

Primary Care Inspection Report 22 November 2016



Optimum Care

**Domiciliary Care Agency/Supported Living Care
Studio 5, Valley Business Centre, Church Road,
Newtownabbey, BT36 7LS
Tel no: 028 9086 9701
Inspector: Rhonda Simms**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Optimum Care took place on 22 November 2016 from 10.00 to 15.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are easily accessible and responsive to issues.

The arrangements to protect service users include a range of appropriate policies. Examination of systems of training and supervision indicated that staff are appropriately trained and supervised to fulfil their roles. Care plans and review arrangements reflected appropriate risk management.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective delivery of care in response to the assessed needs of service users. Service users and/or their representatives are involved in the review of care plans and evaluation of the service provided to them. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust.

The quality monitoring arrangements include consultations with service users, and their representatives, and provide a thorough system of audit and service improvement. The inspector found that feedback from service users, relatives, and staff indicated effective service provision.

Is care compassionate?

During the inspection the inspector found indications that the agency was delivering compassionate care.

The inspector found evidence that the agency regularly obtains and responds to the views of service users and their relatives. The inspector noted that service users have provided positive feedback to the RQIA User Consultation Officer as part of the inspection.

Is the service well led?

The agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement systems are maintained. The inspector found that agency staff were aware of their roles, responsibilities and accountability systems within the organisational structure.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 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 were discussed with the acting registered manager as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 14/10/2015.

2.0 Service details

Registered organisation/registered person: Lesley Megarity	Registered manager: Andrea Hill - acting
Person in charge of the service at the time of inspection: Andrea Hill - acting	Date manager registered: Andrea Hill - acting

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA
- User Consultation Officer (UCO) report
- Records of complaints notified to the agency.

Prior to the inspection the UCO spoke with one service user and four relatives by telephone on 22 November 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care

- Meals.

During the inspection the inspector spoke with Lesley Magarity registered person, the acting registered manager, a senior care co-ordinator, and four care workers.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; four were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment policy 2014
- Staff recruitment files
- Training and induction programme
- Supervision policy 2014
- Staff training records
- Records relating to staff supervision
- Records relating to staff monitoring
- Records of audits of supervision, training, staff monitoring, and service user contact
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Records of incidents reportable to RQIA
- Induction records
- Staff rotas
- A range of care and support plans
- A range of HSC Trust assessments of needs and risk assessments
- A range of care review records
- A range of examples of records kept by staff
- Quality monitoring reports
- Quality improvement forms
- Minutes of meetings regarding quality
- Safeguarding vulnerable adults policy 2014
- Policy relating to risk management 2014
- Policy relating to management of incidents 2014
- Whistleblowing policy 2014
- Complaints policy 2014
- Statement of Purpose 2014 and service user information leaflet
- Optimum Care Quality Assurance Results report 2016.

4.0 The inspection

Optimum Care is a domiciliary care agency which provides personal care services to over 300 service users in their own homes.

4.1 Review of requirements and recommendations from the last care inspection dated 14/10/2015.

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The acting registered manager and senior care co-ordinator who took part in the inspection described the processes operated by the agency to ensure that adequate numbers of staff are available at all times, including short notice arrangements. Staff commented, 'we are usually well covered', 'there is continuity of care (for service users)'. A member of staff commented that that they did not rush their calls.

It was noted that the agency has an induction policy and induction programme which includes at three days of mandatory training, following by a period shadowing experienced staff and learning how to provide care. Staff commented, 'the induction made me feel better about the job...the girls helped me out a lot', 'the training was informative, I enjoyed it'.

The inspector was informed by the acting registered manager that new staff are not permitted to work alone until assessed as competent by a senior care worker; records of practice assessments confirmed this. The inspector noted that records of practice assessment identified areas where improvement or additional training were required and follow up practice assessments were completed. Records indicated that staff complete a probationary period which is assessed after three months and again at six months by a senior care co-ordinator.

The acting registered manager described the management of training maintained by the agency, which is overseen by a regional training team. The agency maintains an electronic database and quality audit reports of attendance at training. The inspector examined a range of staff training records which included assessments of competence post-training. Staff provided positive feedback regarding the availability and content of training as appropriate to their roles. Staff described training as, 'really good', 'relevant', 'always kept up to date' and 'informative'.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff assessments of direct care to service users are completed every six months; records included a checklist of requirements, and improvement plans were noted where needed. The agency maintains quality audit reports regarding the completion of supervision and appraisal; these were reviewed by the inspector.

The inspector received feedback and examined documentation which indicated that processes within the agency have been reviewed to ensure that staff supervision and monitoring systems are implemented consistently in accordance with agency procedures.

Staff provided feedback to the inspector that practice assessments by their manager could take place on any day or at any time, were unannounced, and were random. Staff were aware that all aspects of their behaviour, practice, and adherence to uniform policy were being assessed. Staff who provided feedback to the inspector presented a positive attitude to observed practice assessments, 'spot checks keep you to the right standard'.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed policy maintained by the agency in relation to the safeguarding of adults which is due to be amended in line with regional procedures to include the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The deputy chief executive of Optimum Care has been appointed as safeguarding champion.

Records reviewed by the inspector showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that staff understood their roles and responsibilities in relation to safeguarding issues and were clear about lines of accountability. Staff commented, 'We are encouraged to highlight any concerns that we have to the office or on call'.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The acting registered manager discussed safeguarding referrals made to the HSC Trust and discussed the agreed action plans. The inspector noted that the acting registered manager has worked with a range of agencies on safeguarding matters, where appropriate. It was noted that when required, the agency has taken a robust line on staff management in accordance with agency policies.

The inspector noted that HSC Trust referrals include relevant risk assessments and indications of care needs which the agency formulated into a care plan. Staff commented that they were informed of any risks in relation to service users, and knew how to implement a management plan.

The agency maintains a system of regular three monthly reviews of care plans with service users. Staff feedback indicated that changes in the needs of service users outside of the review are reported to their senior care co-ordinator who will arrange a review with the service user, their family and the HSC Trust as necessary. The inspector examined examples of review records where changes in need were indicated and the care plan updated accordingly.

The inspector was provided with a report of missed calls, which indicated that the agency has few reports of missed calls. The inspector was advised of the agency's processes to highlight and manage missed calls, which includes notification and explanation to the HSC Trust. The inspector noted that staff have been informed of their responsibility to report and explain missed calls, which may involve performance management measures.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and most staff are confident of an appropriate management response. Staff could describe examples of poor practice and how they would respond by reporting to a manager. The inspector reviewed staff performance assessments and noted where performance issues had been satisfactorily followed up.

The inspector discussed staff performance issues with the acting registered manager, who provided clear assurance and evidence of an appropriate agency response. The agency also maintains a quality audit report of completed service user reviews on staff performance.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Optimum Care. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

All of the service users and relatives interviewed by the UCO confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- 'Really pleased with them.'
- 'Couldn't say a bad word.'
- 'Very happy with the girls.'

Of questionnaires returned by staff, two indicated that they were 'very satisfied' that care delivered was safe and two were 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.2 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and service user information leaflet (2014).

The inspector reviewed a range of service users' care plans which reflected the HSC Trust assessment of need and included the signatures of service users. Records indicated regular evaluation, review, and updating of care plans, including involvement as appropriate with service users, relatives and the HSC Trust. The inspector noted that the completion of timely reviews is audited via the maintenance of quality audit reports.

Staff comments:

'There are regular reviews both with service users and providers.'

The inspector was informed of a range of processes maintained by the agency to assess the effectiveness of care delivered by the agency. The inspector examined records of audits of calls, including monthly analysis of missed calls. Records indicated that the agency has effectively implemented an action plan to minimise the occurrence of missed calls, including staff performance and disciplinary management, appropriate liaison with service users/their relatives, and provision of reports to the HSC Trust.

The inspector reviewed reports which indicated that quality issues are identified and addressed by the agency on a planned basis. The range of staff who participated in the inspection discussed the agency's performance of spot checks and audit on a range of issues including timing of calls, records maintained and service user monitoring calls to assess the effectiveness of care provided and performance of care staff.

The inspector examined the agency's records of monthly quality monitoring developed and maintained as required by regulations and minimum standards. The agency maintains a system of thorough quality assurance measures to audit and review the effectiveness and quality of care delivered to service users. These systems include consultation with service users and their representatives, and response to improvement matters. The inspector noted that the monthly quality monitoring report template completed in accordance with regulations has been reviewed and improved in recent months to more comprehensively reflect the full range of quality monitoring undertaken and recorded by the agency.

The inspector viewed quality monitoring reports provided to the commissioning HSC Trust which include review of a wide range of quality measures.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Examination of documentation and discussion with staff indicated that the agency promotes effective working relationships with the HSC Trust and understands when to refer to or consult with appropriate professionals; this is particularly relevant to changes in the needs of service users.

Staff provided feedback that their roles and responsibilities are effectively communicated with them. Staff consultation and support from a senior care co-ordinator is available at all times through phone or face to face contact with the registered office, or an on call system after office hours.

Staff comments:

- 'Office support is brilliant, every time you ring with a problem it gets sorted straightaway.'
- 'They always answer the phone.'
- 'At night you get a text to see if you are ok.'

It was noted that communication with service users and relatives are invited routinely through review, service user monitoring calls, and assessments of staff. On an annual basis the agency carries out a service user evaluation survey. The inspector reviewed the 2016 Optimum Care Quality Assurance Results report which indicated a high level of satisfaction with services provided. The information leaflet provided to service users states who to contact in relation to concerns or complaints.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concern regarding carers' timekeeping or missed calls. One relative informed the UCO that they had made a complaint regarding timekeeping and missed calls; and that they were satisfied with the outcome. No concerns regarding care being rushed were raised with the UCO.

There were mixed results regarding new carers having been introduced to the service user by a regular member of staff; however new carers were aware of the care required. No issues regarding communication between the service users, relatives and staff from Optimum Care were raised with the UCO.

The service users and relatives advised that home visits and phone calls have taken place and they have received questionnaires from the agency to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- 'It gives me peace of mind that they check on my XXX and contact me if anything is wrong.'
- 'More than happy.'
- 'Any issues I have raised have been sorted. Everything is currently ok.'

Of questionnaires returned by staff, two indicated they were 'very satisfied' that delivery of care was effective, and two were 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to involve service users/their representatives in decisions affecting their care. Staff who provided feedback to the inspector showed respect and empathy for service users.

Staff commented:

- 'You have to respect their views.'
- 'Some service users have very complex needs and are always treated with dignity and respect.'
- 'I think it is important to always give service users a choice and ask their view on what they need.'

The inspector examined evidence of a range of systems in place to ascertain and respond to the views of service users and their relatives. The signatures of service users/and or relatives were evident in care plans and review records seen by the inspector.

The inspector noted that review records contained a number of positive service user comments, including, 'I have the best carers in the world', 'I am very happy with the service and the girls'.

It was noted that the views of service users are sought by managers performing practice assessments and spot checks on care provided by staff. The agency maintains contact with service users and relatives through regular monitoring visits and monthly phone calls; records of comments were seen by the inspector. Reports of monthly quality monitoring indicated where matters raised by service users or relatives had been followed up.

The inspector saw results of the 2016 Optimum Care Quality Assurance service user evaluation survey which recorded high levels of satisfaction with services provided. The inspector was informed that the results of the survey will be shared with service users and relatives through publication of a report in coming months.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Optimum Care. Examples of some of the comments made by service users or their relatives are listed below:

- ‘Consistency is great. XXX has got to know the girls.’
- ‘The girls are very attentive.’
- ‘Very pleased with them.’

Of questionnaires returned by staff, two indicated they were ‘very satisfied’ that the agency is delivering compassionate care, and two were satisfied.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. The inspector found evidence of systems of management and governance consistently applied by the agency.

The management structure of the agency is clearly defined and was well understood by staff. Staff provided positive feedback about the roles of managers in ensuring the delivery of a quality service and responding appropriately to issues.

Communication with staff is maintained through a system of email, text messages, and verbal confirmation. Staff provided positive feedback regarding the accessibility of managers in person or by phone throughout their working day.

The management of staff performance includes regular supervision, direct observation of practice and annual appraisal. The inspector examined records of assessments of care practice of staff which indicated that performance issues are followed up with appropriate advice, training, and reassessment. Staff who took part in the inspection were aware that their practice would be assessed on a unannounced and ongoing basis. Staff provided positive feedback regarding the experience and purpose of practice assessments.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal consultation with managers, both inside and outside of normal working hours. Staff that provided feedback to the inspectors were informed of their responsibilities and understood their roles.

The agency's governance of risk includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents, incidents notifiable to RQIA, and complaints. The inspector found that the agency has implemented effective systems to identify deficiencies and address these appropriately, including through staff disciplinary action.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are accessible in the office to staff.

The agency maintains and implements policy relating to feedback including complaints. The inspector sampled records of three complaints received during the reporting period of 1 April 2015 to 31 March 2016 which indicated that complaints were addressed in accordance with agency procedures.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they had any concerns regarding the service. One relative advised that complaints had been made regarding timekeeping, missed calls and the attitude of one carer; they were satisfied with the outcome of their complaints.

One service user informed the UCO that a complaint had been made regarding one carer and that they were not satisfied as to how the management handled the complaint.

Of staff questionnaires returned, two indicated they were 'very satisfied' that the agency was well led and two were 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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