

Announced Care Inspection Report 18 February 2021



Optimum Care

Type of Service: Domiciliary Care Agency
**Address: Studio 2, Valley Business Centre, Church Road,
Newtownabbey, BT36 7LS**
Tel No: 028 9086 9701
Inspector: Joanne Faulkner

www.rqia.org.uk

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 Care is a domiciliary care agency providing personal care to service users in the North Belfast, Carrickfergus, Ballyclare and Newtownabbey areas. The agency’s staff provides services commissioned by the Northern Health and Social Care (HSC) Trust and the Belfast HSC Trust.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 18 February 2021 from 10.30 to 13.30.

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.

Since the last inspection on 20 November 2018, RQIA were notified of a small number of notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users receiving care from Optimum Care a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation:

- 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);
- Staff recruitment processes with specific regards to Access NI checks and staff registration with the Northern Ireland Social Care Council (NISCC).

No areas for improvement were identified as part of this inspection.

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 Mrs 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 20 November 2018

No further actions were required to be taken following the most recent inspection on 20 November 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this 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 speaking to the service users and staff to find out their views on the quality of the service provided.

To ensure that the appropriate staff checks were in place before staff were provided to service users, we reviewed the following:

- Recruitment information specifically relating to Access NI and NISCC registration.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

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 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.0 What people told us about this agency

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff and questionnaires for service users and relatives to feedback to the RQIA. Responses received indicated that the persons were satisfied with the care and support provided.

During the inspection we communicated with the registered manager, staff and service users. Comments received included:

Service user comments:

- “Great they are absolutely great. ”
- “Care is second to none. ”

- “Staff need more recognition for all they need to do for me. I really appreciate the girls coming in, they are very kind.”
- “I talk to the staff if I am worried. ”
- “I am not used to being looked after, they check in on me. ”
- “The staff are genuinely very kind; there are a couple I really trust. ”

Staff comments:

- “Absolutely love it, I am over the moon. ”
- “The seniors are fab; absolutely fantastic. ”
- “Care is good; I am in the Rapid Response. The distance driving can be difficult. ”
- “We get our PPE weekly. ”
- “Phone the office with issues and they try to help us. ”
- “No issues the service users are well looked after. ”
- “Any problems we phone the co-ordinator and she deals with it. She is very good and will sort things out. ”
- “The office is good. ”
- “Runs have been lower due to Covid and people cancelling. ”
- “No problems getting PPE. ”

We would like to thank the registered manager, staff and service users for their support and co-operation throughout the inspection process.

7.0 The inspection

7.1 Inspection findings

Recruitment

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11. Pre-employment checks are completed by the organisation’s Human Resources (HR) department located at the head office, and an electronic record retained. We reviewed documentation relating to pre-employment checks which provided assurances that Access NI checks for staff employed were completed prior to staff being supplied to provide care to service users.

We noted that a system is in place for recording registration status of staff with NISCC; records viewed indicated that staff were appropriately registered. The agency has a process for checking staff registrations monthly and a record is retained.

The agency’s provision for the welfare, care and protection of service users 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.

Records viewed and discussions with the manager indicated that adult safeguarding matters 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.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection on 20 November 2018. We reviewed the records and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains a policy relating to complaints and compliments; we noted that records of complaints had been retained in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a number of complaints since the last inspection on 20 November 2018. We identified from records viewed that complaints received had been dealt with in accordance with organisation's policy and procedures, and that the outcomes are recorded.

We reviewed the agency's monthly monitoring reports completed in January and February 2021. We identified that the process included engagement with service users, their relatives and the agency's staff. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; missed /late calls; complaints; staff training and staffing arrangements.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care and support to service users and in the event of service users or staff testing positive 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 also included guidance on the donning (putting on) and doffing (taking off) of PPE. We noted that information relating to Covid-19 had been communicated with staff via email.

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. Co-ordinators complete spot checks to monitor staff adherence to IPC guidance and the use of PPE.

Staff described how they wore PPE for activities that brought them within two metres of service users. Staff reported that there was a good supply of PPE. The service users spoken with confirmed that the staff wore PPE appropriately when providing care and support to them.

Staff could describe how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing.

Staff who spoke to us were aware of the need to observe for symptoms of Covid-19 in service users, such as fever, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in a number of areas throughout the agency office for staff visiting. Posters detailing the procedure for effective handwashing were displayed as visual aids to encourage good handwashing techniques.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with NISCC. Good practice was found in relation to IPC; staff had been adhering

to the current Covid-19 guidance on the use of PPE. Staff had been supporting service users to adhere to guidance with regards to social distancing and hand hygiene.

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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