

# Unannounced Care Inspection Report 4 October 2016



## Optimum Care

**Domiciliary Care Agency**  
**Suite 4, River House, Castle Lane, Coleraine, BT51 3DR**  
**Tel No: 028 7035 3999**  
**Inspector: Rhonda Simms**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Optimum Care took place on 4 October 2016 from 10.00 to 16.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are easily accessible and responsive to issues.

The arrangements to protect service users include a range of appropriate policies. Examination of systems of training and supervision indicated that staff are appropriately trained and supervised to fulfil their roles. Care plans and review arrangements reflected appropriate risk management.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective delivery of care in response to the assessed needs of service users. Service users and/or their representatives are involved in the review of care plans and evaluation of the service provided to them. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust.

The quality monitoring arrangements include consultations with service users, and their representatives, and provide a thorough system of audit and service improvement. The inspector found that feedback from service users, relatives, and staff indicated effective service provision.

### **Is care compassionate?**

During the inspection the inspector found indications that the agency was delivering compassionate care.

The inspector found evidence that the agency regularly obtains and responds to the views of service users and their relatives. The inspector noted that service users have provided positive feedback to the RQIA User Consultation Officer as part of the inspection.

### **Is the service well led?**

The agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement systems are maintained. The inspector found that agency staff were aware of their roles, responsibilities and accountability systems within the organisational structure.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Andrea Hill, registered manager (acting), as part of the inspection process and can be found in the main body of the report.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Optimum Care Lesley Megarity	<b>Registered manager:</b> Andrea Hill - acting
<b>Person in charge of the agency at the time of inspection:</b> Andrea Hill	<b>Date manager registered:</b> Andrea Hill - acting

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA
- User Consultation Officer (UCO) report
- Records of complaints notified to the agency.

Prior to the inspection the UCO spoke with five service users and seven relatives, either in their own home or by telephone, on 29 and 30 September 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to five service users.

During the inspection the inspector spoke with Lesley Magarity registered person, the acting registered manager, a senior care co-ordinator, and three care workers.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment policy 2014
- Staff recruitment files
- Training and induction programme
- Supervision policy 2014
- Staff training records
- Records relating to staff supervision
- Records relating to staff monitoring
- Records of audits of supervision, training, staff monitoring, and service user contact
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Records of incidents reportable to RQIA
- Induction records
- Staff rotas
- A range of care and support plans
- A range of HSC Trust assessments of needs and risk assessments
- A range of care review records
- A range of examples of records kept by staff
- Monthly quality monitoring reports
- Quality improvement forms
- Safeguarding vulnerable adults policy 2014
- Policy relating to risk management 2014
- Policy relating to management of incidents 2014
- Whistleblowing policy 2014
- Complaints policy 2014
- Statement of Purpose 2014 and service user information leaflet
- Optimum Care Quality Assurance Results report 2016.

## 4.0 The inspection

Optimum Care is a domiciliary care agency which provides personal care services to over 300 service users in their own homes.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 19 October 2015

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

#### 4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The acting registered manager and senior care co-ordinator who took part in the inspection described the processes operated by the agency to ensure that adequate numbers of staff are available at all times, including short notice arrangements. Staff commented, 'There is always back up for sickness'.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Optimum Care. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff; service users felt this was 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.

It was noted that the agency has an induction policy and induction programme which includes at three days of mandatory training, following by a period shadowing experienced staff and learning how to provide care. The inspector was informed by the acting registered manager that new staff are not permitted to work alone until assessed as competent by a senior care worker; records of practice assessments confirmed this. The inspector noted that records of practice assessment identified areas where improvement or additional training were required and follow up practice assessments were completed. Records indicated that staff complete a probationary period which is assessed after three months and again at six months by a senior care co-ordinator.

The acting registered manager described the management of training maintained by the agency, which is overseen by a regional training team. The agency maintains an electronic database and quality audit reports of attendance at training. The inspector examined a range of staff training records which included assessments of competence post-training. Staff provided positive feedback regarding the availability and content of training as appropriate to their roles.

No issues regarding the carers' training were raised with the UCO in relation to manual handling and use of equipment; however one relative felt that dementia awareness training would be beneficial. The acting registered manager informed the inspector that the training manager is in the course of reviewing the provision of dementia training by the agency.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff assessments

of direct care to service users are completed every six months; records included a checklist of requirements, and improvement plans were noted where needed. The agency maintains quality audit reports regarding the completion of supervision and appraisal; these were reviewed by the inspector.

Staff provided feedback to the inspector that practice assessments by their manager could take place on any day or at any time, and were unannounced. Staff were aware that all aspects of their behaviour, practice, and adherence to uniform policy were being assessed.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed policy maintained by the agency in relation to the safeguarding of adults which is due to be amended in line with regional procedures to include the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The deputy chief executive of Optimum Care has been appointed as safeguarding champion.

Records reviewed by the inspector showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that staff understood their roles and responsibilities in relation to safeguarding issues and were clear about lines of accountability.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The acting registered manager discussed a safeguarding referral made to the HSC Trust and discussed the agreed action plan. The inspector noted that HSC Trust referrals include relevant risk assessments and indications of care needs which the agency formulated into a care plan. Staff commented that they were informed of any risks in relation to service users, and knew how to implement a management plan. In relation to the use of equipment, staff clearly understood that they were not permitted to use faulty equipment and that this must be reported.

The agency maintains a system of three monthly reviews of care plans with the service user. Staff feedback indicated that changes in the needs of service users outside of the review are reported to their senior care co-ordinator who will arrange a review with the service user, their family and the HSC Trust as necessary. The inspector examined examples of review records where changes in need were indicated and the care plan updated accordingly.

The inspector was provided with a report of missed calls, which indicated that the agency has few reports of missed calls. The inspector was advised of the agency's processes to highlight and manage missed calls, which includes notification and explanation to the HSC Trust. The inspector noted that staff have been informed of their responsibility to report and explain missed calls, which may involve performance management measures.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. Staff commented on a senior care co-ordinator, 'She is really brilliant...I notice things are followed up.' The inspector reviewed staff performance assessments and noted where performance issues had been satisfactorily followed up. The agency maintains a quality audit report of completed service user reviews.

Examples of some of the comments made by service users or their relatives to the UCO are listed below:

- "More than happy with the care."

- “Consistency is great; have built up a rapport.”
- “Would be great if new carers could be brought out to meet me and see what needs to be done.”

Of questionnaires returned by staff, four indicated that they were ‘very satisfied’ that care delivered was safe.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 4.3 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and service user information leaflet (2014).

The inspector reviewed a range of service users’ care plans which reflected the HSC Trust assessment of need and included the signatures of service users. Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users, relatives and the HSC Trust. The inspector noted that the completion of timely reviews is audited via the maintenance of quality audit reports.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. One service user advised that they had recently experienced a small number of missed calls from the agency. There were mixed results regarding new carers being introduced to service users or that they had been made aware of the care required. During the home visits the UCO reviewed the agency’s documentation in relation to five service users and one issue was noted regarding signatures on the log sheets. These issues were discussed with the acting registered manager who informed the inspector of the outcomes of investigations undertaken.

The inspector was informed of a range of processes maintained by the agency to assess the effectiveness of care delivered by the agency. The inspector examined records of audits of calls, including monthly analysis of missed calls. Records indicated that the agency has effectively implemented an action plan to minimise the occurrence of missed calls, including staff performance and disciplinary management, appropriate liaison with service users/their relatives, and providing reports to the HSC Trust.

The inspector reviewed reports which indicated that quality issues are identified and addressed by the agency a planned basis. The range of staff who participated in the inspection discussed the agency’s performance of spot checks and audit on a range of issues including timing of calls, records maintained, and service user monitoring calls to assess the effectiveness of care provided and performance of care staff.

The inspector examined the agency’s records of monthly quality monitoring developed and maintained as required by regulations and minimum standards. The agency maintains a system of thorough quality assurance measures to audit and review the effectiveness and quality of care delivered to service users. These systems include consultation with service

users and their representatives, and response to improvement matters. The inspector noted that the monthly quality monitoring report completed in accordance with regulations does not reflect the full range of quality monitoring undertaken and recorded by the agency. The registered person has undertaken to revise the monthly quality monitoring report to more accurately reflect the systems of quality assurance established by the agency.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was noted that communication with service users and relatives are invited routinely through review, service user monitoring calls, and assessments of staff. On an annual basis the agency carries out a service user evaluation survey. The inspector reviewed the 2016 Optimum Care Quality Assurance Results report which indicated a high level of satisfaction with services provided. The information leaflet provided to service users states who to contact in relation to concerns or complaints.

No issues regarding communication between the service users, relatives and staff from Optimum Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place on a regular basis. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from Optimum Care to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- "Any issues raised have been addressed."
- "No problems with them."
- "No concerns about the company at the moment."

Examination of documentation and discussion with staff indicated that the agency promotes effective working relationships with the HSC Trust and understands when to refer to or consult with appropriate professionals; this is particularly relevant to changes in the needs of service users.

Of questionnaires returned by staff, one indicated they were 'very satisfied' that delivery of care was effective, and three were 'satisfied'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to involve service users/their representatives in decisions affecting their care.

The inspector examined evidence of a range of systems in place to ascertain and respond to the views of service users and their relatives. The signatures of service users/and or relatives were evident in care plans and review records seen by the inspector. It was noted that the views of service users are sought by managers performing practice assessments and spot checks on care provided by staff. The agency maintains contact with service users and



relatives through regular monitoring visits and monthly phone calls; records of comments were seen by the inspector. Reports of monthly quality monitoring indicated where matters raised by service users or relatives had been followed up.

The inspector saw results of the 2016 Optimum Care Quality Assurance service user evaluation survey which recorded high levels of satisfaction with services provided. The registered person informed the inspector that the results of the survey will be shared with service users and relatives through publication of a report in coming months.

The UCO was advised that home visits and phone calls have taken place on a regular basis. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from Optimum Care to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “Any issues raised have been addressed.”
- “No problems with them.”
- “No concerns about the company at the moment.”

During the home visits the UCO reviewed the agency’s documentation in relation to five service users and one issue was noted regarding signatures on the log sheets.

Of questionnaires returned by staff, two indicated they were ‘very satisfied’ that the agency is delivering compassionate care, and two were satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. The inspector found evidence of systems of management and governance consistently applied by the agency.

The management structure of the agency is clearly defined and was well understood by staff. Staff provided positive feedback about the roles of managers in ensuring the delivery of a quality service and responding appropriately to issues.

Communication with staff is maintained through a system of email, text messages, and verbal confirmation. Staff provided positive feedback regarding the accessibility of managers in person or by phone throughout their working day.

The management of staff performance includes regular supervision, direct observation of practice and annual appraisal. The inspector examined records of assessments of care practice of staff which indicated that performance issues are followed up with appropriate advice, training, and reassessment. Staff who took part in the inspection were aware that their

practice would be assessed on a unannounced and ongoing basis. Staff provided positive feedback regarding the experience and purpose of practice assessments.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal consultation with managers, both inside and outside of normal working hours. Staff that provided feedback to the inspectors were informed of their responsibilities and understood their roles.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they had any concerns regarding the service. Two relatives advised that complaints had been regarding missed calls and timekeeping; the matters were addressed to their satisfaction. No concerns regarding the management of the agency were raised during the interviews.

The agency's governance of risk includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents, incidents notifiable to RQIA, and complaints. The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are accessible in the office to staff.

The agency maintains and implements policy relating to feedback including complaints. The inspector sampled records of complaints received during the reporting period of 1 April 2015 to 31 March 2016 which indicated that complaints were addressed in accordance with agency procedures.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families.

Of staff questionnaires returned, four indicated they were 'very satisfied' that the agency was well led.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqla.org.uk](mailto:info@rqla.org.uk)

Web [www.rqla.org.uk](http://www.rqla.org.uk)

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care