

Optima Care Limited

Optima Care Limited - 37

Spenser Road

Inspection report

37 Spenser Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

37 Spenser Road is a residential care home that provides personal care for up to 13 people who may have a learning disability, or autism. At the time of our inspection there were 12 people living there.

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

People's experience of using this service:

People were engaged in some activities of their choosing, however during the inspection we observed people without person centred interactions or activities for long periods of time. People had activity planners in place, however these were not consistently followed, and we did not see any evidence of alternative activities being offered on the day of our inspection.

The service had been through a transition following the registered manager leaving the service in June 2018 which had impacted on the quality of documentation. Staff and a relative informed us this period had been unsettling. We identified that risk assessments and care plans had not been updated for significant periods of time, however, permanent staff had a good understanding of people's needs.

People were supported to live healthy lives, for example, being part of a gym or taking part in 'talk and walk' sessions. People had access to healthcare professionals and their needs were reviewed and re-assessed when their needs changed.

The environment had some adaptations; corridors were wide enough for wheelchair access, and there was easy access to the patio garden. People were involved in the preparation of food, and people with visual impairments had adapted utensils to enable them to be as independent as possible.

We observed kind and caring interactions between people and staff. Staff had a good understanding of people's histories and likes and dislikes and used this to support people effectively. Staff used a range of communication techniques to support people, for example picture cards or different forms of sign language.

The home had not always been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieved the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The people living at the service did not consistently receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Rating at last inspection:

At the last inspection the service was rated Good. (14 June 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

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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 was carried out by one inspector.

Service and service type:

37 Spenser Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager left the service in June 2018. A new manager had recently been appointed and had applied to be registered with the CQC.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities. We assessed the information we require providers to send us to give key information about the

service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

We spoke with two people, and spent time observing staff with people in communal areas during the inspection. We spoke with the operational project lead, acting deputy manager, and three staff. We reviewed a range of records. This included three people's care records and medicine records. We reviewed records relating to the quality and management of the home. After the inspection, we spoke with a relative.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People had some risk assessments in place. However not all identified risks had documentation in place to inform staff on how best to support people.
- One person needed support from a hoist to transfer. Their care plan did not contain a risk assessment or care plan to inform staff on the sling to use, and how to position it. Staff we spoke with, were able to tell us how they supported the person to move.
- One person was living with epilepsy and had no care plan or risk assessment in place to inform staff on how to support them, what type of seizures they had, and when to contact the emergency services. Staff told us they felt confident to support the person and could describe how they would support the person in the event they had a seizure. However, there was no detailed documentation for them to refer to, or for new staff to learn from.
- The service has staffing vacancies, and therefore was using high levels of agency staff to support people. The lack of detailed guidance for staff to follow posed a risk of people not receiving the necessary care. Staff told us that regular agency staff worked at the service, but on the day of our inspection, the agency staff on duty had only worked at the service once previously and was not supported to review care plans.
- Risks to the environment had been assessed and minimized. For example, checks had been completed on equipment to ensure it was safe to use. Staff checked the water temperatures monthly throughout the service to make sure people were not at risk of getting scalded. However, the recording of this was inconsistent when people had baths and showers, with staff telling us, "We were told not to log it by one manager since (new manager) has been here we have been told to do it." We discussed this with the operational project lead, who confirmed all staff should be documenting the temperature of the water when people had baths and showers. They spoke with staff the same day to re-enforce the importance of the documentation.

Using medicines safely

- Some medicines were required to be administered by two staff members, and a register signed to evidence this. We found that not all entries in the register had been signed by two staff members in line with good practice. We reviewed medicine administration records (MAR) and found that medicines that needed to be double signed, had not been consistently double signed.
- Medicated creams had not always been dated on opening which risked creams being used past their recommended date. We discussed these issues with the deputy manager, who assured us staff would be spoken with, and all issues addressed.
- Medicines were administered by staff that had been trained, and had their competency assessed.
- There were clear processes to follow for 'as and when' required medicines, for example paracetamol.

- A relative told us, "They look after him, they give him paracetamol if he is unwell."

Staffing and recruitment

- We observed there were sufficient staff to keep people safe. However there had been occasions when people wanted to go out and were not able to. Staff and the managers had recognised this and were in the process of re-negotiating with commissioners and having people re-assessed. In the meantime, they agreed to review the creative allocation of staff.
- Rotas were completed in advance, and when gaps were identified in the rota, the provider booked regular agency staff to ensure continuity of care. Staff told us the agency staff were 'amazing.'
- A relative told us, "As far as I know there's enough staff, there's enough staff when I go there. I was worried when they had a lot of new staff all at once, but it couldn't be helped. They seem quite nice, (name) likes them he would soon tell you if he didn't."
- Staff were recruited in line with the provider's recruitment procedures. Before starting work each staff member had checks completed to ensure they were suitable to work with vulnerable people. These included receiving references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a potential staff member may have. These checks helped make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- We asked one person if they felt safe, and they told us, "Yes I do. The staff look after me."
- There were systems and policies in place to protect people from abuse and avoidable harm.
- Staff had received safeguarding training and were able to describe to us the steps they would take if they had concerns about a person. This included who they could contact outside their organisation.
- A staff member told us, "I am only here to protect these guys, no one else."
- When potential safeguarding incidents occurred, the provider notified the local authority safeguarding team as required.

Preventing and controlling infection

- The service was clean and well maintained.
- One person enjoyed tidying the service, and we observed them collecting cups from others when they had finished their drinks, encouraged by staff.
- When appropriate, staff used personal protective equipment such as gloves and aprons to stop the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were logged by staff and reviewed by managers.
- When things went wrong, risk assessments were reviewed, and action plans implemented to reduce the likelihood of the event re-occurring.
- Any incidents were shared with staff, through a communication book or within staff meetings to ensure all staff were aware of the risks.

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

- People's needs were assessed by a manager before they moved into the service, and when their needs changed thereafter.
- The initial assessment considered what people could do independently, and what they needed support with. This information was used to form the person's care plan.
- People's protected characteristics under the Equality Act 2010 were considered during the assessment, this included people's needs in relation to their religion, sexuality and communication.

Staff support: induction, training, skills and experience

- Staff received the training and support required to complete their roles.
- Staff told us they received effective training to support them in their role. One staff member told us, "I loved the dementia level two as it gives you such an insight. It really explains why people behave in certain ways, which is really helpful."
- The providers training schedule ensured all staff completed positive behaviour support (PBS) and Prevention Management of Violence and Aggression (PMVA). Staff had also accessed communication courses to support their understanding of Makaton. Makaton is a language programme using signs and symbols to help people to communicate
- Staff told us they received regular supervision under the old registered manager, and now had a system in place where by the deputy manager completed supervision with each staff member. The deputy manager told us they had received supervision from managers within the organisation.
- During our inspection, we observed positive interactions between people and staff.
- A relative told us, "I think they do a very good job, I think the staff are good."

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

- There was no food menu available in an accessible format to inform people of the choices of food for the day. Staff we spoke with told us they were in the process of implementing a food menu for people so they could choose in advance what they wanted to eat.
- People we spoke with were able to tell us what they had chosen for breakfast and lunch on the day of inspection.
- People with visual impairments had adapted utensils to support them to make drinks, including hot drinks. One person told us, "Sometimes I help with cooking. I like it."
- People were supported to eat a range of healthy home cooked meals that were nutritionally beneficial.

Adapting service, design, decoration to meet people's needs

- There had been some adaptations to meet people's needs within the service, for example floors were level and doorways were wide enough for wheelchair access.
- Adaptations to meet the needs of people living with visual impairments were limited, however people had lived at the service for some time and told us they were confident in navigating their way.
- Some people had been involved in the design, and decoration of their bedrooms, and all bedrooms were person centred.
- Some people had sensory items within their rooms, which staff told us they enjoyed using frequently.
- People had access to a large courtyard which joined both properties, and we saw people enjoying sitting outside.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health action plans which detailed their healthcare appointments and any follow up action needed as a result of the visit.
- People were supported to see a range of healthcare professionals when their needs changed, or for regular check-ups including GP, physiotherapist and the speech and language therapist (SaLT).
- One person told us, "Staff always help me. The staff are good. They usually phone the doctors if I am not well."
- Staff told us one person had developed a wound, and following training and consistent support for the person, the wound had healed.
- People were supported to maintain healthy lifestyles. For example, one person told us they enjoyed being part of a walking and talking club weekly. Other people were supported to go to the gym to keep active and healthy.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- Staff understood and implemented the principles of the MCA. One staff member told us, "You don't class people as not having capacity, until an assessment has been completed."
- People were supported to make every day decisions, for example people told us they made decisions in relation to the food they ate, the clothes they wore and the activities they took part in.
- When people needed support to make more complex decisions relating to their healthcare needs for example, staff told us they had completed specific best interest meetings. This documentation was not located within their care files, and they were unable to produce evidence of this during the inspection.

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's care plans contained details of their history, and their likes and dislikes. Staff knew these well and made easy conversation with people regarding their interests.
- Staff told us they were most proud of the positive relationships they had with people because they knew them well. People were relaxed in the company of staff and told us they liked the staff that supported them.
- When people became anxious or upset staff were able to speak with them and reduce their anxieties. It was clear staff had positive relationships with the people they supported.
- People told us they liked living at Spenser road, one person was able to tell us who their favourite staff members were.
- A relative told us their loved one was happy at Spenser Road.

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

- People were supported to be involved in their care. For example, people had annual reviews of their care and were supported by loved ones if they chose to be.
- Staff knew people well and understood the best way to communicate with them. Some people did not use verbal communication, and therefore staff used a range of communication techniques including Makaton. Makaton is a language programme using signs and symbols to help people to communicate.
- One person had an electronic tablet they used to support their communication. For example, staff would take a picture of them drinking, and later use the picture to ask if they wanted a drink.
- A relative told us, "They seem to know him, and what he's like. He doesn't speak so they have to look for the signs. They seem to know what they're doing."

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity by ensuring they knocked on people's doors before entering and covering them when supporting with personal care.
- Staff told us they supported people to be as independent as possible, by encouraging them to do the things they could for themselves, for example washing areas they were able to during personal care.
- People were supported to maintain relationships with their relatives and loved ones. One person was in a relationship, and was supported to go out on dates, for example for a valentine's dinner.
- Personal information was held securely in a locked office to ensure confidentiality of information.

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individual care plan, which detailed how best to support them. However, these were out of date and sections had not been reviewed for over two years. Staff told us they were working to improve and develop care plans; however this was previously the responsibility of the registered manager and had not been updated for some time.
- Care plans had not been consistently reviewed and were not always up to date. For example, one person had SALT guidelines in place, which had not been reviewed since 2012.
- People had previously discussed goals and aspirations with staff, however these had not been documented as ever completed. People's goals section within their care plan's had not been updated since January 2017, meaning there was no active goals for people to work towards.
- People had previously been working towards gaining life skills. For example, one person was looking to improve their numeracy skills, however there was no evidence that the person had progressed and the last time this care plan was reviewed was February 2016 One person was able to show us a shopping list they wrote for staff, however there had been no progression or development since the last time the care plan was reviewed. Managers were able to tell us their plans for the future in relation to using the person's electronic tablets to support numeracy and literature skills, however this was not in place at the time of our inspection.
- People had not progressed or gained further independence since our last inspection. People had not been asked if they wanted to progress or develop towards moving into supported living.
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. There was very limited accessible information within the service for people to review. For example, there was no easy read documentation available in relation to safeguarding. People's care plans contained easy read versions, however these were not always completed. Staff told us it had been some time since they last reviewed care plans with people.
- People were involved in a range of activities, however for long sections of the day, people were without activities and sought interaction or engagement from staff, which staff were not always able to give. People were not offered activities within the service on the day of our inspection and looked visibly bored.
- One person clearly wanted to go out but was unable to due to an issue with the minibus, staff did not offer any alternative activities including offering to walk to the shops with the person, when others went. People had activity planners in place, however these were not followed on the day of our inspection, and we saw no evidence people had been offered alternative activities to engage them.
- People who were able to go out with minimal support were supported to do so. However, people with more complex needs did not consistently access the community. Staff and managers recognised this and were looking into creative ways to support more people to access the community.
- People previously attended the provider's day centre regularly, however since this had closed, people had

not taken up any further activities.

The failure to provide person-centred care, designed to meet people's needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People told us about the activities they enjoyed taking part in. For example, one person told us they enjoyed going horse riding, and were going to bingo on the afternoon of our inspection.
- Activities and keeping busy were clearly important to people. One person told us, "I am happy. Going out makes me happy."
- People were part of their local community and known in shops and local businesses. People frequently visited the local market and attended local events such as a cake market.

Improving care quality in response to complaints or concerns

- We reviewed the complaints log for the service, and found that when complaints were raised, they were investigated and resolved to the satisfaction of the complainant.
- There continued to be a complaints policy in place, which was also available in an accessible format for people to share any concerns and complaints.
- Staff had received training on how to support people if they wanted to make a complaint, and there was an accessible complaint form that people could access.
- People and their relatives told us they knew how and who to raise concerns to.

End of life care and support

- Some people had end of life wishes documented within their care files. This included if people had pre-paid funeral plans in place or where they wanted to be cared for if they became unwell.
- However, the majority of care plans did not contain end of life wishes. People had not consistently been asked about their end of life wishes.
- The operational project lead informed us this is an area that will be addressed during people's annual reviews this year, with the inclusion of loved ones if required.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Quality assurance processes were not effective in identifying and resolving any of the issues identified during our inspection.
- Medicine audits suggested that there were no missed signatures in line with good practice, for medicines that required two staff to sign for. They also did not identify that medicated creams were not being consistently dated on opening.
- The provider had identified that care plans were not sufficient in the information they provided staff to support people with their care. The provider was in the process of reviewing the care plans, however most care plans were significantly out of date. For example, people did not have active goals they were working towards.
- The provider had identified that care plans needed to be re written. However, they had failed to prioritise key information missing from care plans. This included risk assessments to support people with transferring and with the use of hoists, and supporting people living with complex conditions including epilepsy. The action plan the provider was working on did not prioritise or identify when care plans would be completed.
- An activity audit completed by the provider in December 2018 identified that six people were observed to be not engaged in any activities. The action identified as a result of the audit detailed; 'There needs to be a focus on the planning and delivery of activities in order that people are stimulated and have opportunities to participate in activities both inside the home and in the community.' Despite this during our inspection, we observed people without interaction or activities for periods of the day.
- Managers and the provider failed to ensure records including care plans, risk assessments, MAR and audits were complete, up to date and accurate.

The failure to assess, monitor and mitigate risks to the quality and safety of the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the time of our inspection, there was not a registered manager in post. This is a condition of the provider's registration with the CQC. The registered manager had left the service in June 2018. Since then staff and relatives told us the service had been managed by five different managers. The most recent manager had been appointed and had applied to be registered with the CQC.
- A relative told us one interim manager did not have 'the right approach' but did not stay long. They also expressed their concerns about staffing, "Most of the good staff left, I was concerned as to why they were

leaving. It's an awful shame, you need to keep your good staff."

- The lack of consistent leadership had left the staff feeling 'unsettled' and without direction. However, staff told us since the most recent manager started that this had improved, and they now had a clear picture of their roles and responsibilities.
- One staff told us, "(Operational project lead) has been here a while and the change is amazing. Even little things like ordering of things and finding out about the skills of staff and working with them. We were made a lot of promises, they have fulfilled these promises. They have made it clear that if anyone needed to, they could ring them."
- A relative told us, "Things have picked up with the new manager. (Name) seems happy. I thought all the upheaval would have affected him, but it doesn't seem to have."

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

- Staff and relatives told us there was a positive culture within the service. One staff member told us, "People we support feel safe. They don't feel controlled. They know this is their home. Everything is done to make them feel at home."
- Staff understood the principles of providing person centred care. Our observations showed that staff changed their approach from person to person.
- Staff were passionate about demonstrating how they provided quality care to people. Staff were aware that the documentation within the service was outdated and were working to make improvements within this area.
- Staff and the operational project lead understood their duty of candour responsibility, taking responsibility and being honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had been asked to give feedback about the quality of the service through a quality assurance questionnaire. The results had only just been received by management, who were in the process of formulating an action and improvement plan based on the results of the survey.
- The feedback from people was positive, with people saying that staff respected their privacy, and that the service was a nice place to live.
- Staff told us they felt more involved and supported than previously. Staff meetings were held where staff were able to share ideas and information for example since the new manager had started staff were more involved in the review of people and the care they needed.
- Staff were working in partnership with other healthcare professionals to provide joined up care to people.
- Staff engaged in external training courses to learn and share information with the staff team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to provide person-centred care, designed to meet people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service.