

Inspection Report

Name of Service: Optimum Care

Provider: Home Care Services (NI) Limited T/A Optimum Care

Date of Inspection: 24 March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Home Care Services (NI) Limited T/A Optimum Care
Responsible Individual/Responsible Person:	Lesley Catherine Megarity
Registered Manager:	Alexandra Sara McIntyre
Service Profile – This is a domiciliary care agency which provides personal care and support to service users in their own homes. The agency aims to provide care and support in a manner that supports service users to live a fulfilling and meaningful life.	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2025, between 10 am and 4 pm by a care Inspector.

The last care inspection of the agency was undertaken on 16 January 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the domiciliary care agency was performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

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), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement and engagement. There were very strong governance and management arrangements in place.

No areas for improvement have been identified.

We thank the manager, service users and staff for their support and co-operation during the inspection process.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from staff or the commissioning trust.

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.

3.2 What people told us about the service and their quality of life

Throughout and following the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. The information provided indicated that there were no concerns in relation to the agency.

Comments from staff and service users and their relatives were positive. Service users mentioned that staff were pleasant and that they were treated very well by them. A relative said that they were very satisfied with the care provided. Staff spoken with were very happy in their roles and described a supportive management team. They confirmed they would have no hesitation in reporting poor practice.

No questionnaires were returned. There were no responses to the staff electronic survey.

3.3 Inspection findings

3.3.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

All newly appointed staff complete 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 structured three-day induction programme which also included shadowing of a more experienced staff member.

The agency maintains a record for each member of staff of all training, including induction and professional development activities undertaken. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed within the agency.

3.3.2 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 Department of Health's (DoH) 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 and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. The agency also monitors incidents and those notified to RQIA were discussed with the inspector.

Staff had also completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Some service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. All staff had also been provided with training in relation to medicines management.

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

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 MCA.

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

The agency maintains a number of policies and procedures to direct and support them in their day to day work. This includes an operational policy that clearly directs staff from the agency as to what actions they should take to manage and report if they are unable to gain access to a service user's home.

3.3.3 What are the systems in place to ensure service user involvement?

From reviewing service users' records and through contacts with service users and relatives it was good to note that service users had an input into devising their care plans. The service users care records contained details about their likes and dislikes and the level of support they may require. Where service users are unable to voice their opinions the agency works with relatives and the commissioning trust to ensure best interests are served.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

It was good to note that the process is thorough and robust with a high percentage of service users contacted monthly to ascertain their views about the care provided.

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

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Complaints received are reviewed as part of the agency's quality monitoring process.

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

Staff are required to report incidences were they are unable to gain access to the home of a service users. Staff are provided with information in relation to the actions required as part of the induction process.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

4.0 Quality Improvement Plan/Areas for Improvement

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



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