

Unannounced Care Inspection Report 08 November 2019



Optimum Care

Type of Service: Domiciliary Care Agency
**Address: Movilla House, 2 Berkshire Road, Newtownards,
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Tel No: 02891828999
Inspector: Joanne Faulkner

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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

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.

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

4.0 Inspection summary

An unannounced inspection took place on 8 November 2019 from 9.40 to 15.40 hours.

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.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

There were a range of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, monitoring, training, adult safeguarding processes and risk management. There are effective governance and management systems in place. Care records were individualised and well maintained. There was evidence of effective systems for communication with service users, relatives and relevant stakeholders. The culture and ethos of the organisation promotes treating service users with dignity and respect with an emphasis on their safety, and in addition maximising their privacy, choice and independence. There was evidence that care was provided in a person centred manner.

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

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

No areas for improvement were identified during this inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 25 February 2019

No further actions were required to be taken following the most recent inspection on 25 February 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 registered person
- examination of records
- consultation with the relative of one service user, a service user and a staff member
- 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 inspectors, 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; six responses were received prior to the issuing of this report. The majority of the respondents indicated that they were satisfied or very satisfied that care provided was safe, effective, compassionate and well led. However, one respondent indicated that they were unsatisfied that care was effective and two indicated that they were undecided if the agency was well led. As no contact details were available the responses and one comment received were discussed with one of the agency's co-ordinators prior to the issuing of this report.

One respondent commented: "It's a very good company to work for, helpful and very caring towards service users."

Ten questionnaires were provided for distribution to the service users and/or their representatives; two responses were received prior to the issuing of this report; the respondents indicated that they were either very satisfied or satisfied that the care provided was safe, effective and compassionate and that the service was well led. One comment was received: "I can say that all my carers are very good."

During the inspection the inspector spoke with the manager and a staff member. Following the inspection the inspector spoke to a relative and one service user. 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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 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 organisation's recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that staff recruitment is co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department. The manager stated that they are informed when staff are ready to commence induction.

The manager indicated that they had a good understanding of the recruitment process and the need for the system to be robust. They provided assurances that staff are not supplied until pre-employment checks have been completed by the HR department and verified.

The agency's induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted from discussions with the manager, staff and records viewed that newly appointed staff are required to complete corporate induction, training in a range of areas and in addition shadow other staff employed by the agency as part of their initial induction programme. In addition staff are required to complete an induction workbook.

Staff who spoke to the inspector indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users. Staff confirmed that they were introduced to the service users prior to providing care and support and shadow staff currently employed by the agency.

Discussions with the manager and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussions with a number of a service user and a relative following the inspection identified that they had no concerns with regards to receiving the appropriate care.

Staff rota information viewed indicated that the care and support is provided to service users by a core staff team; it was felt that this supports the agency in ensuring continuity of care. Staff who spoke to the inspector described how this can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the manager. It was identified that all staff supplied are employed by the agency and are required to complete an induction prior to providing care; this is to ensure the safety, dignity and respect of service users is maintained.

Staff are required to participate in an annual appraisal and a record of areas discussed is retained. In addition the agency regularly monitors staff performance whilst they are providing care and support; details of the observations made are retained. It was noted from records viewed that staff had received appraisal in accordance with the agency's policy.

The agency has a system in place for monitoring staff registration with the relevant regulatory body; details of the registration status and expiry dates of staff required to be registered with NISCC is retained. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed during the inspection that staff were registered appropriately. The manager stated that this information is reviewed monthly in conjunction with the organisation's HR department. The manager discussed the recent liaison they had with NISCC representatives due to ongoing problems in relation to the registration process.

The agency has a designated training manager who is responsible for ensuring that staff complete required training. It was identified that staff employed are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users they are providing care to. The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed as required. It was positive to note that on a number of occasions the agency's system for monitoring staff performance had identified areas that required staff to complete a training update.

The agency retains an electronic record of training completed by staff; records viewed indicated that the majority of staff had completed relevant training. It was noted that staff had completed training in a range of areas such as moving and handling, swallow awareness, medication, fire, lone working, health and safety, infection control and adult safeguarding. It was positive to note that a range of key areas are discussed during the initial induction programme provided to staff such as privacy, confidentiality, safeguarding, human rights and whistleblowing.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures were noted to 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 an identified Adult Safeguarding Champion (ASC); the inspector discussed the need for an Adult Safeguarding Position report to be available by March 2020.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

From discussions with the manager it was identified that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter. In addition staff are required to complete an annual E learning module in relation to adult safeguarding.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that referrals made since the previous inspection had been managed in accordance with the procedures. It was noted that records retained were comprehensive and retained in a well organised manner; they included details of all correspondence and actions taken.

Discussions with staff provided evidence that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the agency's policy and procedure with regard to whistleblowing.

A relative and a service user who spoke with the inspector stated that they had no concerns regarding their safety; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users and their relatives with details of the process for reporting any concerns.

A review of a sample of accidents and incidents which had occurred within the agency identified that they had been managed appropriately. It was noted that incident records are reviewed as part of the agency's quality monitoring process.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. Prior to the commencement of the service the agency receives a range of relevant assessments from the person making the referral. The agency has a process for assessing and reviewing risk in conjunction with relevant HSCT representatives. The agency participates in HSCT care review meetings.

Care plans are provided for staff in the service users' homes. Records viewed and discussions with the manager confirmed that comprehensive care plans had been agreed in conjunction with service users and where appropriate their representatives. Care plans viewed indicated that the human rights of service users had been considered.

Staff who spoke to the inspector were very knowledgeable regarding the individual needs of service users'. They described the value they place on ensuring that service users are supported in a way, where their preferences, choices and views are respected. Staff could describe the importance of ensuring service users and their relatives were encouraged to discuss any concerns they had. Staff described the need to balance risk with the choices and human rights of individual service users.

Discussions with staff indicated that they had a clear understanding of service users' human rights. Staff could describe how they familiarise themselves with the needs of individual service users and stated that they observe the service users to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure their safety, wellbeing and views.

The agency's office accommodation is located in Newtownards. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. Access to the office is via an intercom system. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

Comments received during inspection process

Relative's comments

- “No problems with optimum care.”
- “***** (co-ordinator) rings me to discuss if things are going ok.”
- “Mum happy enough with the service.”
- “I ring office if any concerns; I feel they listen to me.”
- “99% of the time they come on time.”
- “No faults whatsoever; the girls are good.”

Service user comments

- “No problems, they come on time.”
- “I ring the office if I need anything or if I am not happy.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision/appraisal, adult safeguarding processes and the management of incidents/accidents.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

The inspector reviewed the 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 a well organised and secure manner. It was noted that staff had received training relating to record keeping and confidentiality as part of their initial induction.

The care records viewed included relevant referral information received from a range of HSCT representatives and in addition included risk assessments and care plans. Care plans viewed were noted to be detail the specific care and support required; it was noted that staff record the care provided to service users at each call.

The manager could describe the processes used for supporting service users and relatives to be effectively engaged in the care planning and review processes. The agency contributes to service user reviews facilitated by the relevant HSCT. Staff felt that regular reviews are necessary to ensure that the needs of service users were being appropriately met.

The manager and staff could describe the methods used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. The manager described the difficulties in contacting SEHSCT keyworkers due to ongoing changes in staffing arrangements within the HSCT; discussed the need for the agency to liaise with a senior manager within the HSCT in relation to this matter.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with a relative and a service user indicated that staff endeavour to communicate appropriately with service users. The communication needs of each service user are recorded in their assessments.

The agency facilitates regular staff meetings; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern. It was noted that a range of matters are discussed including NISCC registration, record keeping, uniform, training and appraisal. There was evidence of regular engagement with relatives and service users to ascertain their views.

It was noted that the agency has a system for monitoring staff performance; monitoring visits are completed in the service users homes and a proforma completed in relation to a range of areas. This process involves engagement with service users and their relatives to obtain their views on the quality of the service being provided.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records and the systems for effectively communicating with service users, relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 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 was assessed.

Staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with staff and a relative, a service user and documentation viewed during the inspection 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 staff provide the care and support to service users.

It was noted that the agency has provided information to service users/relatives relating to human rights, complaints, advocacy and adult safeguarding in an easy read format. Staff discussed matters relating to confidentiality during the monitoring visits.

A relative and a service user who spoke to the inspector described how staff support them to make decisions about all aspects of their life; they stated that staff are kind and approachable. Staff provided assurances that service users can refuse any aspect of their care.

Care records viewed were noted to be completed in a comprehensive manner and contained information relating to the specific needs of service users. Discussions with staff, a service user and a relative provided assurances that care is provided in an individualised manner.

Comments made by staff:

- “I love it; I have worked here a number of years.”
- “I feel supported; always someone at the end of the phone.”
- “Management are very approachable.”
- “Treat service users the way you would want to be treated.”

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

It was identified that the agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

A relative and a service user who spoke to the inspector indicated that staff engage with them in relation the care being provided. Records of daily recording notes, staff monitoring visit records and reports of quality monitoring visits indicated regular engagement with service users, relatives and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved. The agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with the manager, staff, a relative and a service user indicated that care was provided in a compassionate manner.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the methods used by staff to effectively engage with service users and their relatives with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for protecting and promoting the human rights of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 assessed 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 registered manager supported by a team of senior staff and co-ordinators. Staff could describe the process for obtaining support and guidance and stated that the senior staff are approachable.

Staff described the process for obtaining support at any time, including out of hours arrangements. Staff who spoke to the inspector indicated that they had good working relationships with the manager and senior staff.

The agency's policies and procedures are retained electronically; staff can access them as required.

The organisation's complaints policy outlines the procedure for managing complaints. Discussions with the manager and staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction programme. A relative and a service user who spoke to the inspector stated that they have been informed of the process for raising a concern or complaint.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had managed complaints received since the previous inspection in accordance with their policy and procedures. Complaints are audited monthly as part of the agency's quality monitoring process.

The organisation has developed systems 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 indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, appropriate monitoring of staff and provision of relevant training and support to staff.

In addition the agency monitors staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis.

The inspector viewed evidence which indicated appropriate staff induction, training, monitoring and appraisal. The registered person and the manager could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided to the service users.

The organisational and management structure of the agency is outlined within the Statement of Purpose. Staff are provided with a job description at the commencement of employment. The manager stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings; and discussed examples of recent staff disciplinary action. The agency has developed a proforma for recording information relating to the tasks that are required to be completed by staff in the homes of individual service users.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspectors.

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

The organisation has a process for completing quality monitoring audits on a monthly basis and for developing a report. The inspector viewed the quality monitoring reports of a number of the audits. It was noted that the audits are completed by the organization's quality and assurance manager. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include details of the staff monitoring visits completed by the coordinators and in addition comments made by service users, and where appropriate their representatives.

The reports were noted to include details of the review of the previous action plan, review of service user care records, staffing arrangements, missed calls, accidents/incidents, adult safeguarding referrals, and complaints.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users, relatives and relevant stakeholders; and the agency's governance arrangements including the quality monitoring process.

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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