

Inspection Report

25 May 2021



Opus Homecare

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Opus Homecare	Registered Manager: Ms Teresa Harvey
Responsible Individual: Miss Michelle Cupples	Date registered: 26 May 2009
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: Opus Homecare is a domiciliary care agency based in Belfast which provides a range of personal care, social support and sitting services to people living in their own homes. Services are commissioned by the South Eastern Health Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 25 May 2021, at 10.15am by the care inspector.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements, as well as recruitment, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

Evidence of good practice was found in relation to restrictive practices, SALT assessments of service users' Dysphasia needs and staff training. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

An area for improvement was identified in relation to the agency's recruitment process, in particular in relation to ensuring all staff employed are registered with the Northern Ireland Social Care Council (NISCC).

3.0 How we inspect

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

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service

We spoke with three service users, one staff member and one service user's relative. One service user/relative questionnaire was received. In addition we received feedback from two HSCT representatives.

Comments received during inspection process-

Service users' comments

- "Everything is fine."
- "The girls are all very nice."
- "They are wearing full PPE and it's like a fashion parade."
- "Absolutely brilliant."

Service users' relatives comment

- "They are very good to him."
- "He loves the company and looks forward to them coming."
- "SALT assessment in place and the carers are aware of their responsibilities regarding this."

Staff comments

- "Open door policy."
- "I love going into the service users and helping them."
- "We go over and above for our service users."
- "Training is brilliant."
- "We were shown a video and given leaflets about donning (putting on) and doffing (taking off) PPE."

HSCT representatives' comments

- "I have heard nothing but good reviews on the service."
- "The carers are great. If additional sits were required in the near future then this is the provider the family would wish to avail of."
- "Care staff attending clients appear to be consistent and attentive, some male service users are particularly satisfied that they have male care staff available that can attend to their needs."
- "I find this care agency very communicative and report any concerns about clients in a timely manner. Any queries I have are always followed up on promptly. Any reviews they have attended with myself are conducted in a professional manner."

5.0 The inspection

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

The last inspection to Opus Homecare was undertaken on 05 August 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of the people they support was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

There were systems in place to ensure that any notifiable event was investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no notifiable events had occurred since the previous inspection.

Where a person supported by the agency is experiencing a restrictive practice, it was noted that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

Care workers were provided with training appropriate to the requirements of their role. This included Deprivation of Liberty Safeguards (DoLS) training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

5.2.2 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the people they support. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that one care worker was not registered with NISCC despite commencing employment with the agency in September 2019. It appears following discussion with the registered manager and responsible individual following the inspection that there appeared to be a lack of communication regarding this care workers application and the agency was unaware of the issues which arose. This issue was identified in the monthly quality monitoring reports; however there was no evidence to suggest that further checks were carried out. The agency was advised to remove the care worker from the rota until they were appropriately registered with NISCC which was adhered to. It was also raised by the responsible individual that the main focus of the agency from March 2020 was to ensure that the service users were being provided with their care package in a safe way during the Covid-19 pandemic and hence the focus on other areas was not as robust. An area for improvement was made in this regard.

5.2.3 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). There had not been any safeguarding referrals since the previous inspection.

The person in charge confirmed that there were specific recommendations from the Speech and Language Therapist (SALT) in relation to service users regarding their Dysphagia needs. The person in charge advised that SALT training is included in the induction training of staff before they are supplied to deliver care to service users and the training is updated thereafter. Those spoken with demonstrated that they have an understanding of their responsibility with regards to SALT assessments and understood the requirement for same.

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

As a result of this inspection one area for improvement was identified in respect of the recruitment process. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process and following the inspection with the registered manager and the responsible individual. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13(a)(d) Stated: First time To be completed by: Immediately from the date of inspection and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (a) He is integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates to the registration of each care worker with the appropriate registration body, namely NISCC. Ref: 5.2.2
	Response by registered person detailing the actions taken: One staff members registration fell outside the defined timeframe. This was due to Covid-19, the staff member being furloughed and the closure of NISCC offices resulting in skeleton staff working from home for NISCC. There was no telephone contact available for NISCC and emails weren't responded to or took a lengthy period of time for a response to be received, again due to the pressures of the pandemic. NISCC also set up a new web portal which was not fit for purpose, continually logging staff out or crashing which caused further delays. The outstanding registration and delays were highlighted during audits and recorded on monthly monitoring reports with full transparency. It was heavily monitored and advice sought from the Trust and other provider experiences of the same issues. All correspondence has been retained as evidence. Opus have now returned to initiating NISCC registration during Induction to ensure there are no lapses in registrations.

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