



The Regulation and
Quality Improvement
Authority

Optimum Care
RQIA ID: 12259
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Inspector: Jim McBride

User Consultation Officer: Clair McConnell

Inspection ID: IN021319

Email: vmckendrick@domesticcareni.com

**Unannounced Care Inspection
of
Optimum Care**

14 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 14 October 2015 from 09.15 to 11.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No quality improvement plan was issued during this inspection. 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

N/A

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
Total number of requirements and recommendations made at this inspection	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. Overall on the day of inspection the management arrangements were found to be safe, effective and compassionate. The outcome of this inspection found no areas of concern. A quality improvement plan (QIP) was not included in this report.

2. Service Details

Registered Organisation/Registered Person: Mrs Lesley Catherine Megarity	Registered Manager: Vera McKendrick
Person in charge of the agency at the time of Inspection: Vera McKendrick	Date Manager Registered: 24/8/15
Number of service users in receipt of a service on the day of Inspection: 275	

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 theme has been met:

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
- Records of notifiable events
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager
- Examination of records
- File audits.

As part of the inspection the User Consultation Officer (UCO) spoke with four relatives and one service user on 1 May 2015 to obtain their views of the service being provided by Optimum Care. The service users interviewed have been using the agency for a period of time. Service users receive personal care from the agency. The findings from their feedback have been included within the body of this report. The inspector spoke with two staff including the registered manager and the registered provider during the inspection of 14 October 2015.

The following records were examined during the inspection:

- Four care plans and risk assessments
- HSC Trust referrals with timetables of services
- Service user agreements
- Care review, quality monitoring visit/ survey feedback records
- Five service user contact logs
- Monthly monitoring reports for February, March, April, May and June 2015
- Annual quality review report for 2015
- Complaints log and records for 2015
- Notification of incidents log and record for 2014/2015
- Staff meeting minutes for February 2015
- Staff duty rota for week commencing 12 October 2015
- Staff training records:
 - Safeguarding
 - Medication
 - Record keeping
- Five staff monitoring/supervision records.

5. The Inspection

Optimum Care is a domiciliary care agency. Their office is located in Valley Business Centre, Church Road, Newtownabbey. Under the direction of Vera Mc Kendrick the registered manager a staff team of 87 provide care to service users in their own homes.

The services provided include personal care, food preparation, domestic duties and social support. The agency provides support to service users of all ages within the Whiteabbey, Ballyclare and Carrickfergus areas of Northern Ireland.

The agency currently provides service to 275 service users within their own homes equalling 5109 calls per week.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 28 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements/ recommendations resulted from the pre- registration inspection of Optimum Care, Whiteabbey undertaken on 28 July 2014.

5.3 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 daily contacts, 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 service users interviewed by the USO had no concerns regarding the timekeeping of the agency's staff and they would be contacted by the agency if their carer had been significantly delayed, this is good practice. A number of service users felt that accurate times and length of calls was not being recorded.

The registered manager discussed this with the USO and the inspector. The registered manager advised that missed calls are reported to the office by carers, service users and staff. Log books are also checked - reason for any missed calls investigated and action taken if appropriate. Records of missed calls were included in monitoring visits so the management is aware of the extent of the problem if any. The inspector noted that between 1 September 2015 and 14 October 2015 seven calls had been missed, these are reported to the HSC Trust and relatives and were managed effectively in line with agency's procedures.

Assessments of need and risk assessments examined by the inspector reflected the views of service users and/or representatives.

Is Care Effective?

Management of missed calls and changes to service user needs were reviewed during inspection and have been evidenced as appropriately managed. Records evidenced that where missed calls or poor timekeeping had been identified, the staff involved had been appropriately managed through supervision and/or disciplinary action to address the issues. The registered manager confirmed that ongoing staff monitoring, endeavours to ensure these issues are not repeated.

The registered manager confirmed and demonstrated a clear understanding of the agency's reporting processes if staff are running late for next service user visit or were unable to gain access to a service user's home.

The agency has in place a policy on missed calls updated in May 2015.

The registered manager confirmed that the agency operates a zero tolerance policy and that all missed calls are investigated in line with this policy. The manager also stated that the agency adhere to the policy on operational protocol for service/quality failure provided by the NHSCCT updated policy June 2013.

Is Care Compassionate?

During UCO contacts, no major concerns were raised regarding the staff care /support; one of the people interviewed felt that care was being rushed.

Feedback from the manager indicated that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner.

The inspector noted that service users and/or their representatives were aware of their right to be consulted and have their views taken into account in relation to service delivery, this was evident in the quality monitoring reports where service users had discussed concerns with the monitoring officer.

Service user's/relatives comments:

- "Absolutely no concerns about the staff."
- "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."

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with a number of reports received during the past year. Review of this incidents confirmed appropriate recording and reporting to RQIA regarding the medication matters within appropriate timeframes.

Reports of monthly quality monitoring completed by the registered person were reviewed. The reports ascertain and respond to the views of service users, relatives and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of a robust system of quality monitoring.

Monitoring records provided by the agency held within peoples home monthly show positive responses to the following questions:

- Are staff on time for your calls?
- Are your carers able to meet your needs within the allocate times?

The inspector noted the positive results of the agency's satisfaction report for 2015, 496 service users responded. Services users stated their satisfaction levels in the following areas:

- My carers know what to do to help me? 98%
- Staff respect my dignity? 99.7%
- Staff are friendly and helpful? 99.6%
- Staff communicate well with me? 99.6%
- I usually see the same staff? 84.9% (the manager and provider stated that they have an action plan in place to try and improve this figure.)
- My calls are long enough to meet my needs? 94.2%

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.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Vera McKendrick	Date Completed	22/10/15
Registered Person	Lesley Megarity	Date Approved	26.10.15
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	26/10/15

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

Please complete in full and returned to agencies.team@rgia.org.uk from the authorised email address