

Unannounced Care Inspection Report 22 June 2017



Opus Homecare

Type of Service: Domiciliary Care Agency
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Inspector: Michele Kelly
User Consultation Officer (UCO): Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

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 service based at Mount Eagles Square Belfast. The service provides care and support to 133 individuals living in their own homes who have their services commissioned by the Belfast Health and Social Care Trust (BHSCT) and the South Eastern Health and Social Care Trust (SEHSCT). Services provided include personal care, medication support and meal provision.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection of Opus Homecare took place on 22 June 2017 from 10.00 to 15.30 hours.

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

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

Evidence of good practice was found in relation to the agency's response to dealing with complaints and incidents, communication with Health and Social Care (HSC) Trust professionals and staff induction and training.

Areas requiring improvement were identified and relate to ensuring the registered manager or registered person provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform. The inspector also discussed the absence of some records of quality monitoring. The deputy manager explained that due to staff leave there were some opportunities missed to spot check care and records in service users' homes. The inspector was assured that two staff members have recently been identified as responsible for quality monitoring in service users' homes and that this process was ongoing; however there were significant gaps when monitoring did not take place and quality of care could have been compromised during this time.

Service users said the service was very reliable and consistent. Discussion with one trust professional supported a good quality service provided by Opus Homecare and those staff spoken with during inspection provided positive feedback in terms of their work within the agency

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. No further actions were required to be taken following the most recent inspection on 14 February 2017.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events
- Record of complaints notified to the agency.

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

- Discussion with the deputy manager
- Consultation with five care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback.

The deputy manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Six completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

During the inspection the inspector met with five staff. As part of the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, between 11 and 14 July 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Meals
- Sitting service.

The following records were examined during the inspection:

- Four staff members' recruitment records
- Three staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Three staff members' training records
- Staff duty rotas
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Three service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Three service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- A range of communication records with trust professionals
- Complaints policy and procedure
- Four incident records
- Staff handbook
- A range of compliments.

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 last care inspection dated 14 February 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

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. No issues regarding the carers' training were raised with the UCO by the service users or relatives. 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:

- “The consistency is great. XXX is confused but has got to know the faces.”
- “More than happy.”
- “Our sit is always done by the same girl. XXX is very comfortable with her.”

One reported incident involving a complaint concerning a staff member was discussed with the deputy manager during inspection. The inspector was satisfied that the agency had investigated the complaint appropriately and thoroughly; appropriate steps to ensure the safety of the service user and the potential safety of other service users had been taken. Records confirmed the relevant HSC Trust staff had worked with the agency to resolve the matter. Following the inspection the inspector spoke to the HSC Trust professional concerned who was fully satisfied with the agency’s approach to the investigation.

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

Four files were reviewed relating to recently appointed staff. The information reviewed within the sample of staff files indicated that these domiciliary care workers had been employed and supplied to service users without a statement by the registered manager or the registered person confirming the person was physically and mentally fit for the purposes of the work they were required to perform.

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 four staff files evidenced supported a three day induction process compliant with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency’s deputy manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. A range of methods used by the agency to inform staff of their requirement to register were reviewed during inspection; these included individual supervision meetings and staff meetings. The monthly monitoring reports completed by the registered person also made reference to the current status of staff registered and registering. All five care staff spoken with during inspection had commenced employment within the previous two years. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC.

Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. The training plan for 2017 was viewed and contained each of the required mandatory training subject areas. Training is facilitated by the registered manager of another service. Staff are also assessed during practical sessions both during the training and within service users’ homes. There was limited evidence of these assessments and of spot checks in relation to quality monitoring within service users’ homes within staff files reviewed during inspection. This was discussed with the deputy manager who confirmed that a staff member allocated to these duties had been on leave for some time. Recently two employees have been trained for this responsibility and the process of quality monitoring in services users’

homes has restarted. The inspector noted there were significant gaps when monitoring did not take place and discussed with the deputy manager how the quality of care could have been compromised during this time.

Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for three staff members evidenced mandatory training, and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

The deputy manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection.

Service users who spoke with the inspector, 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.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

Six 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and training.

Areas for improvement

Two areas for improvement were identified during the inspection;

- The registered manager or the registered person must confirm that persons employed are physically and mentally fit for the purposes of the work he is to perform
- The registered person should ensure that working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures. This refers to quality monitoring processes in service users’ homes.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

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.

No issues regarding communication between the service users, relatives and staff from Opus Homecare were raised with the UCO. Some of the service users and relatives were able to confirm that they had received phone calls or questionnaires to obtain their views on the service.

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

- “It gives me peace of mind as they ring if anything is wrong with XXX.”
- “Very reliable. No issues with timekeeping or missed calls.”
- “No concerns at all.”

Service user records viewed on the day of inspection included referral information received from the HSC Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency’s care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of three service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user’s needs were being met. The deputy manager explained that the agency is usually invited to attend the commissioning trust’s arranged care review meetings with service users/relatives. The deputy manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The inspector spoke with a HSC Trust professional who was very satisfied with the care provided by agency staff and the responsiveness of management to issues raised.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between agency staff and HSC Trust staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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.

Some of the service users and relatives were able to confirm that they had received phone calls or questionnaires to obtain their views on the service. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re very helpful and kind.”
- “XXX is very comfortable with them. They have built up a good rapport.”
- “Lovely girls.”

As discussed in 6.3, observation of staff practice in service users’s homes had not been carried out on regular basis in recent months and this is an area for improvement.

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. One staff member commenting about visiting service users described the importance of engaging in conversation and taking opportunities to comfort; this employee said;

“We may be the only person they see that day”.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate. Staff discussions supported good practice in the area of compassionate care

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

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 had been made regarding the service or management of the agency.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Ms Teresa Harvey, the agency provides domiciliary care to 133 service users living in their own homes.

Review of the statement of purpose and discussion with the deputy manager, and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

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 all information in compliance with the relevant standards and regulations. 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 policy and procedures which are maintained electronically were reviewed and contents discussed with the deputy manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 2016-2017 to date; review of complaints during inspection supported appropriate processes in place for complaints review and resolution. Monthly quality monitoring reports include a section for complaints review ongoing as necessary.

Discussion with the registered person on the telephone confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports for February, March and April 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users

need. Feedback from a trust representative post inspection highlighted communication between the agency and the trust is generally good.

Five support staff spoken with indicated that they felt supported by their managers who they described as always available with an open door policy. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the deputy manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC; however some new recruits are awaiting documentation.

Staff questionnaires received supported the service being well led with all staff indicating satisfaction with the agency management systems.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(c)he is physically and mentally fit for the purposes of the work which he is to perform;</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person ensures that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for purposes of the work which he is to perform by ensuring a health questionnaire is completed by every staff member prior to employment. The signature section if this health questionnaire shall now be updated to also include the signature of the Service Manager.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2017</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All outstanding quality monitoring visits have now been completed in line with the required time frame</p>

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



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