

Inspector: Amanda Jackson
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**Unannounced Care Inspection
of
Opus Homecare
4 February 2016**

1. Summary of Inspection

An unannounced care inspection took place on 4 February 2016 from 09.15 to 15.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with the co-ordinator and the registered manager/person Ms Teresa Harvey (via telephone) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Opus Homecare/Ms Teresa Harvey and Miss Michelle Cupples	Registered Manager: Ms Teresa Harvey
Person in Charge of the Agency at the Time of Inspection: Co-ordinator	Date Manager Registered: 26 May 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 100	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person/manager (via telephone) and discussion with the co-ordinator during the inspection
- Consultation with four staff
- Examination of records
- File audits
- Evaluation and feedback

During the inspection the Inspector spoke with two service users and two relatives by telephone, to obtain their views of the service. The service users interviewed lived within the Belfast Health and Social Care Trust (BHSCT) area and receive assistance with the following:

- Management of medication
- Personal care
- Meals

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with four care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the co-ordinator on the day of inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. Five staff questionnaires were received following the inspection and the feedback is included in the body of this report.

The following records were examined during the inspection:

- Registered managers training.
- Co-ordinator training
- Five service user records
- Restraint policy and procedure
- Three staff quality monitoring/spot check records
- Three service user referral, assessment, and care plan information
- Four service users' reviews, revised assessments and care plans relating to changes in care needs
- Five compliments

- Three complaints
- Three communication records regarding changes to service users' needs
- Additional training records for staff in the areas of assessing needs, continence promotion and person centred care
- Annual quality reviews for service users/relatives, staff and commissioners
- Three monthly monitoring reports.
- Procedure for management of missed calls
- Two missed call records
- Two communications with the HSC trust regarding missed calls
- Two staff disciplinary records regarding missed calls
- On call rota/file
- Three staff rotas

5. The Inspection

Opus Homecare is a domiciliary care agency located in the Mount Eagles Area of West Belfast. The agency currently offers services to approximately 100 service users within the categories of physical disability, mental health, dementia, frail elderly and children. Service provision offers assistance with both personal care needs and domestic assistance. The agency currently provides employment for 24 domiciliary care staff. Since the previous inspection the agency has been awarded a contract with the BHSCT which has led to an increase in the service user and staff numbers by approximately 100%.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 6 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(1) Regulation 11(3)	The registered manager is required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required in the safe and effective running of the agency.	Partially Met
	Action taken as confirmed during the inspection: Review of records for the registered manager where found to be partially compliant regarding mandatory training requirements. The manager's records did not evidence training in the areas of safeguarding children and medication, and as such this requirement has been restated. Records for both areas of training have been required for attention following the inspection and submission of attendance to be submitted with the QIP.	

Requirement 2 Ref: Regulation 13(b)	<p>The registered person/manager is required to ensure that all management staff attend appropriate training compliant with the RQIA mandatory training guidelines 2012, and any additional training required for the safe and effective running of the agency.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of records for the one co-ordinator evidenced partial compliance with all mandatory training areas. Training in the areas of vulnerable adults, medication, manual handling, challenging behaviour (covered within dementia training) and fire safety are required for attention following the inspection, and submission of attendance to be submitted with the QIP.</p>	Partially Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.2 Standard 5.6	<p>The registered person/manager, with support from management staff, are recommended to ensure service user records completed by care staff are compliant with Standard 5.2 and Standard 5.6 regarding full staff signatures, service user shopping, restraint (as appropriate), the number of tablets given and a full list of service user medications.</p> <p>Action taken as confirmed during the inspection:</p> <p>Records reviewed for three service users in respect of daily recording by care staff were found to be partially met.</p> <p>Records reviewed in respect of shopping for one service user were found to be partially met.</p> <p>Records reviewed regarding medication recording and restraint where confirmed as compliant.</p>	Partially Met
Recommendation 2 Ref: Standard 9.1 and Appendix 1	<p>The registered person/manager is recommended to review the agency policy on restraint.</p> <p>Action taken as confirmed during the inspection:</p> <p>The revised restraint policy dated 2014 has been updated to reflect restraint in the area of domiciliary care.</p>	Met

Recommendation 3 Ref: Standard 13.3	The registered person/manager is recommended to ensure that all staff records are appropriately signed and dated.	Met
	Action taken as confirmed during the inspection: Review of three randomly selected staff records in respect of quality monitoring/spot checks were found to be complaint (with two of the three staff), with the agency policy timeframe of annually.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from HSC Trust commissioners contained a good level of information regarding service user and/or representatives' views. The referrals detailed a care plan and risk assessment alongside a range of multi-disciplinary assessments as appropriate. The care plans completed at service commencement contained evidence that service users' and/or representatives' views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

The inspector was advised that new carers are usually introduced to the service user by a regular member of staff or informed by the regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to three service users was reviewed by the inspector during the inspection. The files reviewed contained a copy of the service user's care plan; however, log sheets were not being completed appropriately by carers in all cases reviewed. A recommendation in respect of this matter has been restated in the QIP.

Is Care Effective?

All of the people interviewed are aware of whom they should contact if any issues arise. All service users and relatives spoken with informed the inspector that they had no reason for complaint as care was appropriately provided. One relative had previously raised a matter regarding missed medication and confirmed that this had been appropriately managed.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care, as well as observation of staff practice.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality reports currently being

compiled for 2015 were reviewed during inspection. The completed 2014 report was minimal in content of outcomes being issued to service users, and has been recommended for review in 2015 feedback. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had not received any formal complaints since the previous inspection. Review of three matters highlighted by service users during quality monitoring contacts in 2015 supported an appropriate procedure for complaints review and resolution.

The compliments records from service users' relatives and trust professionals reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

- 'Staff are very patient and caring with XXX'. (NOK compliment).
- 'Very happy with XXX (staff member), she is a great care worker, very conscientious and caring'. (NOK compliment).
- 'Staff are great'. (NOK compliment).
- 'Reviews are always positive and clients speak highly of carers, many thanks for all your help'. (Commissioner feedback).
- 'Management and staff go the extra mile to help clients and ensure service provision is of a high standard'. (Commissioner feedback).

The agency has monthly monitoring reports completed by the registered manager as opposed to the registered provider. The inspector reviewed three such reports and found reports to be consistent with the RQIA template but not fully detailed regarding service users, relative and commissioner feedback obtained independently by the registered provider. Objectivity in this respect was discussed during inspection for review in future reports.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary, in respect of changes to service users' needs.

Four staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with their line managers and information share via emails kept staff informed regarding ongoing changes to service user's needs, and evidence of these processes was reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users' specific needs, and staff spoke positively regarding additional training provided when requested by staff and on a monthly basis. Five staff questionnaires received confirmed staff training to be appropriate.

Is Care Compassionate?

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Opus Homecare. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regard to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “Marvellous person and friendly”.
- “Lovely staff and they help me out, would do anything for me”.
- “Very nice, pleasant girls”.

Service users or their relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service users’ conditions. Examples given included working with service users with limited mobility and confusion.

It was good to note that service users or their representatives are included in decision making regarding their care plans, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users’ particular needs especially in cases where conditions such as dementia and brain injury present.

Staff discussed one service user with communication difficulties and how they communicate through hand and facial gestures to meet the service users’ individual needs.

Five staff questionnaires returned raised no concerns in respect of compassionate care provided by the agency.

Areas for Improvement

The agency has met the required standards in respect of theme one with exception to service user home records maintained by staff. This recommendation has been restated within recommendation one within the follow up section of the report above.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a policy and procedure for management of missed calls dated November 2015 and this was reviewed as appropriate during inspection. The agency has had several missed calls in recent months. Review of records during inspection confirmed good communication with service users and staff in both cases. Communications with the referring HSC trust commissioners was also available for review during inspection regarding two randomly selected missed call records. Review of staff rotas during inspection for four staff

members/three locality areas reflected a process for allocating the staff numbers to service user calls. However, the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Is Care Effective?

The inspector was informed by service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

The co-ordinator confirmed that missed or late calls would occur occasionally in the service. Evidence of two randomly selected missed calls as referenced in the above section were appropriately managed and communicated to trust commissioners.

Procedures in place for staff quality monitoring and disciplinary processes were reviewed during the inspection as appropriate.

Monthly monitoring reports completed by the registered person/manager were reviewed and referenced missed or late calls.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff, and demonstrated a clear understanding of their reporting processes if running late for the next service user visits or missing a call.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the inspector highlighted service quality to be good, with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Areas for Improvement

The agency has met the required standards in respect of theme two.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Incidents

The inspector did not review incidents during the inspection as all matters reported to RQIA since the last inspection had been appropriately communicated and closed.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the co-ordinator and registered manager, Teresa Harvey (via telephone) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 11(3) Stated: Second time To be Completed by: 24 March 2016 and submit details to RQIA with QIP.	The registered manager is required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required for the safe and effective running of the agency.		
	Response by Registered Person(s) Detailing the Actions Taken: Medication training completed 27 th February 2016. Child protection training was completed on 9 th December 2014 however was not available on the day of inspection but was submitted post inspection for inspector review.		
Requirement 2 Ref: Regulation 16(2)(a) Stated: First time To be Completed by: 24 March 2016 and submit details to RQIA with QIP.	The registered person/manager is required to ensure that all management staff attend appropriate training compliant with the RQIA mandatory training guidelines 2012 and any additional training required for the safe and effective running of the agency.		
	Response by Registered Person(s) Detailing the Actions Taken: The co-ordinators training expired January 2016 and was sheduled to take place after all home monitoring visits completed at the end of February 2016. Training in Vulnerable adults, medication, manual handling, challenging behaviour and fire safety have now been completed.		
Recommendations			
Recommendation 1 Ref: Standard 5.6 Stated: Second time To be Completed by: Immediate and ongoing from the date of inspection.	The registered person/manager with support from management staff is recommended to ensure service user records completed by care staff are compliant with Standard 5.6 regarding full staff signatures and service user shopping.		
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been informed via email to record full signatures as opposed to first name and unique identifier. Staff have also been reminded via email and on supervision of procedure for purchase of small shopping items and procedure for handling service users money. Both policys and procedures for the above were also attached to clarify until refresher training takes place during the next group supervision session scheduled for April 2016.		
Registered Manager Completing QIP		Teresa Harvey	Date Completed 18/03/2016
Registered Person Approving QIP		Michele Cupples	Date Approved 18/03/2016
RQIA Inspector Assessing Response		A.Jackson	Date Approved 05/04/16

****Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.