



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Optimum Care
Establishment ID No: 11039
Date of Inspection: 18 and 23 June 2014
Inspector's Name: Caroline Rix
Inspection No: 16550

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Optimum Care
Address:	Suite 4, River House Castle Lane Coleraine BT51 3DR
Telephone Number:	(028) 7035 3999
E mail Address:	vmckendrick@domesticcareni.com
Registered Organisation / Registered Provider:	Home Care Services (NI) Limited t/a Optimum Care / Mrs Lesley Catherine Megarity
Registered Manager:	Mrs Vera McKendrick
Person in Charge of the agency at the time of inspection:	Mrs Vera McKendrick
Number of service users:	563
Date and type of previous inspection:	23 July 2013, Primary Announced
Date and time of inspection:	18 June 2014 from 9.30am to 12.00pm (review staff files) and 23 June 2014 from 9.30am to 2.45pm Primary unannounced inspection.
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	3
Staff	0
Relatives	6
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	40	7 plus 4 after closure date

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Optimum Care (formerly Domestic Care Services) is a private domiciliary care organisation with two 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 210 provides care services to 563 people in the Co. Antrim area. 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 mental health care needs, physical disability and learning disability in their own homes. The Northern HSC Trust commissions these services.

Summary of Inspection

Detail of inspection process

Optimum Care had one recommendation made during their previous inspection on 23 July 2013. This recommendation was reviewed and found to be 'compliant'. This outcome is to be commended.

The annual unannounced inspection for Optimum Care was carried out on 18 June 2014 between the hours of 09.30 hours and 12.00 hours to review staff records and 23 June 2014 from 09.30 hours to 14.45 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the user consultation officer (UCO) prior the inspection and a summary report is included below. Findings following these home visits were discussed with the registered manager Vera McKendrick.

Staff surveys

Forty staff surveys were issued and seven, plus four after the closure date, received which is a disappointing response.

Some staff comments were included on the returned surveys as follow;

'Coordinator is always at the end of the phone if I need her or always available to call into the office if I have any issues.'

'I find the long hours without a break very tiring; regularly at the weekend I work from 7am to 2pm without a break, then from 3.30pm to 11pm without a break. This leaves me very tired, hungry and out of sorts, not to mention having potential impact on your clients and your own safety.'

'If my coordinator is off for any reason the area and clients suffer as too much pressure and extra calls are added into so called gaps on your rota. This results in care staff having to rush calls and not having appropriate breaks, which results in clients not having their full call time ;i.e. 15 minutes instead of 30minutes.'

'Doubling up on calls-2 calls at the same time! We can't be in 2 places at once, you end up rushing. When you do tell the office you are told to do as you are told. Getting to calls over an hour late because runs getting doubled.'

These issues were discussed with the registered manager who confirmed that staffing issues have been an ongoing challenge both in relation to staff recruitment and sick leave cover. She explained the steps taken to address these problems which included a recruitment review and staff attendance management along with office staff performance reviews. The manager confirmed that six new care workers had commenced work during June 2014.

One recommendation has been made in respect of the outcomes of this inspection.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and six relatives between 17 June and 3 July 2014 to obtain their views of the service being provided by Domestic Care in the Coleraine vicinity. The service users interviewed are located in the Ballymoney area, have been using the agency for a period of time ranging from eight months to seven years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals

The UCO was advised by the majority of the people interviewed that care is not being provided by small, consistent teams; this was felt would be beneficial as it would allow a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. The majority of the people interviewed informed the UCO that the times of calls can vary significantly and there were mixed results regarding the agency contacting service users if their carer had been delayed.

A number of the people interviewed informed the UCO that they had made complaints in regards to lack of consistent staffing, missed calls, timekeeping and communication between the carers and the office staff. It was concerning to note that following their complaints, some people advised that improvements to the service were not sustained. The above concerns were discussed with the registered manager who advised that there had recently been a high turnover of staff as well as sickness in the agency and they were recruiting new carers. It is recommended that the agency review their internal communication processes as well as rotas on a regular basis to ensure consistency of staffing and call times when possible.

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place. Examples of some of the comments made by service users or their relatives are listed below:

- "My XXX suffers from dementia and finds it very confusing when there are lots of different carers calling. Better consistency would be great."
- "I am worried about my security as I'm not sure who will be calling and so many people have access to the keypad."
- "There seems to be issues with communication between the carers and office staff. On a number of occasions I have cancelled calls but the carers are not aware of this and still turn up."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of three service users. During the home visits, the UCO noted that one service user was experiencing restraint in the form of bed rails; the use of such was documented in their risk assessments.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. During the home visits, the UCO was advised that one service user is receiving assistance with medication by the carers; however the medication log was not being completed consistently. It was also noted that one care plan contained out of date information. All visits by carers are to be recorded on log sheets which are held in the service user's home; no issues were identified on review of the log sheets. The above matters were discussed with the registered manager who has been requested to ensure that the matters are addressed accordingly.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated June 2014 and the organisational structure document were reviewed as compliant and reflecting a clear structure regarding management within the agency the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been completed relevant to their individual roles and responsibilities.

A staff competency process is operational for all grades of staff.

Review of appropriate appraisal and supervision processes for all management staff were confirmed during inspection. The records evidenced that these processes were being completed in line with their procedure timescales and subsequent training needs identified and referred to their training officer for inclusion on their training plan.

Monthly monitoring processes are currently in place and operational. The report template had been expanded and implemented since the previous inspection and includes an area for staff competence matters as appropriate.

Records regarding medication incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

No requirements or recommendations for quality improvement have been made in relation to this theme.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has policies and procedures in place on ; records management/ recording and reporting care practices / safeguarding service user's finances and belongings / restraint policy and medication policy each dated May 2014 which were found to be satisfactory and contain guidance for staff on these subjects.

Records within two service users' home files evidenced appropriate processes in place for service user recording in the areas of daily care. Daily log records were found to have been being fully completed by staff, however one care plan was noted to be out of date and is to be addressed by the manager.

The agency has a policy and procedure in place on use of restraint as part of their 'Protection of Vulnerable Adults' policy, which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager and is to be addressed.

The agency has a policy and procedure in place titled 'safeguarding service user's finances and belongings'. The agency care staff do not currently provide financial assistance to any service users therefore no records were available to review.

One recommendation has been made for quality improvement in relation to this theme.

The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.

Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Minimum Standard 8.11	It is recommended that the responsible person's monthly monitoring report be expanded to reference Vulnerable Adult matters and progress.	The responsible person's monthly monitoring reports viewed had been expanded to reference vulnerable adult matters and progress where applicable.	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager undertakes ongoing professional development as is relevant to the management and provision of services and as required by the appropriate professional regulatory body. Records of training are retained by the HR Department and will be made available for inspection as required..</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The Statement of Purpose dated June 2014 and the organisational structure document were reviewed as compliant and reflecting a clear structure regarding management within the agency. This structure included the registered person Lesley Megarity, registered manager Vera McKendrick, the office managers, three co-ordinators and two senior care workers and care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the various areas relevant to her role, e.g. coaching for managers, Complex Needs programme, person centred</p>	<p>Compliant</p>

care, staff supervision and appraisals and this is to be commended.

The training officer for the organisation coordinates their training programme and timetable for all grades of staff. The training officer is involved in the delivery of some aspects of training and competency assessments, and a second part time training officer is currently being inducted for the Coleraine office. Competency assessments and certificates relating to training completed by outside training bodies or organisations were also viewed in the manager and other senior staff files.

It was discussed and reviewed during inspection that the registered manager is currently registered with NMC with an expiry date July 2014.

<p>Criteria Assessed 2: Registered Manager’s competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>8.10 Working practices are systematically audited and action taken in line with Domestic Cares Quality Assurance policy.</p> <p>7.13 Medication errors and incidents are reported as evidenced by the Medication policy</p> <p>12.9 Evaluations are collated and training improved in line with this feedback. Training completed/to be completed is reviewed in Person Centred supervision.</p> <p>13.5 Performance against Job Profiles is reviewed regularly including a formal Annual Appraisal and development plans agreed.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Performance Management policy and procedure dated June 2014 reviewed clearly reflects the processes for management staff supervision and appraisal.</p> <p>Appraisal for the registered manager takes place on an annual basis and records were viewed for the most recent appraisal completed 25 April 2014. Supervision takes place quarterly for the registered manager.</p>	<p>Compliant</p>

The inspector reviewed the agency log of fourteen incidents reported through to RQIA over the past year (three vulnerable adult incidents and eleven medication issues). Review of a sample of six incidents confirmed appropriate recording and reporting to RQIA and other bodies regarding the vulnerable adult matters and medication errors within appropriate timeframes. Records evidenced that where identified additional staff training had been provided and increased monitoring / spot checks on staff practices was on-going to ensure standards were being maintained.

Monthly monitoring reports completed by the registered person were reviewed during inspection for January to May 2014 was found to be detailed, concise and compliant. Revision of the report template had been introduced within the past year, to reference any Vulnerable Adult matters and progress as appropriate.

The agency had completed their annual quality review for the year 2013 which was viewed; this document included their evaluation of staffing levels and continuity of care issues along with their proposed future training requirements. Senior care workers had provided copies of the annual review report findings during quarterly monitoring visits with service users and this is also available via the agency's website.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>12.4 This process is conducted by managers as part of the person centred supervision process and a training needs analysis completed.</p> <p>7.9 This criterion is evidenced by the Medication Policy.</p> <p>13.1 Training is conducted in house for person centred supervision/appraisal training.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place a training and development policy and procedure dated July 2013 which was reviewed and found to be in line with RQIA mandatory training guidelines (September 2012) and confirmed as compliant. Update training is provided annually to all staff for each subject area, and coordinated by the organisations training officer.</p> <p>The agency currently employs three coordinators and two senior care workers.</p> <p>Training records reviewed for two co-ordinators were found to be in place regarding all areas of training in</p>	<p>Compliant</p>

compliance with RQIA mandatory training guidelines (September 2012). Two coordinators have completed training on coaching for managers which includes staff supervision and monitoring skills.

Records also viewed within two coordinator staff files to confirm their registration with NISCC. This was discussed with the registered manager who confirmed other senior staffs are currently applying to register with NISCC.

Two senior care workers training records reviewed evidenced they had completed mandatory training along with subjects relevant to their job role i.e. staff supervision and monitoring and this is to be commended.

Each area of training reviewed included a competency assessment element and these had been signed off by the assessor.

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>8.10 Working practices are systematically audited and action taken as above in line with Domestic care Quality Assurance policy.</p> <p>7.13 Medication errors/incidents are reported in accordance with procedures this is evidenced in the medication policy.</p> <p>12.9 Evaluations are collated and training improved in line with this feedback. Training completed/to be completed is reviewed in person centred supervision.</p> <p>13.5 Performance against Job Profiles is reviewed regularly, including a formal Annual Appraisal.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place a supervision policy and procedure dated June 2014 and a performance appraisal policy and procedure dated June 2014 which were reviewed. These documents clearly reflect the processes for management staff supervision and appraisals.</p> <p>Appraisal records for three of the five senior staff (one coordinator and two senior care workers) was reviewed during inspection for 2014 and confirmed they took place annually. The appraisal record for one coordinator</p>	<p>Compliant</p>

viewed was the six monthly probationary review following promotion within the agency. Supervision for these staff members currently takes place monthly to quarterly, with records viewed to verify same.

The current monthly monitoring reports reviewed for January to May 2014 provide a section for comments on management staff matters and competence should they arise. Records evidenced that where identified additional staff training had been provided and increased monitoring / spot checks on staff practices was on-going to ensure standards were being maintained.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

COMPLIANCE LEVEL

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

<p>Provider's Self-Assessment:</p>	
<p>5.2 Daily record sheets are available for every working period worked by staff with clients. These reports detail arrival and departure times of care workers, tasks completed and any changes to the service users needs, health, behaviour.. The individuals care file will include care plans and risk assessments with accompanying guidelines reflective of the needs identified.</p> <p>5.6 Records are kept in line with policy and checked at monitoring visits and on return to the office to ensure compliance with record keeping policy.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The following agency policies and procedures were all reviewed during inspection as compliant; records management / recording and reporting care practices both dated May 2014 / safeguarding service user’s finances and belongings dated May 2014/ restraint policy dated May 2014 and medication policy dated May 2014. Each of these subjects was also included with the staff handbook dated March 2014 viewed.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording. • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. The inspector discussed recording the number of tablets and inclusion of a full list of medication as good practice. • The agency holds a money agreement within the service user agreement. • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping. • Staff spot checking template which includes a section on adherence to the agency recording policy. • Staff group supervision template includes records management (recording and reporting). <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2013-14. Staff supervision records for 2013-14 were reviewed as compliant and evidenced that where identified additional staff training had been provided and increased monitoring / spot checks on staff</p>	<p>Substantially compliant</p>

practices on-going to ensure maintain standards.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for four staff members during inspection and confirmed as compliant in these areas.

The registered manager and coordinators discussed records management as a regular agenda topic during their weekly meetings / group supervisions. A review of recent staff meeting minute records for May 2014 evidenced this topic. Care staffs have been provided with regular reminders on this subject at their team meetings.

Review of the risk assessments and care plans during three home visits advised that none of the service users are receiving any assistance with finances; this was supported by those people interviewed. One service user receives assistance with medication by the carers; however the medication log was not being completed consistently.

All visits by carers were being recorded on log sheets viewed in the service user's home and no issues were identified, however one care plan was noted to be out of date and is to be addressed by the manager.

Records viewed in four service user's office held files and discussion with registered manager confirmed that three experienced restraint in the form of bed rails; the use of such was documented in two of the three care plans and risk assessment records. The matter was discussed with the registered manager and it is recommended that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint. The care plan and risk assessment of each service user experiencing restraint should be reviewed and recorded as part of their regular care review meetings. The fourth service user had no areas of restraint noted on the care plan.

The registered manager discussed their plan to introduce new recording documentation for care staff. They have developed a bound booklet which will contain fifteen weeks of daily record logs, medication and financial recording sections along with a senior care workers monitoring / spot check section. This documentation was developed following feedback from staff regarding difficulty maintaining loose leaf pages within files in service user's homes. The agency plan to introduce their new documentation in the autumn of this year.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>8.14 The amounts paid by or ins respect of clients are recorded by our finance departiment in the computerised accounts system. this ensures that accurate details are kept of all amoutns charged and all payments made in respect of each person. Staff record any financial transactions in the clients file on the financial transaction record.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The ‘service user agreement’ template was viewed which contains a section relating to financial transactions and the process that will be followed if required.</p> <p>Staff handbook dated March 2014 contains a section referring to this subject and staff records confirmed each staff member had received a copy of this handbook.</p> <p>Review of the care plans during the home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed.</p> <p>The registered manager discussed a recent care management request for care staff to provide assistance to a service user with food shopping, but this was subsequently not required as the service user is being supported by a neighbour instead.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
<p>8.21 The necessary arrangements are in place and detailed in the Recruitment and selection policy</p> <p>11.2 The Recruitment and selection policy and procedures in place meet all of the criteria above. Identity is checked as part of the interview process, prior to the interview meeting. Referees and references provided are checked by the HR department to ensure appropriate. Gaps in employment are explored during the interview process. Enhanced checks are completed for all roles. If considering employment of applicants from overseas this is referred to HR as complementary arrangements will need to be put in place. Professional and vocational qualifications and registration status identified as essential is checked at interview stage. Further information can be entered onto PAMS when individuals commence. Copies of all documentation are verified and forwarded to HR. All successful candidates complete a Health Questionnaire which is checked and further information sought as appropriate. A driving licence and insurance procedure is in place and managed via the HR department. Eligibility to work in the UK is checked and verified at interview.</p>	Compliant
Inspection Findings:	
<p>Review of the staff Recruitment and Selection policy and procedure dated June 2014 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review during inspection of four care staff recruited since September 2013 along with four senior staff (two coordinators and two senior care workers) recruitment files for those recruited from 2004 to 2013, confirmed compliance with Regulation 13, Schedule 3. All documentation in relation to the recruitment process for these staff members was retained and stored securely. Staff files evidenced signed and dated copies of contracts of employment along with a copy of their job description held within all staff files.</p> <p>Staff annual appraisal forms reviewed during inspection contained an AccessNI / Update declaration section. This page requires staff to tick a yes or no box to indicate whether they have any prosecutions pending, convictions or cautions / or been subject to a Vulnerable Adult or Child Abuse investigation, or referred to ISA/NISCC or other professional body for concerns relating to safeguarding vulnerable adults or children.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. Seventy nine complaints had been received for this period. The inspector reviewed a sample of three of the 2013 complaints during the agency's inspection and confirmed all records to be compliant.

The inspector also reviewed a sample of and three out of fifty eight complaints records received for 2014 to date and found that each complaint had been appropriately managed and resolved. It was disappointing to find that issues identified regarding communication problems between service users/office staff and care workers continue to be highlighted by both service users/representatives complaints and staff feedback.

The registered manager confirmed that quarterly contracts meetings with herself and the referring Northern HSC Trust continue along with recent meetings with the trusts mental health care team to discuss recent complaints.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Vera McKendrick registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Caroline Rix
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Optimum Care

18 and 23 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Vera McKendrick registered manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 3.3	The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	Once	The risk assessment form has been expanded to include aspects of restraint	Within three months of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Vera McKendrick
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Lesley Megarity

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	9/10/14
Further information requested from provider			