The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Opus Homecare**

Provider: **Opus Homecare**

Date of Inspection: **2 April 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:	Opus Homecare
Responsible Persons:	Ms Teresa Harvey Miss Michele Cupples
Registered Manager:	Ms Teresa Harvey
Service Profile – Opus Homecare is a domiciliary care agency based in Belfast which provides a range of personal care, social support and sitting services to 152 people living in their own homes. Services are commissioned by the South Eastern Health Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 2 April 2025, between 10.10 am and 4.00 pm 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), service user involvement, Restrictive practices and Dysphagia management were also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training arrangements and recruitment practices. There were good communication systems to keep carers informed of any changes to service user's care plans.

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 agency 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 any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those working and receiving a service; and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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 survey.

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

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.

We spoke to a range of service users, relatives, agency staff and Health and Social Care (HSC) staff to seek their views of the agency.

Service users who spoke with the inspector after the inspection said that they were happy with the care and support provided and that staff were caring and kind. Two comments included the following statements; “They treat me well” and; “The girls are lovely and come on time”.

Relatives who spoke with the inspector said they were satisfied with the support provided to their loved one and had no concerns about the level of care provided.

Staff who spoke with the inspector were very positive in regard to the care delivery and management support within the agency. Two comments included the following statements: “I enjoy my work. I feel we are well trained and we get good support” and; “We get good support from management - the service users get a good service and are cared for as they should be”.

We spoke with one HSC employee who expressed great satisfaction regarding the level of care provided by the agency. They commented as follows: “They are incredible – families speak very positively and some feel that they are treated like family. Management will ring with solutions to any issues and I have no concerns whatsoever”.

One response received from the service user/relative questionnaires indicated that they were very satisfied that the care was safe, compassionate, effective and well led.

No staff responded to the electronic survey.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 16 November 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 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 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 person in charge 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 there were arrangements for staff to complete refresher training yearly. 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 safeguarding concerns raised since the last inspection had been managed appropriately.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles and understood that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA. On review of records pertaining to

DoLS, service users who had been identified as having DoLS in place did not have updated documentation to confirm if the DoL safeguards had been reviewed. The person in charge later clarified the position with the commissioning trust and confirmed that service user records had been updated accordingly.

On review of other restrictive practices such as the use of bedrails or lap belts, it was noted that there were no arrangements in place to collate information in respect of restrictive practices or review these interventions regularly to ensure that they are properly assessed by the multi-disciplinary professionals and not used for longer than is necessary. Advice was given in relation to developing a centralised record of all restrictive practices including DoLS to ensure that any restrictions are proportionately applied and kept under regular review. The management and record keeping of restrictive practice and DoLS will be reviewed at a future inspection.

3.4.3 Staff Selection, Recruitment and Induction

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

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff who spoke with the inspector confirmed that they were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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 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 records included the dates, names and signatures of those attending the training event.

3.4.4 Staff Training and Development

A review of staff training records confirmed that all staff had been provided with adequate training commensurate with their role. The agency maintained an electronic record of all training completed and it was positive to note that staff were required to complete refresher training in all aspects of care covered during the induction period on an annual basis.

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 care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of specialised equipment, directions for use were included in the care plan.

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

A number of service users were assessed by 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.

There was evidence that staff received regular supervision and appraisals on an annual basis.

3.4.5 Care Records and Service User Input

A sample of service users' care records were examined and contained sufficient information about the level of support required. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency and were kept under regular review.

There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the Speech and Language Therapist (SALT) to ensure the care received was safe and effective. Whilst the information contained in the care and support plans was key to service users' physical health and well-being, advice was given to the person in charge about evidencing a person centred approach within the care records so they are not overly task-focused. This will be reviewed at a future inspection.
.
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.

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. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

3.4.6 Governance & Managerial Oversight

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.

The Annual Quality Report was reviewed and was satisfactory.

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

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

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 Ms Deborah Rafferty (Deputy Manager), as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews