

Announced Care Inspection Report 17 January 2017



Optimum Care

Domiciliary Care Agency/Conventional
Movilla House, 2 Berkshire Road, Newtownards, BT23 7HH
Tel no: 028 9182 8999
Inspector: Rhonda Simms

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Optimum Care took place on 17 January 2017 from 9.45 to 16.00.

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 Lesley Megarity registered person and Alexandra McIntyre 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.

2.0 Service details

Registered organisation/registered person: Leslie Megarity	Registered manager: Alexandra McIntyre
Person in charge of the service at the time of inspection: Alexandra McIntyre	Date manager registered: Alexandra McIntyre 21/08/2015

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 two service users and eight relatives by telephone on 20 December 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, Alexandra McIntyre registered manager, two human resources staff, and four care workers.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; eight 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
- Induction records
- Training and induction programmes
- Supervision policy 2014
- A range of 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
- 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
- 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 based in Newtownards which provides care services to 350 service users in their own homes in the North Down area.

The inspection took place at the agency's registered office in Newtownards.

4.1 Review of requirements and recommendations from the most recent inspection dated 15/10/2015

There were no requirements of recommendations made as a result of the last 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, including Access NI checks, and obtaining written references.

The inspector discussed the agency's progress with ensuring that all care staff are registered with NISCC by a specified date. The agency is making good progress with the registration process and is in the process of implementing plans to ensure that all care staff will be registered with NISCC.

It was noted that the agency has an induction policy and induction programme which includes three days of mandatory training, following by a period shadowing experienced staff and learning how to provide care. The inspector was informed by the 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.

Staff comments on the induction:

- 'It was brilliant.'
- 'I was definitely prepared.'
- 'The training was in-depth.'

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 registered manager described the processes operated by the agency to ensure that adequate numbers of staff are available at all times, including short notice arrangements. Feedback from staff indicated that the agency operates a system to ensure safe staff levels.

Staff commented:

- 'There are definitely enough staff.'
- 'Clients never complain.' (About staffing levels)
- 'The office try to be flexible with staff.'
- 'The runs are not over allocated.'
- 'If you're running late, you contact the co-ordinator.'

The 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 registered manager described the agency's processes to ensure that all staff attends appropriate 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. The inspector received good feedback regarding recent training in relation to dementia and dealing with challenging behaviour.

Staff described training:

- 'It's definitely good, relevant to the job.'
- '...a motivator, it builds confidence and builds the client's confidence in you.'
- 'Reaffirms what you know.'
- 'The trainers take time to look at issues.'

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples 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.

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 are necessary, it confirms you're doing a good job, that the client is getting the right care'.

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 which reflects most up to date guidance 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 trained, and constantly told to risk assess. We are aware of what to look for.'

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The registered manager discussed safeguarding referrals made to the HSC Trust and discussed the agreed action plans. It was noted that when required, the agency has used disciplinary procedures and a range of staff management strategies.

The registered manager discussed the referral process to the agency and provided the inspector with examples of referral information including care plans completed by the HSC Trust. 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 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. New carers had usually 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 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:

- “Consistency is great. I have got to know them all well.”
- “No complaints.”
- “Great support for the family.”

Of questionnaires returned by staff, three indicated that they were ‘very satisfied’ that care delivered was safe and five were ‘satisfied’.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.3 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.

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 improved communication with staff, staff performance and disciplinary management, appropriate liaison with service users/their relatives, and provision of reports to the HSC Trust.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One relative also advised that they had recently experienced one missed call from the agency which had been addressed.

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 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.

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 service users and relatives advised that home visits and phone calls have taken place to ensure satisfaction with the service. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package 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’s working very well.”
- “They have become like family.”
- “Very caring.”

Of questionnaires returned by staff, three indicated they were ‘very satisfied’ that delivery of care was effective, and five were ‘satisfied’.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 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 empathy and respected the service user’s choice and ability to make decisions.

Staff commented:

- ‘We listen to their needs, it’s their choice, we can’t force them.’
- ‘I talk to clients. I don’t like rushing anyone.’
- ‘We do things whatever way the client wants.’
- ‘Clients prefer, for example, being washed in different ways, it depends on the person.’
- ‘I know my clients very well, it gives them continuity.’
- ‘I always ask, are you ok to get washed. You respect wishes and privacy, it’s covered in training.’
- ‘To constantly ask is the best way; encourage the service user to give opinions.’

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:

- ‘Happy with the service.’
- ‘Very good carers.’
- ‘Everything’s going fine.’
- ‘Call times have settled.’

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.

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:

- “Great girls. They go above and beyond.”
- “Doing a really good job.”
- “XXX gets on really well with them.”

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 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 was aware that their practice would be assessed on an 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 in electronic and paper forms and through the staff portal.

The agency maintains and implements policy relating to feedback including complaints. The inspector sampled records of 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. The inspector saw a record of compliments received from service users and relatives maintained by the agency, including thank you letters and cards.

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. Although complaints had been made to the agency regarding missed calls, consistency of carers and timekeeping;

the UCO was advised that their complaints had been addressed satisfactorily. No concerns regarding the management of the agency were raised during the interviews.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews