

Announced Care Inspection Report 8 March 2018



Optimum Care

Type of Service: Domiciliary Care Agency
Address: Suite 4, River House, Castle Lane, Coleraine,
Tel No: 02870353999
Inspector: Jim McBride
Clair Mc Connell User Consultation Officer (UCO)

www.rqia.org.uk

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 which provides personal care services to 350 service users in their own homes. Service is provide by 115 Staff.

3.0 Service details

Organisation/Registered Provider: Home Care Services (NI) Limited t/a Optimum Care	Registered Manager: Andrea Hill
Responsible Individual: Mrs Lesley Catherine Megarity	
Person in charge at the time of inspection: Andrea Hill	Date manager registered: Andrea Hill – 23/11/2017

4.0 Inspection summary

An announced inspection took place on 8 March 2018 from 09.20 to 12.30.

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

Evidence of good practice was found in relation to:

- staff training and development
- complaints recording and assessment
- quality assessment and monitoring
- incident reporting
- staff recruitment procedures

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
Total number of areas for improvement	0	0

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.

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

4.2 Action/enforcement taken following the most recent care inspection dated 4 October 2016

No further actions were required to be taken following the most recent inspection on 4 October 2016.

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 report
- record of notifiable events for 2016/2017
- complaints records
- records of communication received by RQIA

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and six relatives, by telephone, between 13 and 16 March 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Meals
- Sitting service

During the inspection the inspector spoke with the manager regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The manager gave a comprehensive and knowledgeable account and overview of the service. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views had been returned to RQIA via Survey Monkey. No service user questionnaires were returned.

The following records were examined during the inspection:

- eight service user records in respect of referral, assessment, care plan and review
- service user daily recording logs
- service user quality monitoring contacts
- unannounced staff monitoring visits
- eight staff recruitment and induction records
- agency process for verifying staff niscc registration
- staff training records pertaining to:
 - safeguarding
 - moving and handling
 - infection control
 - food hygiene
 - fire safety
 - handling service user finances
 - challenging behaviour
 - personal care
- complaints log
- monthly monitoring reports
- the agency's statement of purpose (2018)

- policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification and complaints.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 October 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 October 2016

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

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 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. New carers had been introduced to the service user by a regular member of staff; 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.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "No concerns at all."
- "They're great. Couldn't do without them."
- "Very gentle with XXX."

The manager stated that all new staff that are completing induction are introduced by other shadowing staff and that if an experienced care worker is to be sent to a new client this information is to be passed to service users.

A number of policies and procedures were reviewed during the inspection. The inspector reviewed a number of recruitment records, which verified that the pre-employment information and documents had been obtained as required for each of the care workers. The documents reviewed were satisfactory.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards.

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in (Partnership)'). The agency has highlighted the identification and role of an Adult Safeguarding Champion.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with the manager confirmed satisfaction with the quality of training offered.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as being compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency's registered premises include offices suitable for the operation of the agency in line with the Statement of Purpose (2017).

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding, monitoring and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

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 or phone calls have taken place to obtain their views on the service; however no one was able to confirm that they had received a questionnaire.

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

- "Everything's going well."
- "No issues with confidentiality."
- "The carers are tidy, clean and professional."

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met.

The inspector noted some of the comments made by service users during their reviews:

- ***** is great she pick me up and makes me feel good."
- "I'm happy with the service the staff are great."
- "Staff are cheerful, pleasant and helpful."
- "I could not do without staff they are very helpful."
- "Thanks to the carers for their caring and understanding."
- "The girls are caring and good natured."
- "I feel confident with my carer and get treated well."
- "Very pleased, good job no complaints."

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans. The manager demonstrated an awareness of the importance of accurate, timely record keeping and reporting procedure if any changes to service users' needs are identified.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users 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 and phone calls to ensure satisfaction with the care that has been provided by Optimum Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Very nice and helpful.”
- “All lovely girls.”
- “Kind and thoughtful.”

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by the agency.

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The inspector noted some of the comments made during individual staff monitoring:

- “Good personal care delivered.”
- “Friendly and polite approach.”
- “Privacy maintained.”
- “Communicated well with client and the next of kin.”

- “Staff member focused on the care plan in place.”
- “Good use of equipment.”
- “Gave client choice.”
- “A friendly carer.”
- “Good communication established through continuity.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 complaints had been made regarding the service or management of the agency.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager a team of 115 care workers provides domiciliary care and support to 350 people living in their own homes.

Review of the statement of purpose and discussion with the manager evidenced that there was a clear organisational structure within the agency. The manager was able to describe staff roles and responsibilities and was clear regarding reporting responsibilities in line with the agency procedures. The Statement of Purpose (2018) was reviewed and found to be appropriately detailed regarding the nature and range of services provided. This contained all information in compliance with Regulations and Standards.

The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

It was identified from records viewed that the agency has received two complaints since the previous inspection. These complaints were fully satisfied. The agency had occasion to report four incidents to the HSC Trust all of which have been resolved.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2018) is kept under review, and has been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

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 template completed in accordance with regulations has been reviewed and improved to more comprehensively reflect the full range of quality monitoring undertaken and recorded by the agency.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints, incidents, quality monitoring and 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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