

# Inspection Report

**Name of Service: Optimum Care**

**Provider: Home Care Services (NI) Limited t/a Optimum Care**

**Date of Inspection: 19 February 2025**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Home Care Services (NI) Limited t/a Optimum Care
<b>Responsible Individual</b>	Mrs Lesley Catherine Megarity
<b>Registered Manager:</b>	Mrs Alexandra Sara McIntyre
<b>Service Profile</b>  Optimum Care is a Domiciliary Care Agency, conventional type. The agency provides care and support to people living in their own homes in the South and East Belfast areas and Holywood; care is commissioned by the Belfast Health and Social Care (HSC) Trust and the South Eastern HSC Trust.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 February 2025 between 10.00 a.m. and 4.00 p.m. by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also reviewed.

No areas for improvement have been identified.

Good practice was identified in relation to staff recruitment, and staff training and induction. There were good governance and management arrangements in place.

We wish to thank the manager, service users and staff for their support and cooperation during the inspection process.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### 3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to engage with staff, service users and were appropriate relatives to obtain their opinions on the quality of the care and support, their experiences of living, visiting or working in this domiciliary care agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that they had no concerns in relation to the agency. Comments included: "Happy enough, no concerns. Issues raised are taken on board and I feel service users are safe."

No questionnaires were returned. There were no responses to the electronic survey.

#### 3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 14 June 2023 by a care inspector. No areas for improvement were identified.

### 3.4 Inspection findings

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of a sample of the records indicated that these had been managed appropriately. Adult safeguarding is reviewed as part of the agency's quality monitoring process.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Information reviewed indicated that incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives and monitoring visits being completed.

All relevant staff had been provided with training in relation to medicines management.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. There was evidence that care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified to a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the compliance officer in conjunction with the manager. A spot check completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers supporting within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. The induction programme included two days mandatory and a number of shadowing shifts with a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Records viewed indicated that compliance levels were good. This is also reviewed as part of the agency's quality monitoring process.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and service users' relatives. Some comments included:

- "Grateful for the girls."
- "Excellent care, staff are brilliant."

We discussed with the manager the benefits of recording details of engagement with staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; complaints; missed/late calls; staffing arrangements including staff recruitment, training and supervision, and NISCC registrations.

The Annual Quality Report was reviewed and was satisfactory.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection,

there was evidence that these had been appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose required updating to ensure the name of the agency was accurately recorded. The manager agreed to update this immediately following the inspection.

There was a system in place to ensure that care records retained in the homes of service users were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

There was a clear procedure in place to direct staff of the actions required should they be unable to access the home of a service user.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



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



**Twitter:** @RQIANews