

# Inspection Report

4 July 2023



## Optimum Care

**Type of Service: Domiciliary Care Agency**  
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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<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 160 staff that provides care to 555 service users, the care is commissioned by the Northern Health and Social Care (HSC) Trust.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 July 2023 between 10.10 a.m. and 4.30 p.m. The inspection was conducted by a 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 Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement and staff training.

## 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.

In preparation for this inspection, a range of information about the service was reviewed.

This included any previous areas for improvement identified, registration information, 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, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

Comments made by a relative and a staff member were discussed with the manager and follow up requested.

Comments received included:

##### **Service users' comments:**

- "Okay with things at the minute."
- "I made a complaint and they have sorted it out."

##### **Service users' relatives' comments:**

- "The staff are good but they could do with more of them."
- "The times of the calls are not always the same."
- "They do what they are required to do."

##### **Staff comments:**

- "Love working for them, I had a good induction."
- "I have no concerns, could not say one bad thing about the agency."
- "I feel the service users are well looked after."
- "Sometimes asked to pick up additional calls and this can make the day longer for me; I think they could do with more staff but know it's hard to get staff."
- "I always try to give the service users the best care I can."
- "I report any concerns to the office staff."

No questionnaires were returned. There were no responses to the electronic survey.

## 5.0 The inspection

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

The last care inspection of the agency was undertaken on 5 July 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 July 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person must ensure that the care plan includes information on: <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> Ref: 5.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the individual service users care plan included information on the care and services to be provided and reflected information obtained from the assessed needs of the service user.	

## 5.2 Inspection findings

### 5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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 and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations.

A review of records identified that some care visits were not delivered as planned. The manager provided an account of the reasons for this and the actions taken to prevent recurrence; there was evidence that details of the incidents were appropriately forwarded to the relevant HSCT keyworker. Further enquiry from the HSCT Contracts Department indicated that all reported incidents are reviewed and monitored, and there were no concerns with regard to the performance of the agency. RQIA will continue to monitor this matter.

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. A review of care records identified that moving and handling risk assessments and care plans 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.

The Mental Capacity Act (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 service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles.

The manager reported that none of the service users currently in receipt of care were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

It was noted that any restrictive practices in place had been agreed in conjunction with the HSCT representatives and were appropriate service users and their relatives and that details of any restrictions were clearly record in individual care plans.

### **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 service users had an input into devising their own plan of care. The service users' care plans contained details about the level of support they may require. Care and support plans are kept under regular review.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. 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 implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks are completed in conjunction with the organisations Human Resources (HR) department; checks included criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

It was noted that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager in conjunction with the compliance team. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers operating within the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

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 were competent to carry out the duties of their job in line with the agency's policies and procedures. There was evidence of a structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified that training is monitored by the organisations training manager. Records viewed indicated that compliance levels for training completed by staff were good.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. We discussed with the manager the benefits of recording compliance levels within the reports specifically relating to staff training and supervision.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency has recently been relocated due to a new office, the review of the agency's registration certificate identified that it was required to be updated to reflect the new address. RQIA have been notified of the changes and a new certificate will be issued. We viewed the agency's certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. We discussed with the manager the benefits of retaining all information relating to each individual complaint collectively.

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.

There is a policy and procedure in place to inform staff of the actions required should they be unable to gain access to the home of a service user.

It was noted that staff are provided with this information as part of their induction and there was evidence that this information was discussed with staff at regular intervals.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Andrea Hill, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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