

Inspection Report

8 July 2021



Essential Homecare Services (NI) Limited

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Essential Homecare Services (NI) Limited	Registered Manager: Mrs Elizabeth Ann Cavill
Responsible Individual: Mr Garry Roy Cavill	Date registered: 12 February 2009
Person in charge at the time of inspection: Operations Manager	
Brief description of the accommodation/how the service operates: Essential Homecare Services (NI) Limited is a domiciliary care agency which provides personal care and housing support to 47 individuals with physical, mental health, elderly and learning disability needs living in the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by 32 staff which includes the management team.	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2021, at 10.00 am to 13.45 pm by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoL's) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

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

The inspection focused on:

- contacting the service users, their relatives, WHSCT representatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and 'Tell us' cards for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user, one relative, one staff and one SEHSCT representative.

In addition we received questionnaires from service users/relatives which indicated that they were happy with the service provided by the agency. No electronic feedback was received prior to the issue of the report.

Comments received during the inspection process-

Service users' comments:

- "The staff do a good job."
- "XXXX has always been available to take me to hospital appointments."
- "I can't fault the service at all."

Relatives' comments:

- "I couldn't say one bad word; they are brilliant and very nice."
- "The quality of work is good."
- "They ring and say if they are coming late."

Staff comments:

- "Agency is well organised."
- "We done safeguarding and Mental Capacity Act (MCA) training."
- "If I had any concerns management would listen to you ."

- “There is good teamwork.”
- “The office staff are very helpful.”
- “Service users’ needs are met.”

HSCCT representatives’ comments:

- “There is good response to any concerns raised.”
- “I have no issues or concerns about the agency.”

5.0 The inspection

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

The last inspection to Essential Homecare Services (NI) Limited was undertaken on 8 December 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made to the SEHSCCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that one adult safeguarding referral had been made since the last inspection and that the referrals had been managed appropriately.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoL's Level Two training appropriate to their job roles. However, it was established during the discussion with the person in charge that no staff had completed DoLS Level Three training. The person in charge forwarded evidence of completed DoLS Level Three training within an agreed timeframe. Review of the information received was found to be satisfactory.

Review of documentation on the day of the inspection confirmed that DoLS applications were submitted but not yet granted by the SEHSCT Authorisation Panel. These can be reviewed at the next inspection.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The person confirmed the agency does not manage individual service users' monies in excess of twenty thousand pounds.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

Where a service user is experiencing a restrictive practice, it was noted that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the SEHSCT representative.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and

Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge told us that the agency does not use volunteers or voluntary workers.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the person in charge, staff and review of service user 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 domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and SEHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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