

Inspection Report

Name of Service: Optimum Care

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

Date of Inspection: 21 July 2026

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:	Mrs Lesley Catherine Megarity
Registered Manager:	Mrs Andrea Hill
Service Profile: Optimum Care is a domiciliary care agency based in Coleraine which provides personal care to service users residing in the Causeway, the Glens and the Mid-Ulster areas. Care packages are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 July 2026 between 10.20 am and 3.55 pm by a care Inspector.

The last care inspection of the agency was undertaken on 25 July 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is 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 found that safe, effective and compassionate care was delivered to service users and that the agency/day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Optimum Care was a good experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

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 Optimum Care 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 service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service user representatives told us that they were pleased with the service provided by Optimum Care to their loved ones. One service user representative described Optimum Care as "really brilliant", advised they found staff to be "lovely and caring" and that they felt the staff do not get the recognition they deserve for the work they do.

Another service user representative told us that there was good consistency in staffing and that staff were punctual. They described the regular positive interactions they had observed between their loved one and staff. We were told how happy they were with the quality of care provided and that they "cannot fault them [Optimum Care] ... they are very good".

Staff who provided feedback spoke positively about their employment with Optimum Care. They advised that they found members of management to be receptive to any concerns raised and felt that they "work with you" to achieve resolve.

A HSC Trust representative who provided feedback told us about their positive experience of Optimum Care who they described as "professional", "polite and courteous". They advised us that the agency are highly responsive and receptive to the views and opinions of professionals involved in the care and support of service users. We were advised that in supporting individuals' with complex needs and those in receipt of end of life care, Optimum Care have demonstrated flexibility and promptly respond to identified changes in need. Good practice of two staff members was also highlighted with both described as "a credit to the organisation".

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. There was evidence of robust systems in place to manage staffing.

Staff told us that generally there was sufficient time allocated for travel between calls, however advised this can be impacted when additional cover is required due to sickness etc. Those delivering rapid response support to support safe discharge from hospital advised due to the nature of the work their schedules often change and as such additional time is required for them to plan routes. Responsibilities relating to the planning of routes for calls is to be considered by the registered manager to benefit the experience of staff.

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. The interview process was reviewed and written records were retained by the agency of the person's capability in relation to their job role. Interview records were sampled were detailed and contained a scoring system.

There was evidence that all newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Additional assurances were obtained by the agency regarding new employee's knowledge, skills and competency through direct observation undertaken by a senior member of the team. Discussion occurred with the registered manager regarding the recording of shadow shift undertaken by new employees; this will be reviewed again at a future inspection.

There was a system in place for professional registration, with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory bodies, to be monitored by the manager.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. Where training was due to expire there was evidence of action taken by the agency to address this. Training provided to staff included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles. Within staff feedback the suggestion was made that the provision of first aid training would be beneficial to their role; consideration of this to be given by the registered manager.

Competency assessments were in place for those employees expected to oversee the day to day management of the agency in the absence of the manager.

Staff competency in relation to management of medications could not be robustly demonstrated. We were advised that through direct observation of practice in a controlled environment and responses to scenario based questions during training an assessment of employee's knowledge and skills was determined. Documentation available however failed to clearly demonstrate competencies had been assessed in respects alternative methods of administration.

Assurances were provided that alternative methods of administration were appropriately covered in training; a copy of training delivered to staff, in addition to the agency's policy and procedures relating to medication were reviewed by the inspector. The registered manager agreed to review medication competency documentation to ensure capabilities in administration of medication via alternative methods, such as via syringe, could be easily determined. This will be reviewed again at a future inspection.

There was a system in place to monitor supervision compliance in line with the organisation's policies and procedures. The system highlighted the date for which the next supervision is expected to occur. Procedures were in place for appraising staff performance and there was evidence that these were being completed with staff.

3.3.2 Care Delivery and Management of Care Records

There was evidence of effective communication systems which ensured timely sharing of information about any changes to the service users' care, which the staff needed to assist them in their roles. Assurances were provided regarding processes in place for the exchange of information where a service user needs are being jointly met by Optimum Care and an alternative provider.

In addition to regular staff meetings, the agency was found to frequently distribute information bulletins to staff. Those reviewed demonstrated the agency's commitment to promoting best practice, including the sharing of guidance and techniques for example, relating to the management of refusal of care.

Service users care records were held confidentially in line with data protection regulations.

A service agreement provides clarity, protection and consistency for service users, outlining what support will be provided, how it will be delivered and the responsibilities of both the individual and the agency. All service user records reviewed contained a signed agreement which was reflective of unique circumstances and needs of the individual. There was evidence that matters pertaining to consent had also been reviewed and discussed with service users and/or their representatives.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Risk assessment and management plans reviewed were found to be robust. Where service users required the use of specialised equipment to assist them with moving, moving and handling risk assessments were available and care plans contained directions for use of aids

and equipment. Where equipment could be considered restrictive, this was risk assessed and also included in the care plan and subject to review as part of the annual care review process.

Discussion occurred with the agency regarding the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings and the requirement for all organisations to retain a restrictive practice register advising as to the total number, type of restrictive interventions used and minimisation actions. This will be reviewed at a future inspection.

Where service users were assessed as requiring a modified diet service users' plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan, and explicitly outlined all additional recommendations made.

Staff recorded regular evaluations about the care and support provided; this promotes oversight by enabling review of the quality of care and identifying any emerging issues or needs. Staff were aware as to reporting responsibilities regarding any observed changes in service user needs and/or risks and there was evidence that any such changes were referred back to the commissioning trust to reassess.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Andrea Hill has been the manager in this agency since 23 November 2017. She is also the manager of another registered domiciliary care agency.

Staff consulted advised that the management team were responsive, approachable and able to provide guidance.

There was a system in place to ensure that complaints were managed in accordance with the policy and procedure of the agency. It was positive to find the organisation had recently updated the policy and procedure to reflect the Northern Ireland Public Services Ombudsman (NISPO) Model Complaints Handling Procedures (MCHP). Where complaints had been received, these had been managed appropriately. Complaints were also reviewed as part of the monthly quality monitoring process and analysed to establish any potential patterns/ trends.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers.

There was a protocol in place for staff to follow should they be unable to gain access to the service users' homes; this ensures that staff respond consistently and in a timely manner, supporting the safety and welfare of service users. It was good to note that this reviewed on a regular basis with staff.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

Domiciliary Care Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed to a satisfactory standard.

The annual quality report was not complete; this will be reviewed at a future inspection.

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 Andrea Hill, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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