

Unannounced Care Inspection Report 5 August 2019



Opus Homecare

Type of Service: Domiciliary Care Agency
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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 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

Organisation/Registered Provider: Opus Homecare Responsible Individual(s): Miss Michelle Cupples	Registered Manager: Ms Teresa Harvey
Person in charge at the time of inspection: Senior coordinator	Date manager registered: 26 May 2009

4.0 Inspection summary

An unannounced inspection took place on 5 August 2019 from 09.55 to 14.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and training and development. The care records were well maintained and there was evidence of effective communication with relevant stakeholders. Care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was observed particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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' experiences.

The inspector would like to thank the manager, the service users, relatives and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

4.2 Action/enforcement taken following the most recent care inspection dated 7 June 2019

No further actions were required to be taken following the most recent inspection on 7 June 2019.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the manager and person in charge
- examination of records
- consultation with two service users, four staff and two relatives of service users
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency's premises.

During the inspection the inspector spoke with four staff members and spoke to two service users, and two relatives via telephone. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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 7 June 2018

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 agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed. It was identified that the agency retains details of all information relating to individual staff recruitment. The inspector reviewed three recruitment files and noted one file had two employer references both of which confirmed the dates of the person's employment. The inspector advised that in instances like this a third reference should be sought to obtain more qualitative information. This matter will be reviewed at the next inspection.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of

individual service users and ensured that service users were introduced to new staff prior to them providing care.

Records reviewed evidenced staff members' registration with NISCC and the person in charge 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

A record of staff supervision and appraisal is maintained in addition to regular spot checks in the service user's home. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that training provided is generally face to face and classroom based. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the procedures for reporting adult safeguarding concerns appropriately and in a timely manner. It was noted that staff are required to complete safeguarding training during their induction programme and have annual training updates. Staff had received training in relation to adult safeguarding and the manager stated that they are in the process of developing an adult safeguarding position report for the agency.

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

Service users and relatives who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

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

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were suitably detailed, person-centred and retained securely; they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service users and relatives who spoke to the inspector on the telephone stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

It was identified from discussions with the person in charge that the agency has arrangements in place for identifying and managing service failures in a timely manner including missed or late calls. These included maintaining a record of missed call logs and any contact with service users and their representatives. Staff described the process for reporting if they are going to be late for a service user visit or had missed a call. Staff could also describe the action to be taken in the event of being unable to gain access to a service user's home. The inspector noted that missed calls and medication issues form the majority of incidents recorded and was satisfied that appropriate actions are taken by the agency to reduce the likelihood of reoccurrence. The inspector reviewed task sheets which recorded staff input and time spent in service users' homes. A discrepancy in times recorded and time allocated for one service user was noted; the inspector spoke to this person on the telephone and they confirmed they was satisfied that with working practices and believed that staff stay their allocated time and longer if required commenting:

"This is the third agency I have had and it is the best."

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with a sample of service users and relatives evidenced that staff communicate appropriately with them. The manager stated that a range of information is provided to service users and their relatives at the initial visit. Care plans included information about people's preferred communication needs if appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between service users and agency staff and other key stakeholders.

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?

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

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality and confidentiality during their induction programme. Discussions with staff and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The service users and relatives who spoke to the inspector stated that they have choices and that staff respect their views and wishes. Service user care records viewed in the agency office were noted to contain information relating to the needs of service users and their individual choices and preferences. Staff could describe how they support service users to make decisions about the care and support they received.

Staff discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- "I really love this job, I come out and I feel I have made them happy."
- "The care you give is individual; you are putting a smile on someone's face."

Service users' comments:

- "They always ask if there is anything I need."

- “Great girls treat me with respect.”

Relatives’ comments:

- “No complaints about the girls, happy with the care.”
- “They do their best they are very good and talk to XXX.”

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
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.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the manager and deputy manager. On the day of inspection a senior co-ordinator who is also responsible for delivering training was in charge. The registered manager Teresa Harvey joined the inspection at lunchtime.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements. Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff.

Staff spoken with commented:

- “I ring the office without hesitation.”
- “The office is very understanding.”
- “I love working for this company.”

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

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. The annual report for 2018/2019 was not available on the day of inspection and this matter will be reviewed at the next inspection. 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

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by the responsible person. Monthly quality monitoring visit reports were available to be examined since the last inspection and reflected an audit of working practices, service user and stakeholder views and where appropriate an action plan.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

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. Staff could 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
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement 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

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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