

# Unannounced Care Inspection Report 4 June 2018



## Opus Homecare

**Type of Service: Domiciliary Care Agency**  
**Address: 31 Mount Eagles Square, Belfast, BT17 0GY**  
**Tel No: 02890309375 - 07515114624**  
**Inspector: Michele Kelly**

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Opus Homecare is a domiciliary care agency based in Belfast which provides a range of personal care, social support and sitting services to 160 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and by the Belfast Health and Social Care (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Opus Homecare  <b>Responsible Individual:</b> Ms Michele Cupples and Ms Teresa Harvey	<b>Registered Manager:</b> Ms Teresa Harvey  
<b>Person in charge at the time of inspection:</b> Deputy Manager	<b>Date manager registered:</b> 26 May 2009

### 4.0 Inspection summary

An unannounced inspection took place on 4 June 2018 from 10.00 to 15.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was found in relation to;

- staff recruitment
- communication between service users and agency staff and other key stakeholders

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 the deputy 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 22 June 2018

No further actions were required to be taken following the most recent inspection on 22 June 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- records of complaints
- records of notifiable incidents
- correspondence with RQIA

During the inspection the inspector met with the deputy manager and five care staff. The inspector also had email communications from three Health and Social Care Trust (HSCT) professionals.

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA at the time of writing this report.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and eight relatives, either in their own home or by telephone, on 18 and 21 May 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to four service users.

The following records were examined during the inspection:

- a range of care and support plans
- Health and Social Care Trust assessments of needs and risk
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records

- records relating to safeguarding of adults at risk
- induction records
- staff rota information
- recruitment policy
- supervision and appraisal policy
- induction policy
- safeguarding adults at risk of harm policy
- listening and responding to service users' views policy
- annual quality report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 June 2018

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 22 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (d) Schedule 3  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-  (c)he is physically and mentally fit for the purposes of the work which he is to perform;  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the recruitment records and noted they included a statement by the registered provider, or the registered manager,	

	as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.10 <b>Stated:</b> First time	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence which confirmed that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures. The agency have appointed staff who have a specific responsibility for ensuring quality monitoring visits are completed in line with the required time frames.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were viewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Four records sampled confirmed staff pre-employment details have been completed in line with regulations and standards.

The deputy manager confirmed an induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files supported an induction process lasting more than three days and compliant with Regulation 16 (5) (a).

A recently recruited staff member confirmed that induction was robust and included mandatory training. Records reviewed evidenced staff members' registration with NISCC and the deputy manager described the system in place to review staff renewal of registration. Staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed evidenced staff mandatory training, quality monitoring, supervision and appraisal had been provided in line with their policy and procedures. The inspector noted that regular quality monitoring in service users' homes is also undertaken by the agency. The agency have appointed staff that have a specific responsibility for ensuring quality monitoring visits are completed in line with the required time frames.

Staff training records viewed for 2017/2018 confirmed all care workers had completed the required mandatory update training programme.

Discussions with staff indicated that the agency endeavours to ensure that there are at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record details of the care provided to service users at each visit. Records reviewed confirmed staff are recording appropriately and that the principles of good record keeping is reinforced at supervision and during staff meetings. The agency also audits returned daily log records to ensure accuracy and consistency with care plans.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The review of records during the inspection confirmed that the agency worked collaboratively with professionals to manage potential risks.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Opus Homecare. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and working with people with dementia. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Consistency is great. They have got to know how to work with XXX.”
- “Couldn’t fault them.”
- “It’s reassuring that someone calls regularly with XXX and contacts me if anything is wrong.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose 2018) and Service User Guide (2018).

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually. The deputy manager informed the inspector that multi-disciplinary reviews with the HSC Trust are usually scheduled on a yearly basis or sooner if needed. The inspector examined documentation and noted delays involving HSC Trust reviews which were due to HSC Trust staffing and work load issues.

Staff who met with the inspector on the day of the inspection confirmed they were provided with details of care planned for each service user.

**Comments included**

- “I feel prepared for my role.”
- “I am well supported in my job.”

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans.



Review of team meeting records indicated that team meetings took place as regularly as possible, the deputy manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the team is supportive to each other and that staff communication is good.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Opus Homecare were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place and they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "No problems with Opus."
- "Absolutely no concerns."
- "Couldn't say a bad thing about them."

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users and it was noted that one care plan contains out of date information.

Three professionals who communicated with the inspector spoke positively about Opus Homecare and the delivery of service.

#### **Comments included:**

- "Service users both past and present, would state they are very happy with the quality of care that is offered."
- "Care being given by Opus care is safe, supportive, effective and compassionate."
- "I find Opus care know their clients very well and always work with openness and a person centred approach."

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff communication with other stakeholders.

#### **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

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

In discussions with staff the inspector was informed of good examples of staff intervening compassionately to meet the needs of service users.

### Staff comments included

- "It doesn't feel like a job."
- "All my clients are lovely."
- "Sometimes you have to go over and beyond."
- "I love this job, love working with the elderly."

There are processes in place to promote effective engagement with service users they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings, annual survey and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Opus Homecare.

Examples of some of the comments made by service users or their relatives are listed below:

- "They go above and beyond."
- "Very helpful and pleasant."
- "We hear them having a laugh together."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector viewed the management arrangements and found there was a clear organisational structure. The registered manager Teresa Harvey leads a team of staff including a deputy manager, monitoring officer and care workers.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were viewed were discussed with the deputy manager. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

On the day of inspection the registered manager was unavailable and the records of monthly monitoring could not be accessed. These monthly monitoring reports were forwarded to the inspector by the registered manager the following day and were found to be suitably detailed. The registered manager, at the inspector's request, also emailed the agency's annual report for 2017.

The agency retains a record of all complaints or compliments received. The inspector noted that complaint records are retained in a log which includes adverse incidents. The inspector advised that a separate complaints log would help identify patterns and trends more easily. The deputy manager agreed to address this matter which will be reviewed at the next inspection.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Records of individual staff member's registration are retained.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- equal care and support
- individual person centred care

**Staff comments included:**

- "Brilliant support from office and out of hours."
- "If there is anything you need there is always somebody to help."

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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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