

Announced Care Inspection Report 11 February 2021



Optimum Nurse

Type of Service: Nursing Agency

Address: Movilla House, 2 Berkshire Road, Newtownards BT23 7HH

Tel No: 028 9182 8999

Inspector: Joanne Faulkner

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Optimum Nurse is a registered nursing agency; the agency's office is located in Newtownards. The agency currently supplies registered nurses to operate as part of a team providing 24 hour nursing care to a patient with complex needs who resides in their family home. The model of care has been developed in conjunction with the Northern Health and Social Care Trust (NHSCT) to specifically meet the assessed needs of the individual.

3.0 Service details

Organisation/Registered Provider: Homecare Services (NI) t/a Optimum Nurse	Registered Manager: Mr John Paul Watson
Responsible Individual: Mrs Lesley Catherine Megarity	
Person in charge at the time of inspection: Mr John Paul Watson	Date manager registered: 23/03/17

4.0 Inspection summary

An announced inspection took place on 11 February 2021 from 10.00 to 12.50.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 01 February 2019. An inspection was not undertaken in the 2019-2020 inspection year, due to the impact of the first surge of Covid-19.

Since the date of the last care inspection, RQIA was informed of any notifiable incidents which had occurred within the agency in accordance with regulations.

During this inspection we reviewed the dates that criminal records checks for staff employed by the agency (Access NI) had been completed to ensure that they were in place before staff were supplied. We checked that all staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff. In addition, we reviewed Covid-19 related information, disseminated to staff and displayed throughout the agency.

Evidence of good practice was found in relation to recruitment practices and staff registrations with the NMC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that staff had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

No areas requiring improvement were identified.

Those consulted with indicated that they were satisfied that the care provided was safe, effective and compassionate.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' 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 Mr John Paul Watson, 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 01 February 2019

No further actions were required to be taken following the most recent inspection on 01 February 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, notifiable events and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the patient's relatives, registered nurses and Health and Social Care (HSC) Trust representatives to find out their views on the quality of the service provided.

To ensure that the required pre-employment checks were in place before staff were supplied to patients, we reviewed the following:

- Recruitment records specifically relating to Access NI and NMC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005.

RQIA provided information requesting feedback from the patient's relative, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff, and a questionnaire for the patient's relatives to provide feedback to the RQIA.

We would like to thank the registered manager, the organisation's Quality and Governance manager, and staff for their support and co-operation throughout the inspection process.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the manager, the quality and governance manager and a number of registered nurses who provide the care to the patient.

Feedback was requested from NHSCT representatives, however no return received. We endeavoured to speak to the patient's relative, no response was received.

We spoke with a number of staff, who indicated that that they were very happy with the care and support provided by the agency. Comments are detailed below:

Staff

- "All fine, worked here from the beginning. If I had any issues I would feel comfortable to say."
- "As a team we do our best."
- "The senior is very approachable. Things are dealt with and sorted out."
- "I have no concerns, I am very happy."
- "*****'s (patient) needs are met and we work well with the family."
- "It is a good wee team and I am very happy."
- "On line training is very good. We availed of training from Clinical Education Centre prior to Covid; we are encouraged to avail of extra training."
- "Very happy, I love it; a fantastic setup."
- "No concerns, issues are dealt with."

Staff spoken with stated that the manager and clinical co-ordinator were approachable and responsiveness.

Staff also responded to the electronic survey. The feedback received indicated that people were satisfied with the current care provided. Comments included:

"I find that I can always approach senior management with any issues, queries and ideas. I feel that I'm listened to and they are always quick to get back to you. The care given by the team that I'm part of is second to none. Before Covid we had monthly staff meetings, these gave us a great opportunity to express concerns or brain storm any new initiatives. Overall I find Optimum Care a wonderful organization to work for."

7.0 Inspection findings

Recruitment

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 12, Schedule 2 and Standard 4. Pre-employment checks are completed by the Human Resources (HR) department which is located at the organisation's head office. The review of the agency's staff recruitment records specifically relating to Access NI checks confirmed that recruitment was managed in accordance with the regulations and minimum standards. We noted that Access NI checks are completed by the HR department before staff commence employment and direct engagement with patients.

A review of the records confirmed that all staff provided by the agency are currently registered the NMC. We noted that there was an electronic system in place for recording staff registration and a process for monitoring this information on a monthly basis. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care to the patient and in the event of the patient or staff being diagnosed with Covid-19.

Staff had been provided with a range of information with regards to Covid-19 specifically relating to IPC, Covid-19 awareness and environmental cleanliness. This also included guidance on the donning (putting on) and doffing (taking off) of PPE. We noted that information relating to Covid-19 was stored in a folder and accessible for all staff.

There was a system in place to ensure that IPC procedures were being adhered to. We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

Staff we spoke with described how they wore PPE for activities that brought them within two metres of the patient. Staff reported that there was a good supply of PPE and arrangements for appropriate safe disposal of PPE. Staff who spoke with us were knowledgeable in the donning and doffing procedures.

Staff stated that there were adequate arrangements to ensure that good handwashing techniques could be adhered to; hand sanitisers where available. The managers stated that monitoring of staff practices took place by direct observations by the clinical co-ordinator.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points in the patient's home.

Governance and Management Arrangements

The agency's provision for the welfare, care and protection of patients was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection we were informed that since the last inspection of 01 February 2019 the agency made one referral to the NHSCT, Adult Safeguarding team. Records viewed and discussions with the manager indicated that they had been managed in accordance with the procedures. Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse. Staff were aware that the agency had an Adult Safeguarding Champion (ASC).

We reviewed incidents that had occurred since the previous inspection on 1 February 2019 and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

The agency maintains a policy relating to complaints and compliments. We found that the complaints received since the last inspection on 1 February 2019 had been managed in accordance with organisation's policy and procedures. A monthly audit of complaints is completed by the organisation.

We reviewed the agency's monthly monitoring reports for January and February 2021; we identified that the process included engagement with the patient's relatives, staff and HSCT representatives. The reports included details of the review of care records, accident/incidents, safeguarding matters, complaints, staffing arrangements which included staff training.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with the NMC. Good practice was found in relation to IPC; staff had been adhering to the current Covid-19 guidance on the use of PPE

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 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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