



The **Regulation** and
Quality Improvement
Authority

Inspector: Joanne Faulkner
Inspection ID: IN023161

Optimum Nurse
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**Unannounced Care Inspection
of
Optimum Nurse**

22 September 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 22 September 2015 from 10.00 to 13.30. Overall on the day of the inspection the Agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. 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.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made	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.

5. Service Details

Registered Organisation/ Registered Provider Homecare Services (NI) Ltd t/a Optimum Nurse/Lesley Catherine Megarity	Registered Manager: Vera Elizabeth McKendrick
Person in Charge of the Agency at the Time of Inspection: Mrs Liz Ensor, Operations Manager	Date Registered: 18 June 2012
Number of Service Users in Receipt of a Service on the Day of Inspection: one	Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books: six

Optimum Nurse is a Nursing Agency; the agency's registered office is in Newtownards. The agency supplies registered nurses to participate as part of a community complex care team providing 24 hour nursing care to support an individual with complex needs who lives in their own home. The model of care is specific to the individual. Currently six nurses provide 24hour nursing care seven days a week in rotational shift patterns for one individual patient.

6. 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 themes:

Theme 1: Nurse Training - The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Theme 2: Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

- Discussion with the person in charge
- Review of records
- Evaluation and feedback

Prior to inspection the following records were examined:

- Previous care inspection report
- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection

The following records were examined during the inspection:

- Staff training and induction records
- Dates of staff supervision/appraisal
- Staff competency assessments
- Selected policies and procedures
- Record of complaints
- Staff Handbook

Questionnaires were provided by the inspector for distribution to agency staff nurses; there were no questionnaires returned.

The inspector would like to thank the operations manager and staff for their support and co-operation throughout the inspection process.

8. The Inspection

8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12. (2)	The registered person must ensure that all recruited nurses have two written references on file, including a reference from the person's present or most recent employer.	Met
	This requirement refers to but is not limited to the file discussed in section 3.3 of the attached report.	
	Action taken as confirmed during the inspection: The person in charge stated that the agency ensures that it retains two written references for staff provided.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 11.3	The registered manager must ensure that support measures for newly qualified staff are reviewed and enhanced.	Met
	Action taken as confirmed during the inspection: It was noted from discussions with the person in charge and records viewed that new staff receive induction and training and has competency assessments completed by the agency's clinical specialist nurse.	
Recommendation 2 Ref: Standard 11.4	The registered manager must ensure that all protocols relating to specific care needs are available to nurses caring for the patient in their own home.	Met
	Refers to but is not limited to outstanding protocol for Direct admission.	
	Action taken as confirmed during the inspection: The person in charge stated that copies of the agency's policies and procedures are available electronically for staff and in addition copies are retained in the home of the person cared for.	

8.2 Theme 1: Nurse Training - The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

The agency's learning and development policy outlines the procedure for induction that staff are required to undertake prior to employment; it was noted that this was in accordance with RQIA guidance on mandatory training. The person in charge stated that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic system in place for recording training provided to and completed by staff; the person in charge stated that it is reviewed by the registered manager monthly. It was noted that the system highlights when training updates are required. Records viewed indicated that staff have received the necessary mandatory training. The person in charge could describe the procedure for alerting agency nurses when training updates are required and stated that staff are not provided to work if training has not been completed.

The operations manager could describe instances when staff are required to complete specific training to meet the needs of individual clients.

The agency has a process for obtaining the views of service users in relation to the staff provided; these were viewed by the inspector and it was identified that the agency engages frequently with HSCT representatives and relatives of the person cared for.

Is Care Effective?

Prior to employment agency staff are required to complete required mandatory training provided by the agency; a record of training is maintained. The agency provides staff with a handbook and access to policies and procedures. The agency's 'Competency Framework' training schedule outlines the training required to be completed by staff; it was identified that training provided included training specific to the individual needs of the person cared for.

The agency has in place an 'Appraisal Policy'; it was noted that staff are required to complete an annual appraisal. The person in charge stated that training and development is discussed during the appraisal meeting and an action plan developed to address identified training needs; they stated that staff are encouraged to liaise at any time with the manager in relation to individual training needs.

The agency's supervision policy outlines the process and frequency of supervision; it was noted that the person providing supervision has received relevant training.

The person in charge stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competency of staff provided. It was noted that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency issues with staff.

The person in charge stated that when concerns relating to a staff member are identified the agency will address the concerns with the individual staff member immediately. The agency's disciplinary procedure, March 2015, outlines the procedure to be followed in relation to managing underperformance of staff and to support staff to attain the necessary skills provided to fulfil the requirements of their job role.

Is Care Compassionate?

The agency has a process for obtaining the views of service users; the person in charge could describe the process for engaging with the relevant service users in order to obtain feedback; it was noted from records viewed that there is regular engagement with the relevant HSCT representatives. The agency maintains a record of all comments received and the actions taken in relation to the information obtained.

Areas for Improvement

There were no areas for improvement identified within Theme 1.

Number of Requirements	0	Number Recommendations:	0
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency's policy for Safeguarding of Vulnerable Adults and Protection of Children, September 2014 was viewed; it outlines the procedures to be followed and makes relevant reference to current legislation, DHSSPS guidance and regional protocols issued by Health and Social Services Board. The person in charge stated that the policy is currently under review to incorporate the detail of the recently updated DHSSPS Guidance.

The person in charge stated that staff receive protection of vulnerable adults and safeguarding children during the induction programme provided and a two yearly update. The agency has an electronic system for recording staff training; records viewed indicated that staff have received appropriate training.

The person in charge could describe the procedure for the reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in; they stated that there have been no referral to date.

Is Care Effective?

It was identified that staff have been provided with safeguarding vulnerable adult training during induction. Staff are required to complete an update two yearly. Records viewed indicate that staff provided by the agency have received the relevant training; the person in charge stated that the agency's clinical specialist nurse monitors that staff have received appropriate training.

The person in charge could describe the safeguards in place to ensure vulnerable adults; children and young people are protected from abuse. This included arrangements that ensure

all necessary pre-employment checks are completed and considered and that staff provided have received relevant training.

The person in charge described the responsibility for reporting and investigation in the event of an allegation of abuse being made and the processes for engaging with the relevant HSCT and for recording the information.

Is Care Compassionate?

The person in charge stated that, prior to placement, agency staff nurses are provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided have received the relevant training and have knowledge of the agency policies and procedures. In addition it was noted staff receive regular supervision and annual appraisal.

The agency has a process for recording of all incidents of suspected, alleged or actual abuse identified; it was identified that no referrals have been made to date.

The agency's 'Whistleblowing Policy', November 2014, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed; relevant reference is made as to the role of RQIA in relation to whistleblowing.

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements	0	Number Recommendations:	0
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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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Vera McKendrick	Date Completed	30/11/15
Registered Person	Lesley Megarity	Date Approved	30.11.15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	1/12/15

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

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address