

Unannounced Care Inspection Report

25 February 2019



Optimum Care

Domiciliary Care Agency
Movilla House, 2 Berkshire Road, Newtownards, BT23 7HH
Tel No: 02891828999
Inspector: Joanne Faulkner
User Consultation Officer (UCO): Clair McConnell

www.rqia.org.uk

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

Optimum Care is a domiciliary care agency which provides personal care to service users in their own homes in the North Down area.

3.0 Service details

Organisation/Registered Provider:
Home Care Services (NI) Limited t/a
Optimum Care

Responsible Individual:
Mrs Lesley Catherine Megarity

Registered Manager:
Mrs Alexandra Sara McIntyre

Person in charge at the time of inspection: Mrs Alexandra Sara McIntyre	Date manager registered: 21 August 2015
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4.0 Inspection summary

An unannounced inspection took place on 25 February 2019 from 09.45 to 16.15.

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

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

Evidence of good practice was found in relation to:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training, monitoring and supervision
- Quality monitoring and Governance systems
- Provision of care in a person centred manner
- Service user engagement
- Management of Adult Protection matters and incidents

This was supported through review of records at inspection and from feedback received from the relatives of a number of service users.

No areas for improvement were identified during the inspection.

The comments of service users' relatives have been included in the relevant report sections.

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.

The inspector and UCO would like to thank the relatives, the manager, deputy Chief Executive Officer (CEO), the Human Resources (HR) manager and the Quality and Development officer 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Alexandra Sara McIntyre, registered manager, and the deputy CEO, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 2 March 2018

No further actions were required to be taken following the most recent inspection on 2 March 2018.

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 received by RQIA since the previous inspection

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

- discussion with the manager and deputy CEO
- discussions with the HR Manager
- discussion with the organisation's Quality and Development Manager
- examination of records
- consultation with service users' relatives
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

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.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

As part of the inspection the UCO spoke with six relatives, by telephone, on 4 March 2019 to obtain their views of the service. Feedback received by the inspector and UCO during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 2 March 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

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

The agency's recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The recruitment process is co-ordinated and managed by the organisation's HR department.

The manager stated that staff are not provided for work until all required checks have been satisfactorily completed. The inspector viewed the recruitment records for three staff and noted that they provided evidence that the required pre-employment checks had been completed prior to the commencement of employment and that the process was robust.

It was identified that the agency has a system for ensuring that a statement indicating that staff are physically and mentally fit for the purposes of the work which they are to perform is in place. Staff are required to sign that they have received and understood the information provided in the agency's staff induction pack and handbook.

It was identified that the agency's induction programme provided to staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussion with the manager indicated that new domiciliary care workers are provided with an initial three day induction followed by shadowing with other staff for a number of days.

Staff are required to complete ELearning training modules in a range of areas as part of their initial induction programme. The manager stated that all staff are supervised by a senior during their initial three shifts for the agency. The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff during their induction period.

Discussions with a number of service users' relatives indicated that staff provided had the appropriate skills to fulfil the requirements of their job roles. The agency maintains details of all staff induction, training, supervision and registration status with relevant regulatory bodies.

The inspector discussed with the manager the process for ensuring that staff provided at short notice had the knowledge and skills for the job role. The manager stated that all staff are required to complete the full induction programme prior to being supplied for work and stated that staff are not accessed from other domiciliary care agencies.

Discussions with the manager and administration staff demonstrated that the agency endeavours to ensure that experienced persons are available to meet the assessed needs of individual service users. The inspector viewed a sample of the agency's staff rota information on the electronic system (Carefree). The manager stated that rota's are emailed to individual staff and indicated that there is a process whereby staff confirm that they have received the information.

It was noted that staff receive annual supervision/appraisal and a number of monitoring visits in the homes of service users. The records of four staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's procedures. It was identified that comprehensive records of staff supervision/appraisal and monitoring visits are maintained. The agency completes a proforma for each of the monitoring visits completed. Staff supervision and appraisal records viewed by the inspector were noted to be retained in a well organised manner.

The manager could describe the process for identifying training needs in conjunction with the agency's training manager and their responsibility for ensuring that staff complete required training updates. Staff were required to complete annual mandatory training updates in a range of areas. The agency has a system for recording staff training; information viewed indicated that the staff had completed the required training.

The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC); copies of staff certificates are retained in the staff personnel records. The manager and quality and development officer stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that

the list is reviewed on a monthly basis in conjunction with the HR department. Records viewed by the inspector indicated that staff were appropriately registered.

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

It was identified from discussions with the manager and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition an annual training update. Records viewed indicated that staff had completed required training updates.

Relatives of service users who spoke to the UCO could describe what they would do if they had any concerns in relation to the safety of service users or the care they received.

Discussions with the manager evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) adult protection team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency retains comprehensive records in relation to referrals made and record clearly the actions taken by the agency.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was identified that prior to commencement of a service the agency receives a range of relevant assessments and information from the HSCT keyworker. The inspector viewed a range of risk assessments in place relating to individual service users.

The manager could describe the process for ensuring that service users are involved in the development of their individual care planning process. Care plans are provided for staff in the service users' homes and care plans are reviewed at least annually. The agency contributes to reviews involving the service users' HSCT keyworkers if appropriate.

The agency's office accommodation is located in Newtownards. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, an intercom system was in place to gain access, records were stored securely and in a well organised manner and that computers were password protected.

The UCO was advised by all of the relatives spoken to that they had no concerns regarding the safety of care being provided by Optimum Care. They indicated that care is usually provided by a regular team of care workers; this was felt to be important in terms of the service user's security and staffs' knowledge of the service users' needs.

No issues regarding the care workers skills were raised with the UCO. All of the relatives spoken to confirmed that they could approach the care workers and staff in the office if they had any concerns.

Examples of some of the comments made by the relatives are listed below:

- "Very, very happy with the service."
- "Everything's ok."
- "I can raise any issues with the supervisor and they're sorted."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal, monitoring and the agency's management of adult safeguarding matters.

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 effective?

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

The inspector reviewed that agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received training relating to record keeping during their induction programme.

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

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users; this includes a process for completing monthly quality monitoring audits.

The inspector viewed the agency's quality monitoring reports of the audits completed; records viewed were noted to be comprehensive and indicated that the process is effective; an action plan is developed.

The agency's quality monitoring audit is completed by the organisation's Quality and Development officer. It was identified that there had been engagement with a number of service users and their relatives to obtain their views on the service provided. Reports viewed were noted to include comments made by service users, and where appropriate their representatives. In addition the reports included details of the review of the previous action plan, review of accidents, incidents, staffing arrangements, care records and complaints. It was noted that the agency has recently updated the report format to include additional information and include timescales for actions to be completed by. The inspector discussed with the deputy CEO the benefits of engagement with staff and HSCT representative's as part of the audit process.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with relatives indicated that the agency's staff communicate appropriately with them.

The manager could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders were appropriate. It was identified that the agency are involved in the HSCT review process for service users.

The UCO was informed by the majority of the relatives spoke to that they had no concerns regarding the care workers timekeeping; no issues were raised in relation to missed calls. They indicated that service users are introduced to new care workers by a regular member of staff.

No issues regarding communication between the service users, relatives and staff from Optimum Care were raised with the UCO. The relatives advised that home monitoring visits and telephone contact have taken place to obtain their views on the service. A number of the relatives spoken to stated that they had received a questionnaire from the agency.

Examples of some of the comments made by the relatives are listed below:

- "They're very nice. Get on well."
- "Gives me peace of mind that someone calls regularly with XXX and XXX, and will contact me if necessary."
- "Couldn't do without them."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and engagement with service users, and where appropriate their relatives 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

6.6 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 the care and support they receive.

It was identified that staff receive training relating to human rights and confidentiality during their induction programme and that staff have recently completed training in GDPR.

Discussions with the manager and relatives and records viewed indicated that the promotion of values such as dignity, equality and choice were embedded in the ethos of the agency and in the way care is provided. It was good to note that staff practice is observed as part of the agency's staff monitoring process.

Service user care records viewed in the agency office were noted to contain information relating to the life histories of service users and their care needs. The manager could describe how service users are supported to make decisions about the care and support they received. Service users are provided with a Service User Agreement and sign to indicate that they have been involved in the care planning process. The manager stated that staff endeavour to provide care and support in a person centred manner.

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner. The manager could describe how the agency's induction and training programme equips staff to engage with a diverse range of service users.

Discussions with the service users' relatives, and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- appropriate stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Records viewed and discussions with the manager indicated that the agency has a range of methods for obtaining and recording comments made by service users and/or their representatives. Records of service user monitoring visits, stakeholder questionnaires, care review meetings and reports of quality monitoring audits indicated regular engagement with service users and where appropriate relevant stakeholders. It is positive to note that the agency's quality monitoring process provided the agency with a wide range of service user and stakeholder feedback.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring process; regular spot checks; care review meetings and regular telephone contact. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

All of the relatives who spoke to the UCO indicated that care was provided in a compassionate manner. The relatives advised that care workers treat the service users with dignity and respect, and that care has not been provided in a rushed manner. It was identified that the views of service users and relatives in relation to the quality of the service have been sought through home monitoring visits, telephone contact and questionnaires.

Examples of some of the comments made by the relatives are listed below:

- "All very nice."
- "Very pleasant and patient with XXX."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care to meet the assessed needs of the individual service users. There was evidence of the ongoing and effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 managed on a day to day basis by the manager supported by a team of senior staff and co-ordinators. The manager could describe the process for staff and service users to obtain support and guidance at any time including out of hour arrangements. Relatives who spoke to the UCO confirmed that they were familiar with the procedure for contacting the agency if required.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and that staff can access if required; the manager stated that they are in the of making key policies accessible on the organisation's electronic system 'Optimum Inspire'.

Policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. The inspector discussed with the manager and deputy CEO the need to include details of the updated RQIA contact details and assurances were provided that this would be actioned immediately following the inspection.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received awareness training in relation to management of complaints during their induction programme. Service users' relatives who spoke to the UCO could describe the process for raising concerns.

The agency maintains comprehensive records of complaints received, outcome of investigations and any actions taken. It was noted from records viewed and discussions with the manager that complaints received by the agency since the previous inspection had been managed in accordance with the policy. It was noted that a complaints log is maintained and that complaints are audited on a monthly basis as part of the agency's quality monitoring system.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager and CEO indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monitoring of staff practice, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection, the inspector viewed evidence of effective collaborative working with relevant stakeholders.

From records viewed it was identified that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager and CEO could clearly describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Service User induction pack; it details lines of accountability. It was noted that staff are provided with a job description at the commencement of employment and that staff receive support and guidance during supervision and monitoring visits by the senior. Relatives who spoke to the UCO were aware of the roles of staff. The Statement of Purpose clearly outlines tasks which agency staff are permitted to provide; this information is provided to service users and other relevant stakeholders at the commencement of the service.

All of the relatives who spoke to the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Comments made by one relative in relation to timing of calls was discussed with the registered manager and explanation was provided as to the variance in call times. No concerns regarding the management of the agency were raised with the UCO.

The registered person has worked effectively with RQIA to operate and lead the agency in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

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 identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process; engagement with staff, service users and other relevant stakeholders, and the management of complaints and incidents.

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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