people had a core group of care workers; this helped ensure good relationships developed between them. People we spoke with confirmed this. One person told us "I have different staff at different times, but I know all the staff who come". Another person told us, "When the staff have finished their jobs and there is still time left, they sit and talk to me. I like that."

Some people find it difficult to communicate their needs. Staff explained they visit people regularly and get to know them and their preferred methods of communicating well. Staff told us, "Sometimes people have visitors when we arrive. I ask people to leave, while delivering care. I always ask people what they want, and ensure I close curtains and doors." Another staff member told us, "I treat people how I would like to be treat myself. Some people are alone, couple's or living with family. If someone is there, I think before saying something, I wouldn't want to cause upset to anyone. I ask the person if they are happy for person who is there to be there, if not ask people to leave before delivering care."

Care plans were person centred and showed the service had sought information on people's past life histories, interests and hobbies to help better understand them and the care they needed. One staff member told us, "I always deliver person centred care. Care should be according to that person's needs. It's not just about delivering care any old how".

People who used the service were supported to be as independent as possible. Care plans focused on improving and/or maintaining their independence, highlighting the tasks they could do for themselves. Staff told us, "I involve people in what I am doing, I ask them, do you want to wash and shave yourself, or check the amount of support they want. It's important to maintain independence as much as possible". One relative told us, "Staff always try to promote independence. They will always make [person] try, if [person] walk it helps, the more they move the better it is for [person].

We saw people's views and opinions were listened to by the service. Daily records of care showed people were given a choice, such as what they wanted to eat during care visits. We saw evidence of people being involved in decisions about their care. For example, we saw people/relatives were involved in planning and reviewing plans of care. The service supported people to feel listened to and air their views in relation to their care and support through care plan reviews and questionnaires.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

Good

Is the service responsive?

Our findings

People's needs were assessed, and care plans formulated to meet these needs. These included detailed information about the care and support staff were to provide at each visit.

A person-centred approach to care and support was evident. Care plans contained information about people's preferences, how they wanted their care to be delivered and information about people's parents and family. For example, one person's plan said, "My speech is slurred staff need to be close, so they can hear me, staff need to be clear when speaking to me". Another person's plan said, "Even though [person] is nonverbal, they need to be involved with what is happening, you need to tell [person] what is happening at each step."

Care records were reviewed with changes made where required. We saw people were asked if they were satisfied with the care and support they received. Records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. One relative told us, "Staff do get in touch and let me know if anything is not right. I get along with them all. They are all ok".

The service had a complaints policy. People we spoke with told us they knew who to complain to. Responses from people about the concerns and complaints process were positive. One person told us, "If I wasn't happy I would phone the office up, or my [family member] would get in touch with them". Another person told us, "The boss is [name of registered manager], I know what to do. They do listen when I'm unhappy they [staff] are very good. I haven't had a complaint yet. Sometimes they may be a little bit late, but they phone me and say we are delayed. They always come".

A number of compliments had been received, for example, "Thank you for everything, your help and care has been second to none, words fail us. A compliment was received from a healthcare professional which said, "Many thanks for the care and support, both [person] and family mentioned that they were very happy with the quality of service that you gave [person]".

The registered manager informed us they were not currently providing care for people at the end of life. However, they have cared for people at the end of life and would work alongside other professionals to meet people's needs and wishes. Staff had received training in relation to end of life care.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

We received feedback from the contracts team who told us, "Optimum think out of the box and are encouraging service users to connect with their community/network to avoid social isolation an improve the

quality of their lives".

Good

Is the service well-led?

Our findings

There was a manager in post who provided leadership and support. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. One person told us, "It's the management that makes the team good, they are approachable. They try and help us as much as they can, you have to be honest. Honesty is the grounds of a good relationship. If I have an issue I can speak to anyone".

We found the management team open and committed to make a genuine difference to the lives of people who used the service. We saw there was a clear vision about delivering good care and achieving good outcomes for people using the service. People who used the service told us, "The manager has visited me. She comes to check on things. She is good, she makes sure things are done".

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service to receive care and support from and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. One staff member told us, "It's brilliant. I'm really happy, everyone is friendly and muck in. We help each other cover shifts, everyone is approachable. I am able to speak my mind".

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included daily notes audits, medicine audits and call time audits to monitor arrival times and the duration of calls. We saw if any shortfalls in the service were found action had been taken to address any issues. For example, where staff had not completed daily notes correctly this was addressed with the staff member involved.
Staff received spot checks on their practice. This looked at a range of areas, including how they interacted with people, whether they completed care and support tasks correctly and if they of appropriate appearance. This helped ensure staff worked to consistently in relation to medicines.

Team meetings were held regularly. Staff told us, "We have staff meetings once a month. We are able to make suggestions about how things work. I often have loads to say and I am able to get it out." "We get on really well, once a month we have team meetings. Everyone always attends".

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Sheffield contracts team and the NHS and other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the registered manager with a wide network of people they could contact for advice.

The commissioning team told us, "The registered manager is keen to get things right from the start and only takes on new work when safe to do so. Since starting with us we have had no service user complaints or issues raised by social workers/other professionals. They have had no safeguarding concerns raised. Both of

which is a great reflection on Optimum recognising some of the difficult support packages they have picked up".

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.