

The Regulation and  
Quality Improvement  
Authority

Essential Homecare Services (NI) Limited  
RQIA ID: 10765  
Unit AB5, Ards Business Centre  
Jubilee Road  
Newtownards  
BT23 4YH

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**Unannounced Care Inspection  
of  
Essential Homecare Services (NI) Limited**

**26 October 2015**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 26 October 2015 from 10.00 to 15.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Garry Cavill the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Essential Homecare Services (NI) Ltd/Garry Cavill	<b>Registered Manager:</b> Elizabeth Ann Cavill
<b>Person in charge of the agency at the time of Inspection:</b> Garry Cavill	<b>Date Manager Registered:</b> 12 February 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 38	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

#### **4. Methods/Process**

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection include the following:

- Discussion with the responsible person
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, either in their own home or by telephone, on 8 and 9 October 2015 to obtain their views of the service. The service users interviewed live in Newtownards and receive assistance with the following: personal care, meals and sitting service. Feedback received is included within the body of this report and was discussed with the responsible person on day of inspection.

The inspector gave the responsible person ten questionnaires to distribute to randomly selected staff members for their completion asking for their views regarding the service, and return to RQIA. Four staff questionnaires were received following the inspection, with feedback discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff meeting agendas and minutes for November 2014 and June 2015
- Four staff quality monitoring records
- Staff duty rota for October 2015
- Service user compliments received by the agency since January 2015
- Complaints log
- Log of incidents reportable to RQIA in 2014/2015

- Monthly monitoring reports for July, August and September 2015
- Annual quality report
- Management staff daily contact log records/on call logs for September 2015
- On call rota
- Two communication records with trust professionals
- Duty file.

## 5. The Inspection

### Profile of Service

Essential Homecare is a domiciliary care agency providing a service to 38 adults in the North Down area, including personal care, meal provision, night sits and day-time respite sits for carer's. The agency also provides 24 hour care for a small number of service users with a learning and physical disability. The majority of service users are referred by the South Eastern Health and Social Care Trust along with small proportion of private referrals. The agency has been operational since 1998.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 March 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 13</b> <b>Schedule 3 (6)&amp;(12)</b>	The registered manager is required to expand their 'Recruitment' procedure to include each element listed within Regulation 13 and Schedule 3.  <b>Action taken as confirmed during the inspection:</b> The updated Recruitment procedure dated April 2015 was reviewed and found to include all the required elements.	<b>Met</b>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Minimum Standard 9 Appendix 1</b>	The registered manager is recommended to expand their 'Restraint' procedure to provide specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the Restraint procedure dated April 2015 which had been expanded to include guidance on the area of restraint. Records evidenced that, where applicable, risk assessments had been updated.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their pre service visits contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff or management; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

One service user's documentation was reviewed. The file contained a care plan and risk assessment; however it was noted that the call on the day of the home visit had not been recorded. This was discussed with the responsible person and was addressed immediately.

#### Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. The complaints log viewed during inspection found that no complaints had been made in the last year.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care as well as observation of staff practice.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. No staff practise issues were identified during these spot checks and records noted positive comments received from service users/relatives regarding staff e.g. 'cheerful and caring staff.'

The most recent monthly monitoring reports for July, August and September 2015 reviewed evidenced working practises are being systematically reviewed along with information relating to ongoing quality monitoring feedback and actions taken. Service user records viewed in the agency office evidenced how feedback received had been followed up. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

The annual quality report for 2014 was reviewed which contained feedback from service users/representatives, commissioning trust care managers and staff. This report evidenced very positive feedback from the respondents regarding the service; the registered manager confirmed that this report had been shared with service users/representatives. The records evidenced that the agency are currently collecting their latest survey responses from service users, commissioning trust and staff.

Four staff surveys were received following the inspection day. They each confirmed that they were satisfied with the training received in relation to core values, communication methods and mental health care.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Essential Homecare. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Examples of some of the comments made by service users or their relatives are listed below:

- "The service is really well organised"
- "Couldn't be better"
- "My XXX and the carer have developed a great rapport"
- "More than happy with the service".

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included severe learning disability, stroke and working with service users with limited speech and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

### Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems, policies and processes relating to communication channels with service users, their relatives and staff were viewed. These included daily contacts, on call arrangements. The responsible person indicated that no service users' calls had been missed.

The responsible person described the process relating to missed or late service user calls which had been provided to care staff as part of their induction programme. However a policy and procedure was not in place for missed or late service user calls and is recommended to be developed and shared with all staff. A procedure is recommended to also be developed in relation to access to service users' homes, as was also discussed with the responsible person.

Review of October 2015 staff rota's for one staff group within one service area reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

### Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

The people interviewed also advised that they had not experienced missed calls from the agency.

Minutes of staff meetings for November 2014 and June 2015 were reviewed which evidenced discussions relating to the reporting process if staffs are running late for a service users visit, along with the on-call arrangements out of hours. The on-call logs viewed evidenced that staffs were reporting issues as required and the subsequent actions taken were appropriate.

Four staff surveys were received following the inspection day. One survey suggested the trust allocation of 15 minute service users visits do not allow enough time to listen and talk to those who are lonely.

## Is Care Compassionate?

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

### Areas for Improvement

One area for quality improvement was found in relation to this theme. The responsible person is recommended to develop a policies and procedures in relation to missed or late service user calls along with guidance for staff in relation to access to service users' homes. This matter has been detailed on the QIP.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.3 Additional Areas Examined

The inspector viewed the agency's RQIA notification of incident log, with no reports received during the past year, therefore no records were reviewed.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Garry Cavill the responsible person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.




### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>	The registered person is recommended to develop policies and procedures relating to missed or late calls and access to service users homes.		
Ref: Standard 9	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Two new policies (No 57 & No 58 in policy and procedures log) have now been put in place. Policy No 57 Access to service users homes. Policy No 58 Action to be taken by the provider in relation to a missed call.		
Stated: First time			
To be Completed by: 23 November 2015			
<b>Registered Manager Completing QIP</b>	Elizabeth J Cavill	<b>Date Completed</b>	02/11/2015
<b>Registered Person Approving QIP</b>	Garry Cavill	<b>Date Approved</b>	02/11/2015
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	02/12/2015

\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\*

