

# Unannounced Care Inspection Report 12 October 2020



## Optimum Care

**Type of Service: Domiciliary Care Agency**  
**Address: 8 Grand Parade, Belfast, BT5 5HH**  
**Tel No: 02890991209**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Optimum Care is a conventional domiciliary care agency. The agency provides care and support to people living in the South and East Belfast areas, as agreed by the commissioning Health and Social Care (HSC) Trusts.

### 3.0 Service details

<p><b>Applicant Organisation/Registered Provider:</b></p> <p>Home Care Services (NI) Limited t/a Optimum Care</p> <p><b>Applicant Responsible Individual:</b></p> <p>Mrs Lesley Catherine Megarity</p>	<p><b>Registered Manager:</b></p> <p>Mrs Alexandra Sara McIntyre</p>
<p><b>Person in charge at the time of inspection:</b></p> <p>Mrs Alexandra Sara McIntyre</p>	<p><b>Date registered:</b></p> <p>29/10/18</p>

### 4.0 Inspection summary

An unannounced inspection took place on 12 October 2020 from 09.30 to 13.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the pre-registration inspection on 26 November 2018 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

On the day of the inspection it was noted that incidents had taken place since the previous inspection on 26 November 2018. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy and had robust quality monitoring processes.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had responded to complaints in accordance with policy and procedure.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and staff monitoring reports.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Alexandra McIntyre, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 26 November 2018

No further actions were required to be taken following the most recent inspection on 26 November 2018

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for care workers, service users and visitors to the service to give them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care workers detailing how they could complete an electronic questionnaire to give their views. No responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. No responses were returned prior to the issue of the report.

Following the inspection the inspector communicated with two service users, two staff, one HSCT representative and two service users' relatives. During the inspection the inspector met with the manager and two staff members.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

## 6.1 Inspection findings

The service's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that she was knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Minimum Standards, 2011 which relate to Access NI.

The inspector reviewed documentation in two staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of staff records confirmed that all staff are currently registered with NISCC. The inspector noted that the organisation had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

### Comments from service users include:

"I really believe they are very good, exceptionally good company"

"They do everything I need"

"They are really accommodating and friendly"

"I think it is brilliant, they come in every day at the same time"

### Comments from relatives include:

"The girls are lovely, very pleasant"

"They treat XXX with dignity and respect"

"I am happy with the service XXX is receiving"

"If I needed to make a complaint, I wouldn't be behind the door"

### Comments from staff members include:

"I am generally happy at work"

"We get regular updates and messages re Covid-19 and PPE"

"Management have supported us through recent times"

“Management are approachable”

### Comments from HSCT representative:

“This agency work well with me”

“They are very flexible regarding rapid response care provision.”

### Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with the HR Department and staff registrations with NISCC.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Covid-19:

The inspector spoke with the manager and to four staff members, who were knowledgeable regarding their responsibility in relation to Covid-19. Staff stated they were aware of the guidance on the use of Personal Protective Equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff
- Monitoring of staff practice
- Infection Prevention and Control (IPC) policies and procedures were updated to ensure they addressed all current guidance in relation to Covid-19
- Used PPE storage and disposal

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office. The inspector viewed the statement of purpose and service user guide and advised that these should be updated to reflect Covid-19 guidance; following the inspection these updated documents were forwarded to the inspector.

It was noted that senior staff complete robust monitoring reports when spot checking staff working in service user's homes. These checks include compliance in relation to Covid-19 guidance. The inspector discussed comments from a representative regarding the disposal of PPE with the manager who agreed to ensure that guidance previously issued would be communicated to all staff as a reminder of good practice.

**Areas of good practice**

Good practice was found in relation to current Covid-19 guidance and in relation to the robust monitoring reports completed at spot checks on staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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