

Inspection Report

28 June 2022



Optimum Care

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Home Care Services (NI) Limited t/a Optimum Care	Registered Manager: Mrs Andrea Hill
Responsible Individual: Mrs Lesley Catherine Megarity	Date registered: 23 November 2017
Person in charge at the time of inspection: Mrs Andrea Hill	
Brief description of the accommodation/how the service operates: Optimum Care is a domiciliary care agency providing personal care to service users living in their own homes in the North Belfast, Carrickfergus, Ballyclare and Newtownabbey areas. Services are commissioned by the Northern Health and Social Care (HSC) Trust and the Belfast HSC Trust.	

2.0 Inspection summary

An unannounced inspection took place on 28 June 2022 between 10.00 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, service user involvement, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, staff training and the management of complaints, incidents and safeguarding. There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "All good, happy with the carers. I can ring the office."
- "The staff are great and I can raise concerns."
- "I find staff very good; they are caring, bright and happy. They chat to me and the care is excellent."
- "Staff are brilliant; I have no concerns."
- "No problems, they come on time. They do what they are meant to do and I am very happy with my care."
- "Staff are polite and lovely."

Service users' relatives/representatives' comments

- "No problems, I am generally happy enough."
- "Mum gets the care she needs and we are happy with the carers."
- "Lately a higher volume of staff, not a criticism."
- "No Concerns, all fantastic. Staff very personable and consistent."
- "We get a feedback form sent out to fill in our comments."
- "I trust the staff, they do what needs done."
- "The new girls are fantastic even the younger ones."
- "All staff are lovely."
- "Have contacted the office and they have tried to sort things out."
- "Staff are good; we are thrilled with the service. They are 100% at addressing issues."
- "No issues whatsoever, we are very happy."

Staff comments:

- “I can raise issues and I am listened to.”
- “I love my job.”
- “Training is good.”
- “Runs can be busy but we have enough time.”

No staff responded to the electronic survey. No service user questionnaires were returned.

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

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. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last inspection to Optimum Care was undertaken on 18 February 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are the systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the DoH’s regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours.

It was noted that staff are required to complete adult safeguarding training during their induction programme and 2 yearly updates thereafter. It was positive to note that the all staff currently being supplied by the agency had completed appropriate adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT Adult Safeguarding Gateway Team (ASGT) in relation to safeguarding matters identified.

Records reviewed and discussions with the manager indicated that a small number of adult safeguarding referrals had been made since the last inspection and had been screened out. There was evidence that adult safeguarding matters had been managed appropriately.

Service users and relatives who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the current service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that they had an input into devising their own plan of care.

The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The agency undertakes monthly monitoring calls with service users and provided customer satisfaction surveys to obtain their views on the service provided. Comments included:

- "Care worker very thoughtful, courteous and helpful."
- "I highly commend them."
- "My carer is my rock, knows how I like everything, talks to me all the time, just a wonderful help."
- "Staff professional and caring, really brighten up my day with their kind words, humour and singing. I am lucky to have them."

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff described how they implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

We discussed with the manager the need to ensure that care plans included clear details of the care and support required with regard to SALT recommendations.

5.2.4 What systems are in place for staff recruitment and are they robust?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members' commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are retained electronically and was monitored by the manager in conjunction with the organisation's HR department; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated that there are no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. We discussed with the manager that all NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We discussed with the manager the need to record in the report any actions taken following missed calls.

The Annual Quality Report was reviewed and was satisfactory.

The manager stated that there are no Serious Adverse Incident (SAI) investigations ongoing.

The agency's registration certificate was displayed appropriately. Certificates of public and employers' liability insurance were up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

It was noted that a small number of complaints had been received since the last inspection and had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process. Sometimes, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager.

The Statement of Purpose required updating with RQIA's contact details. The manager agreed to amend this; it will be reviewed at the next inspection.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Andres Hill, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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