

Unannounced Domiciliary Care Agency Inspection Report 14 February 2017



Opus Homecare

Type of service: Domiciliary Care Agency
Address: 31 Mount Eagles Square, Belfast, BT17 0GY
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Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Opus Homecare took place on 14 February 2017 from 10.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Teresa Harvey, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 04 February 2016.

2.0 Service details

Registered organisation/registered persons: Opus Homecare/Miss Michelle Cupples and Ms Teresa Harvey	Registered manager: Ms Teresa Harvey
Person in charge of the service at the time of inspection: Ms Teresa Harvey	Date manager registered: 26 May 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered person and registered manager
- Consultation with nine care staff
- Examination of records
- File audits

- Evaluation and feedback.

Prior to the inspection the UCO spoke with six service users and seven relatives, either in their own home or by telephone, on 09 February 2017 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 six service users.

On the day of inspection the inspector met with nine care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Ten staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three staff members recruitment records
- Training, development, staff monitoring and supervision policy (which includes induction and appraisal procedures, programme of induction and supporting templates)
- Three staff members induction and training records
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three safeguarding records
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service user records regarding review, reassessment and quality monitoring
- Management, control and monitoring of the agency policy and procedure
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Staff handbook
- Three service users home recording records
- Three monthly monitoring reports
- Annual quality report 2015
- Three compliments
- One staff meeting minutes

- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Two complaints records
- Reporting adverse incidents policy and procedure
- Two incidents.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 04 February 2016

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

4.2 Review of requirements and recommendations from the last care inspection Dated 04 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 11(3) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of the registered managers training records confirmed compliance with Regulation 11(3).	
Requirement 2 Ref: Regulation 16(2)(a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the senior coordinators training records confirmed compliance with Regulation 16(2)(a).	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.6 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of three service users home recording books for 2016 confirmed compliance with Standard 5.6.	

4.3 Is care safe?

The agency currently provides services to 119 service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT). A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff. The registered manager verified all the pre-employment information and documents had been obtained as required and this was confirmed during inspection review of the records. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The majority of staff are currently registered or working towards registration with NISCC with the agency registered manager confirming support is provided to assist staff in meeting the NISCC timeframes for 2017. A number of the nine care staff interviewed during the inspection day, had commenced employment within the previous year. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

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 sometimes 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 given included manual handling, use of equipment and management of medication. 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:

- "Staff are excellent."
- "Gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong."
- "Have developed a great trust with the carer."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas. Training is facilitated by an internal trainer within the agency and with external training agencies as required. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Safeguarding was discussed during inspection; the registered manager confirmed three matters have arisen since the previous inspection which were not reportable to RQIA. The registered manager presented appropriate knowledge in managing matters when they arise. Review of the three matters confirmed appropriate procedures in place with the agency. All records were centrally maintained and available for review.

Each of the nine staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users' records. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One service user advised that they had experienced one missed call from the agency. This matter was discussed with the registered manager during inspection and appropriate follow up action had been taken.

Service users advised that they were sometimes introduced to new carers by a regular carer, this was discussed during inspection and should be considered in all cases where possible. No issues regarding communication between the service users, relatives and staff from Opus Homecare were raised with the UCO. There were mixed results regarding home visits and phone calls taking place as part of the agency's quality monitoring process, this matter was reviewed during inspection and confirmed as compliant with the agency procedure for quality monitoring. Some service users and relatives confirmed that they had been involved in trust reviews or received a questionnaire from the agency. Review of a sample of service user records during inspection confirmed ongoing processes of quality monitoring in place in accordance with the agency policy and procedure.

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

- "Well pleased with them."
- "No complaints."
- "I'm trying to keep my independence but the girls help if necessary."

As part of the home visits the UCO reviewed the agency's documentation in relation to six service users and no issues were noted.

The agency's recording and reporting policy and associated procedure had been revised in 2016. The agency maintained recording diaries in each service user's home file on which care staff record their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place. The inspector did discuss staff handwriting in some records reviewed in terms of legibility, the manager agreed to review this matter ongoing with staff members.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring is completed by their senior staff to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with nine care staff during the inspection supported review of this topic as necessary and the staff meeting record supported coverage of this topic.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments from professionals as necessary. The assessments and care completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the service user guide in an alternative format but confirmed this would be accommodated as necessary to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was discussed during inspection in terms of the annual quality report which is currently being compiled for 2016. Review of the 2015 annual report confirmed compliance. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency has not completed their annual quality report for 2016 as detailed above. The registered manager provided evidence of the summary of findings and improvements from 2015 which was provided to service users following the last annual review of service quality.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One staff commented, 'I feel everyone's care plan is in place for their needs.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

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.

There were mixed results regarding home visits and phone calls having been carried out by the agency to obtain the views of service users, follow up to this matter is reflected in the section above 'Is care effective'. Some of the service users were able to confirm that they had received

questionnaires from Opus Homecare to ensure satisfaction with the care that has been provided the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Great girls.”
- “XXX gets on well with them.”
- “All very nice.”

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding the registered manager presented evidence to support appropriate follow up processes to address matters arising.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

The agency implement service user quality monitoring practices on an ongoing basis through home visits by the agency management team. Records reviewed during inspection support ongoing review of service user’s needs with evidence of a revised care plan in one file reviewed. Quality monitoring from service user visits alongside monthly quality reports evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘xxx family mentioned the kindness of your care workers in caring for this service user in their last days’ (Feedback from HSCT care manager).
- ‘Thanks to all the staff who cared for our late mother, your care and dignity in dealing with her is greatly appreciated’. (Thank you card from family members).
- ‘Staff member xxx was very clued into xxx needs and had everything in hand’. (Feedback from HSCT professional).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Ms Teresa Harvey the agency provide domiciliary care to 119 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

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

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints logged. Review of two complaints during inspection supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A range of medication incidents had occurred since the previous inspection and were reported accordingly to RQIA. No safeguarding matters which had arisen were notifiable to RQIA, these incidents were reviewed during inspection.

The inspector reviewed the monthly monitoring reports for October, November and December 2016. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards. The reports are discussed with the registered manager and action plans implemented. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was confirmed during inspection.

The nine care staff interviewed indicated that they felt supported by senior staff who were described as, always available to discuss matters both in person or via telephone. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users and this was also reflected in staff questionnaires returned to RQIA. One staff questionnaire stated; 'There's always someone on call if you need to talk.'

Ongoing electronic communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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