



## Announced Care Inspection Report 22 November 2018



### Optimum Care

**Type of Service: Domiciliary Care Agency**

**Address: Suite 4, River House, Castle Lane, Coleraine, BT51 3DR**

**Tel No: 02870353999**

**Inspector: Aveen Donnelly**

**User Consultation Officer: Clair McConnell**

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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**

Optimum Care is a domiciliary care agency providing personal care to 427 service users in the Causeway, the Glens and the Mid-Ulster areas. The agency has a current staff compliment of 157 staff that provides services commissioned by the Northern Health and Social Care (HSC) Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Home Care Services (NI) Limited t/a Optimum Care  <b>Responsible Individual:</b> Mrs Lesley Catherine Megarity	<b>Registered Manager:</b> Mrs Andrea Hill
<b>Person in charge at the time of inspection:</b> Mrs Andrea Hill	<b>Date manager registered:</b> 23 November 2017

### 4.0 Inspection summary

An announced inspection took place on 22 November 2018 from 09.55 to 16.00 hours.

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

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 training, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

There were no areas for improvement made during this inspection.

Service users and relatives consulted with indicated that they were generally happy with the care and support provided.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager, 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 08 March 2018

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

## 5.0 How we inspect

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

- previous inspection reports
- record of notifiable events since the last care inspection
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff recruitment records
- staff induction and supervision records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- four service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from three service users' homes
- RQIA registration certificate
- complaints records
- service user guide/agreements
- statement of purpose
- annual quality assurance report 2017
- monthly quality monitoring reports

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and seven relatives, by telephone, between 4 and 7 December 2018 to obtain their views of the service. The service users interviewed informed the UCO that they receive assistance with the management of medication, personal care and meals. Some service users received a sitting service.

As part of the inspection process the inspector also spoke with the responsible person, two care staff and three Health and Social Care (HSC) representatives. Feedback is included within the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff completed the survey.

The inspector requested that the person in charge 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.

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 08 March 2018

There were no areas for improvement made as a result of the last care inspection undertaken on 8 March 2018.

## 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 agency's registered premises are located at Castle Lane, Coleraine and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of one senior coordinator, two coordinators, four senior care workers and a number of domiciliary care staff. No concerns were raised in relation to the staffing provision. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision.

The UCO was advised by the service user and relatives interviewed that there were no concerns regarding the safety of care being provided by Optimum Care. New carers were usually introduced to the service user by a regular member of staff or supervisor; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Some comments made by service users or their relatives are detailed below:

- "The consistency is great. We've got used to them."
- "It gives us peace of mind that they call regularly with XXX and contacts us if anything is wrong."
- "Very happy with the care."

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of recruitment records indicated that all pre-employment information had generally been completed and verified satisfactorily. Clarification around aspects of Optimum's recruitment procedures was sought from Optimum Care following the inspection and RQIA is satisfied with the processes that are in place.

The review of the recruitment records also identified a variance between the online application form and the hardcopy version. Advice was given as an area for review in this regard, to ensure

that the applicants' educational qualifications could be ascertained as part of the application process. The review of one recruitment record identified that their previous employment history had been recorded for the 12 years preceding working with Optimum Care. Although the inspector was satisfied that there had not been any gaps in employment during this period, advice was given in relation to the need to record full employment histories from prospective employees, in keeping with the regulations.

There was a system in place to ensure that all staff were registered with NISCC and to identify when staff are due to renew their registrations.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of records confirmed that this included mentoring through formal supervision meetings and spot checks on staff' practice. An electronic system was in place, which ensured good management oversight of when staff were due to have formal supervisions.

No issues regarding the carers' training were raised with the UCO by the service user or relatives; examples given included manual handling and management of medication. A review of the training records confirmed that training had been provided in all mandatory areas. Additional training in percutaneous endoscopic gastrostomy (PEG) feeding had also been provided to relevant staff. A review of two staff training records evidenced that staff completed a post-training evaluation test, to ensure that any learning had been embedded. Training was monitored by the organisations' training department, to ensure all staff were compliant with the mandatory training requirements.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager evidenced that safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior executive within the organisation holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures.

There was a system in place to ensure that any accidents or incidents would be managed in accordance with local protocols. The manager advised that no accidents or incidents had occurred since the last care inspection.

Records reviewed confirmed that risk assessments were completed for each service user and were reviewed on at least an annual basis. The review of the records evidenced that the agency completed personal emergency egress plans for each service user. This ensured that staff were familiar with the level of assistance required, should a service user require to be evacuated from their homes, in case of emergencies.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were appropriate to ensure that data protection measures were being maintained.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and training, adult safeguarding and risk management.



## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The UCO was informed by the majority of those consulted with that there were no concerns regarding the carers' timekeeping. The service users and relatives also advised that they had not experienced any missed calls or rushed care from the agency.

The majority of the service users and relatives interviewed had no issues regarding communication; however one relative advised that there have been occasions that messages had not been passed on to the carer. The service users and relatives advised that home visits or phone calls take place regularly to obtain their views on the service; however no one was able to confirm that they had received a questionnaire from the agency. The inspector was satisfied that arrangements were in place to obtain service users' views. Further detail is discussed in section 6.6.

Comments made by the service user or their relatives are listed below:

- "Great support from the supervisor."
- "The carers are very proactive if XXX needs anything which is great as we don't live locally."
- "Really care for XXX and know the care needed."

The inspector examined three service users' care records and found these to be detailed and generally reflective of the service users' needs. However, a review of the care records identified that the care plans required to be updated, in keeping with the care which had been agreed with the commissioning trust. This was discussed with the manager who agreed to follow up with the relevant trust representative to ensure that this was received. The manager confirmed to RQIA, by email on 7 January 2019 that one care plan had been received from the trust on 26 November 2018; and that a care review had been scheduled to ensure the other care plan would be updated.

Service User Agreements were consistently provided to service users within the required timescale.

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. The review of the daily records returned from the service users' homes, identified that they were well maintained.

Quality monitoring reports indicated consultation with a range of service users and relatives.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that agency staff attended when invited.

Staff consulted with stated that they felt that there was effective communication between all grades of staff. Minutes of staff meeting were available for those who were unable to attend.

### Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and monitoring visits which specifically ascertained and included the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users' needs.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

A review of the monthly quality monitoring reports evidenced that the staff treated service users with respect and dignity. A review of the compliments records available during the inspection included praise for the staffs' 'professional manner, patience and kindness' and described the care as being 'simply the best'.

The review of the annual quality assurance report completed in December 2017 evidenced that 99.4 percent of service users felt that the staff respected their dignity and 99 percent of staff communicated well with them. The report also reflected a satisfaction rate of 98.9 percent in relation to the delivery of care. This should be commended.

All of those interviewed by the UCO felt that care was compassionate. The service user and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.



Views of service users and relatives have been sought through home visits or phone calls to ensure satisfaction with the care that has been provided by Optimum Care. Some comments made by service users or their relatives are detailed below:

- “Good team, they’re happy and jolly.”
- “Couldn’t fault them.”
- “All very good.”

During the inspection, the inspector spoke with four staff, who indicated that they were satisfied with the service provided by Optimum Care. Some comments received from staff are detailed below:

**Staff**

- “I love all the clients.”
- “I love my work.”
- “I would not leave here for the world, I love it here.”
- “I love it here, I wouldn’t be here otherwise.”

**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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members consulted with indicated that the manager was supportive and approachable.

All those consulted with stated that there were adequate numbers of staff in place, to meet the service users’ needs.

The agency had a range of policies and procedures in place that were reviewed in line with the minimum standards.

There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The inspector acknowledged that there was a low rate of complaints received by the agency.

All those the inspector spoke with stated that they were confident that staff/management would appropriately manage any concern raised by them.

The review of incidents and complaints records identified that notifiable events were reported to RQIA in line with the regulations.

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. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

The registration certificate was up to date and displayed appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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