

# Inspection Report

5 July 2022



## Optimum Care

**Type of Service: Domiciliary Care Agency**  
**Address: Suite 4, River House, Castle Lane, Coleraine,  
BT51 3DR**  
**Tel No: 028 7035 3999**

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Home Care Services NI (Ltd) T/A Optimum Care</p> <p><b>Responsible Individual:</b> Mrs Lesley Catherine Megarity</p>	<p><b>Registered Manager:</b> Mrs Andrea Hill</p> <p><b>Date registered:</b> 23 November 2017</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Andrea Hill</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>Optimum Care is a domiciliary care agency providing personal care to service users residing in the Causeway, the Glens and the Mid-Ulster areas. The agency has a current staff compliment of 167 staff that provides services commissioned by the Northern Health and Social Care (HSC) Trust.</p>	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 5 July 2022 between 10.00 a.m. and 4.00 p.m. by the care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

An area for improvement identified at the last inspection was assessed as met.

Good practice was identified in relation to service user involvement, staff training and the management of complaints, incidents and safeguarding. There were good governance and management arrangements in place.

One area for improvement was identified with regard to care planning.

### 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:

- consultation with the service users, 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.

In preparation for this inspection, a range of information about the service was reviewed. This included the previous Quality Improvement Plan (QIP), registration information, notifications received, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives and staff 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?

During the inspection we spoke with three service users and two staff members.

The information provided during the inspection indicated that there were no concerns in relation to the agency.

No staff responded to the electronic survey. No questionnaires were returned.

#### Comments received during inspection process

##### Service users' comments:

- "Happy with the girls, they are a good laugh."
- "I enjoy them coming in, they get me what I need."
- "They generally come on time and it is normally regular staff."

- “I have no concerns, I feel lucky to have them. I ring the office at times in an emergency and they always try and accommodate me.”
- “The staff wear aprons, uniforms and masks; I have no concerns.”
- “I am happy with all.”

#### Staff comments:

- “Love it; I am really happy in my job.”
- “Management are very approachable.”
- “We have a great team. The service users are safe and well looked after.”
- “I have no issues, I can raise concerns.”
- “The manager and co-ordinators are all good and listen; they sort things out for us.”
- “Runs are not rushed; we are busier due to Covid with staff off isolating.”

## 5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 10 September 2020 by a care inspector; a QIP was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 10 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing.	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any communications and actions taken.  Ref: 6.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From records viewed it was identified that the agency retains details of all complaints received; this included a record of actions taken and communications with the complainants.	

## 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 reflected information contained within the DoH's regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the manager established 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.

It was noted that staff are required to complete adult safeguarding training during their induction programme and 2 yearly updates thereafter. It was positive to note that the all staff currently being supplied by the agency had completed appropriate adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 had a system for retaining a record of referrals made to the HSCT Adult Safeguarding Gateway Team (ASGT) in relation to safeguarding matters identified. Records reviewed and discussions with the manager indicated that a small number of adult safeguarding referrals had been made since the last inspection. There was evidence that adult safeguarding matters had been managed appropriately. We discussed with the manager the need to ensure that a record is retained of the outcome of any referrals made.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were 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.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. The manager stated that where the agency was unable to provide training in the use of specialised equipment, the agency would request this training from the HSCT.

A review of care records identified that moving and handling risk assessments and care plans relating to them were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager discussed plans in place to address DoLS practices in conjunction with the HSCT.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA). The MCA provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

The manager reported that the agency is not managing service users' monies.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, it was good to note that they had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The agency undertakes monthly monitoring calls with service users to obtain their views on the service provided.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and



fluids to be modified. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff described how they implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

It was identified from records viewed that a number of service users individual care plans did not consistently reflect or refer to the information detailed in the most recent SALT assessment or HSCT care plan. This was discussed with the manager and action taken immediately to review the care plans of all service users who had received a SALT assessment in conjunction with the HSCT. We discussed with the manager the need to ensure that care plans accurately reflect the care and support required and as agreed with the HSCT. An area for improvement has been identified.

#### **5.2.4 Are there robust systems in place for staff recruitment?**

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members' commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are retained electronically and was monitored by the manager in conjunction with the organisation's HR department; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated that there are no volunteers working in the agency.

#### **5.2.5 Is there an induction for staff in accordance with NISCC Induction Standards?**

We reviewed the induction records for staff in accordance with Regulation 16 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 12 of The Domiciliary Care Agencies Minimum Standards (revised) 2021. There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured three day induction programme which also included shadowing of a more experienced staff member and written records were retained.

The agency has maintained for each member of staff, all training, including induction, and professional development activities undertaken. The records included the names of those attending the training event, the date(s) of the training.

We discussed with the manager that all NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

### **5.2.6 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 engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We discussed with the manager the need to record in the report any actions taken following missed calls.

The Annual Quality Report was reviewed and was satisfactory.

The manager stated that there are no Serious Adverse Incident (SAI) investigations ongoing.

The agency's registration certificate was displayed appropriately. Certificates of public and employers' liability insurance were up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

It was noted that a small number of complaints had been received since the last inspection and had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process. Sometimes, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager.

The Statement of Purpose required updating with RQIA's contact details. The manager agreed to amend this; it will be reviewed at the next inspection.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

## **6.0 Conclusion**

Based on the inspection findings, one area for improvement was identified in relation to care planning. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

## **7.0 Quality Improvement Plan (QIP)/Areas for Improvement**



An area for improvement has been identified where action is required to ensure compliance with **The Domiciliary Care Agencies Minimum Standards (revised) 2021**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Andrea Hill, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 3.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person must ensure that the care plan includes information on:</p> <ul style="list-style-type: none"> <li>• the care and services to be provided to the service user;</li> <li>• directions for the use of any equipment;</li> <li>• the administration or assistance with medication;</li> <li>• how specific needs and preferences are to be met; and</li> <li>• the management of identified risks.</li> </ul> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The HSCT care plans have been fully reviewed to ensure the areas above are met and consistently reflect the information detailed in the most recent HSCT assessments, specifically those in relation to service users who have received a SALT assessment. Social workers have been contacted to reissue the correct detailed SALT assessments to ensure both the assessment and care plan correspond. Any Service User Agreement in place has been updated to reflect the most recent SALT assessment and any assistance required by the service user. This will be closely monitored by the Domiciliary services Manager and Domiciliary Services Supervisor.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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)

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