

# Inspection Report

3 August 2021



## Optimum Care

**Type of Service: Domiciliary Care Agency**  
**Address: Movilla House, 2 Berkshire Road, Newtownards,**  
**BT23 7HH**  
**Tel No: 028 9182 8999**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Home Care Services (NI) Limited t/a Optimum Care<br><br><b>Responsible Individual:</b><br>Mrs Lesley Catherine Megarity  | <b>Registered Manager:</b><br>Mrs Alexandra Sara McIntyre<br><br><b>Date registered:</b><br>21/08/2015 |
| <b>Person in charge at the time of inspection:</b><br>Mrs Alexandra Sara McIntyre  |  |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>This is a domiciliary care agency which provides personal care and support to service users in their own homes. The agency aims to provide care and support in a manner that supports service users to live a fulfilling and meaningful life. |  |

## 2.0 Inspection summary

An unannounced inspection was undertaken by a care inspector on 3 August 2021, between 10.00 am and 15.00 pm.

The last care inspection of the agency was undertaken on 8 November 2019. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, the monthly quality monitoring process and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

Four questionnaires were returned and the respondents indicated that they were satisfied that the service provided was safe and effective. Comments received included:

- "Carers are all very caring and helpful."

We spoke with four service users/relatives and three staff during the inspection; comments received are detailed below.

#### Service users' comments:

- "Wonderful, the girls are great, not a thing to complain about."
- "I can ring the office if I have a problem."
- "Happy with everything."
- "Absolutely fantastic, all staff are brilliant. They are really helpful."
- "I am happy and content with the staff; the carers are brilliant."
- "They come on time, I have no issues."
- "Staff are very reassuring. They are neat, tidy and clean."
- "The staff are amazing; they do not rush my husband. They treat him with respect and dignity. I cannot rate them highly enough."
- "What impresses me is the consistency of staff."
- The office staff and on call are very responsive."

#### Staff comments:

- "Fantastic agency, we get so much support. The Covid feedback is brilliant; they are quick to make sure we are safe."

- “The seniors are out checking and they will ring us when training is due.”
- “We are not rushed.”
- “The support and training is good; I can report things to the office and action is taken.”
- “\*\*\*\*\* (senior locality manager) is great.”
- “I love my job; I treat the service users with respect.”
- “I feel supported; my induction was good.”
- “They are very good at keeping us informed, we receive newsletters.”
- “Concerns raised are followed through.”

Feedback was received from a HSCT representative:

- “We engage well I feel, whether it be me with them or vice versa. They keep us up to date regularly regarding our clients whether it be hospital admissions, discharges, change in health needs. I would deal mainly with \*\*\*\*\* (senior locality manager) and, on some occasions \*\*\*\*\* (manager) but between us we try and sort client problems etc out.”

There was one response to the electronic survey; the respondent was generally satisfied with the care and support provided. A comment received with regards to uniform and routine Covid testing was discussed with the manager for follow up with the staff team.

## **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 of Optimum Care was undertaken 8 November 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 service users 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 by the inspector.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the office staff if they had any concerns in relation to safety or the care being provided.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were robust systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and actions taken to reduce or prevent reoccurrence.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. 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.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

It was identified that the agency are not managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

### **5.2.2 Are their 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, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives. It was positive to note that where negative feedback had been received the details were recorded of the actions taken to resolve the matters raised.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a complaint received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

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

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There are currently a number of service users who have been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. It was noted from care records viewed that the service users individual care plans clearly recorded the care and support required with regard to eating and drinking

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)