



The Regulation and  
Quality Improvement  
Authority

Optimum Care  
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**Announced Care Inspection  
of  
Optimum Care**

**29 June 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced care inspection took place on 29 June 2015 from 09.45 to 15.45. RQIA note that the agency had made service improvements following feedback from service users and their representatives in relation to missed or late calls. Overall on the day of the inspection, the agency was found to be operating in a manner that would support the delivery of safe, effective and compassionate care. The implementation of the agency's service improvements will continue to be monitored by RQIA.

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Optimum Care/ Lesley Megarity	<b>Registered Manager:</b> Vera McKendrick
<b>Person in charge of the agency at the time of Inspection:</b> Vera McKendrick	<b>Date Manager Registered:</b> 30 March 2010
<b>Number of service users in receipt of a service on the day of Inspection:</b> 373	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and seven relatives, either in their own home or by telephone, between 29 April and 12 May 2015 to obtain their views of the service. The service users interviewed live in Coleraine and surrounding areas and receive assistance with the following: management of medication, personal care, meals and housework. Feedback received is included within the body of this report.

Five staff questionnaires were provided to the registered manager on the day of inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. Four staff questionnaires were received following the inspection, with feedback discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Five service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Five service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Two staff meeting agendas and minutes for February and May 2015
- Staff memo June 2015
- Staff handbook
- Four staff quality monitoring records
- Overall staff duty rota for an individual run
- Service user compliments received by the agency from January 2015 to May 2015
- Three complaints records
- Annual quality report
- Procedure for management of missed calls/late calls

- Procedure for access to service users' home
- Management staff daily contact log records/on call logs for May and June 2015
- On call rota
- Five communication records with trust professionals.
- Duty file.

## 5. The Inspection

### Profile of Service

Optimum Care (formerly Domestic Care Services) is a private domiciliary care organisation with three offices in Northern Ireland. The Coleraine office, based in River House, Castle Lane, Coleraine is managed by Ms Vera McKendrick, who with a staff of 115 (a reduction of 95 since the previous inspection) provides care services to 373 people in the Co. Antrim area (a reduction of 190 from since the previous inspection). The reduced service numbers is as a result of the organisation opening a new agency office in Whiteabbey from where a number of service users and staff are managed. The service users are mostly older people, who receive a variety of personal care and support services in their own homes. The agency also provides services to those with have mental health care needs, physical disability and learning disability in their own homes. The Northern HSC Trust commissions these services.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 18 and 23 June 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 3.3</b>	The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that care plans and risk assessments had been reviewed to include specific management plans relating to the area of restraint, where appropriate.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from HSC Trust social workers contained relevant information regarding service user and/or representative's views. The referrals detailed the

services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

The documentation relating to six service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment and were accurate, up to date and included basic information regarding the service user's condition.

There were mixed results regarding new carers being 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 the carer's knowledge of the required care. The registered manager confirmed that a senior care worker or experienced carer does introduce new carers to service users.

The agency's log sheets in the six files reviewed were being completed appropriately by the carers; however a number of the people interviewed felt that accurate times and length of calls were not being recorded. This area was discussed with the registered manager who confirmed that, if identified, during staff spot checks or care review meetings, the carers would be interviewed and monitored to ensure compliance with their procedures.

### **Is Care Effective?**

A number of the people interviewed advised that they had made complaints to the agency in relation to missed calls, timekeeping and length of calls. All of the people interviewed were aware of whom they should contact if any issues arise with the service. Three people also informed the UCO that calls had been missed; however they had not contacted the agency. This was discussed with the registered manager, who indicated that this matter was included within monitoring visits so the management can ensure it is aware of any such problems.

Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; in the majority of cases this is accommodated by the agency as far as possible.

The majority of the people interviewed were able to confirm that management visits had taken place to obtain their views of the service, however there were mixed results regarding observation of staff practice and whether they had received a questionnaire from the agency.

Records viewed in the agency office confirmed that service user quality monitoring visits along with direct observation of staff practice was carried out within service users' homes on a regular basis, in line with timescales outlined within their procedures. Some staff practise issues were identified during these spot checks relating to timekeeping and recording which were found to have been appropriately addressed with those members of staff.

The complaints records were reviewed during inspection; a sample of these complaints viewed was found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The seven compliments records were reviewed during inspection for 2015 to date, these contained extremely positive feedback regarding the care provided and had been shared with staff at team meetings and individually.

The monthly monitoring reports were reviewed for March to May 2015 and were found to contain detailed information within each section in line with minimum standard 8.11. These most recent monthly monitoring reports evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback and actions taken.

Four staff questionnaires were received following the inspection day. These confirmed that staff were satisfied with the training received in relation to core values, communication methods and mental health care.

### **Is Care Compassionate?**

No concerns were raised regarding the carers treating the service users with dignity or respect. However one service user felt that care is being rushed by one of their care staff. This matter was discussed with the registered manager who advised the inspector that service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

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

- “Absolutely no concerns about the staff but I think that the agency is understaffed.”
- “Consistency in the carers is so important; my XXX gets really anxious when it is someone new.”
- “All pleasant.”
- “Very pleased with it.”
- “There have been issues with communication between the office and carers.”

The majority of the service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition for example working with service users with limited verbal communication and mobility.

It was good to note that a number of service users or their representatives were able to confirm that they are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits or annual surveys for the agency.

### **Areas for Improvement**

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

### **Is Care Safe?**

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included contact logs, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails. The agency had, in conjunction with the Northern Health and Social Care Trust, developed their procedure for 'Missed Calls' in May 2015. Records of team meetings and staff memos verified that this updated procedure had been shared with staff during May and June 2015. The monthly monitoring reports viewed for March to May 2015 would indicate that the number of missed calls had decreased during that period.

Review of staff rotas during inspection for three staff, a number of service users and locality areas reflected a process for allocating the staff numbers to service user calls. Records evidenced that staffing levels are monitored and reviewed weekly by the registered manager and adjustments made where gaps identified.

Two of the four staff questionnaires received indicated that they were not satisfied that they have enough allocated time to complete the care planned needs of some service users. This was discussed with the registered manager who confirmed that, where identified, the trust social worker is requested to review care plans. Records viewed in the agency office evidenced that four service users had their allocated time for care needs increased when a change in needs was identified.

### **Is Care Effective?**

The UCO was informed by the service users and relatives interviewed that there were concerns regarding the carers' timekeeping and they are usually not contacted by the agency if their carer has been significantly delayed.

The majority of the people interviewed also advised that they had experienced missed calls from the agency. Complaints have been made to the agency regarding timekeeping and missed calls.

The complaints records submitted to RQIA were reviewed during inspection. The inspector reviewed a sample of three complaints records, relating to 24 missed calls, which demonstrated the actions taken to resolve the matters in a timely manner. Three staff records viewed demonstrated the actions taken by the manager where carers had been identified as being late for service users visits or missed a service user visit. These actions taken were found to be appropriate and in line with their disciplinary procedures and trust reporting procedures. Records evidenced the various communications methods used between office coordinators and carers regarding duty rotas, changes to times of service user's visits and contacts with service users if carers are running late.

The agency provides the commissioning trust with a quarterly contract review report. The most recent report viewed for March 2015 showed the analysis of quality issues; complaints, missed or late calls, contracted hours and actions taken to address matters identified. The record indicated that the trust was satisfied that these matters were being managed effectively.

## Is Care Compassionate?

One of the four staff questionnaires received indicated that they were 'not satisfied that they have enough allocated time to listen and talk to service users.' This area was discussed with the registered manager who confirmed that where identified, the trust social worker is requested to review care plans however allocation of time is based on care needs and does not include time for chatting to service users. Records of staff meetings and memos issued to carers from March to June 2015 were viewed. These included details of discussions with staff relating to; reporting any changes to service user's needs, record keeping and out of hour's communications.

### Areas for Improvement

The area of missed calls was discussed with the registered manager during inspection and a sample of related records was explored. The inspector was satisfied that the agency was working with the commissioning trust and had put in place measures to improve this area of service. RQIA will keep these areas of continuous improvement under review.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log; with three reports sampled. Review of these incident reports evidenced that each had been appropriately recorded and reported to RQIA and the referring HSC Trust within the required timeframes.



## 6. No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Vera McKendrick	<b>Date Completed</b>	15.10.15
<b>Registered Person</b>	Lesley Megarity	<b>Date Approved</b>	15.10.15
<b>RQIA Inspector Assessing Response</b>	Caroline Rix	<b>Date Approved</b>	16/10/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete this document in full and return to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.