

Unannounced Care Inspection Report 20 August 2019



Essential Homecare Services (NI) Limited

Type of Service: Domiciliary Care Agency
Address: GE2B Sketrick House, 17 Jubilee Road, Newtownards,
BT23 4YH
Tel No: 02891810757
Inspector: Kieran Murray

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides personal care and housing support to 42 individuals with physical, mental health, elderly and learning disability needs living within the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by 21 staff.

3.0 Service details

Organisation/Registered Provider: Essential Homecare Services (NI) Limited	Registered Manager: Mrs Elizabeth Ann Cavill
Responsible Individual(s): Mr Garry Roy Cavill	
Person in charge at the time of inspection: Operations Manager	Date manager registered: 12 February 2009

4.0 Inspection summary

An unannounced inspection took place on 20 August 2019 from 09.30 to 17.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to adult safeguarding, involvement of service users, collaborative working and registrations with the Northern Ireland Social Care Council (NISCC). The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted the provision of care to the service users with dignity and respect and maximising their independence. There was evidence of governance and management systems in place.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

An area requiring improvement was identified in relation to monthly quality monitoring reports.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) was discussed with the Responsible Person and Operations Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- notifications of incidents
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the responsible person, operations manager, and three staff.

On the day of the inspection the inspector made telephone contact with two service users and one service users' relative. All responses are reflected in the report.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

Ten questionnaires were also provided for distribution to the service users and their relatives; six responses were returned; analysis and comments are included within the report.

The areas of safe, effective, compassionate and well led service was rated as 'very unsatisfied' on the feedback received from a relative. As there was no contact details recorded for the relative, the inspector spoke to the operations manager on the 5 September 2019 and discussed the feedback received. The inspector has been assured by the operations manager that the feedback received would be discussed at three monthly monitoring visits with relatives and a record retained for review at the next inspection.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed appropriately in the setting.

The inspector would like to thank the registered individual, operations manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed two personnel records, which were recently recruited staff. These records confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

Discussion with the operations manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed two individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as safeguarding the vulnerable adult, core values and guests in person's home.

Discussions with the operations manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role. Staff comments included: "I got two full weeks shadowing experienced staff" and other staff stated "an induction checklist was completed." This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new workers prior to service delivery.

The inspector reviewed the agency's training plans. The inspector noted fire awareness training was not up to date. Following the inspection and within an agreed timescale the operations manager forwarded assurances to RQIA that all staff had updated their fire awareness training. The inspector reviewed the information and found it to be satisfactory. There was evidence that staff have attended training additional to that outlined within the Minimum Standards such as Mental Capacity Act, Dementia Awareness and Challenging Behaviour training.

One staff member commented: "training prepared us for our roles and responsibilities." It was good to note that staff provided positive feedback in regard to the agency's induction and training programme. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The inspector was advised by all those service users and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency.

No issues regarding the carers' training were raised with the inspector by the service users or relatives; examples of care given included manual handling and working with someone with dementia. All of the service users and relatives consulted with confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users and/or their relatives are listed below:

- "I always get the time allocated."
- "I am happy with the care."
- "I know in advance if anybody different (agency staff) is coming into the house."

Discussions with the operations manager established that since the last inspection there were times that the agency had experienced difficulty ensuring that there was an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. During this time period, the operations manager advised the inspector that vacant shifts were covered by the agency's domiciliary care workers and management team. Rotas viewed by the inspector confirmed that staffing levels were currently adequate to meet the needs of service users and the agency.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

The inspector reviewed reporting and management of incidents occurring within the service. The operations manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users' relatives and the SEHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to the registered manager/management team in a timely manner. Staff commented: "management would listen to you."

Discussions with the operations manager and a review of the agency's safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The operations manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There had been no adult safeguarding referrals made since the last care inspection. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached and maintaining safeguarding records.

The inspector noted that staff had completed adult safeguarding training.

A discussion took place with the operations manager in relation to the need to complete an adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

Staff demonstrated knowledge of how to escalate any concerns with respect to service users' wellbeing. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and were confident of an appropriate management response. Discussions with staff evidenced that they were empowered to speak up about poor care through the management arrangements.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Of six questionnaire responses received from service users/relatives, four indicated that they were 'very satisfied' that care was safe, one indicated that they were 'satisfied' care was safe and one indicated that they were 'very unsatisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019). However, it was identified that the and Service User Guide (2019) did not contain the relevant bodies to support service users if the need arose to make a complaint. The operations manager revised the Service User Guide on the day of the inspection which the inspector reviewed and found to be satisfactory.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

The review of four care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and yearly care reviews with the relevant SEHSCT representative, service users and relatives as appropriate.

The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/support needs and expectations. Service users were enabled to exercise the maximum amount of choice and control as possible in the care planning in their commissioned individual care arrangements with the agency.

The operations manager and staff spoke confidently regarding positive risk taking and the benefits this can have on service user's self-esteem and emotional wellbeing and the appropriateness of liaising with the multi-disciplinary team to ensure that service users had access to the relevant information and support to make informed decisions.

Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. The inspector noted that there were no restrictive practices in place on the day of the inspection.

The registered manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive possible.

The inspector was informed by the majority of the service users and relatives consulted with they had in general no concerns regarding carers' timekeeping. However, some service users and relatives informed the inspector that late calls had taken place but that the carers had telephoned to explain why this had happened. Care provided was not felt to be rushed. Examples of some of the comments made by service users or their relatives are listed below:

- "We had an equipment assessment with the care manager and occupational therapist."
- "I have a review once a year."
- "I can't fault the service."

The agency with consent from service users operate a Near Field Communication (NFC) in the homes of service user; it analyses information in relation to call times, outcomes, tasks, alerts, daily records and operations to enhance service delivery to the service user. Staff log on to the system via mobile phone supplied to them by the agency. The inspector was advised by the operations manager that service users can obtain a username and password to access this system.

It was noted that the agency completed three monthly monitoring visits with service users/relatives. The records evidenced no concerns expressed by the service users/relatives during these monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency. The operations manager advised the inspector that agency staff are not always invited to SEHSCT care reviews and if they are invited they do not typically receive a copy of the minutes of the review. It was agreed with the registered manager that the agency will request a

copy of future SEHSCT reviews they attend, as appropriate and ensure that the agency maintain a record of the review meeting.

The agency maintains daily records through a hand held devices supplied to all staff. The inspector viewed these records on the One Plan electronic system in the agency office.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The operations manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had effective access to the management team via telephone including out of hours support. Staff commented: "I immediately get support in hours and out of hours."

No issues regarding communication between the service users, relatives and staff from the agency were raised with the inspector. Some of the service users and relatives advised that home visits or phone calls have taken place, or they have received a questionnaire from the agency, to obtain their views of the service.

The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

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

- "The staff treat me with dignity and respect."
- "(Agency) go at my pace."

Of six questionnaire responses received from service users/relatives, three indicated that they were 'very satisfied' that care was effective, two indicated that they were 'satisfied' care was effective and one indicated that they were 'very unsatisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the operations manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff comments included: "The service users choice, privacy and respect is maintained." Discussions with staff recognised that giving and obtaining consent is a process, not a one off event. Staff identified the need to continually communicate with service users and staff were respectful of the fact they were working in a service users' homes.

Staff spoke knowledgably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences.

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

All of the service users consulted with by the inspector felt that care was compassionate. The service users and relatives advised that in general carers treat them with dignity and respect. Service users, as appropriate, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. Examples of some of the comments made by service users or their relatives are listed below:

- "(Agency) Pleasure to work with."
- "Staff are sympathetic."

The inspector reviewed the agency's governance arrangements for quality assuring the care provided to service users. The registered manager advised that the staff receive three monthly monitoring visits to monitor and review care practices. A record is maintained of the three monthly monitoring visit in the agency.

It was positive to note that during monitoring visits by the agency to service users, in order to review the quality of service provision, they also reviewed the level of satisfaction with how staff communicate with service users, maintain confidentiality and treat service users with dignity and respect. This will promote the principle of partnership with the care staff and service user and emphasises the value placed on service users by the agency.

Upon commencement of a care package, service users are provided with a copy of the agency's Service User Guide which informs service users' of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. The Service User Guide provides the

service user with details of advocacy groups including the Northern Ireland Public Service Ombudsman (NIPSO) and RQIA.

Of six questionnaire responses received from service users/relatives, four indicated that they were ‘very satisfied’ that care was compassionate, one indicated that they were ‘satisfied’ care was compassionate and one indicated that they were ‘very unsatisfied’ that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency’s ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with the operations manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the registered manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There was clear leadership provided by the registered manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users.

Staff comments:

- “Your views do carry weight.”

All of the service users and relatives consulted with by the inspector confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions. This evidenced that service users have access to clear and fair processes for getting their views heard and to raise and resolve concerns or complaints.

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 who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) The operations manager advised that staff training had been completed with regards to the GDPR to help them understand and be aware of recent changes in this area. Review of training records by the inspector confirmed this.

The operations manager and staff advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The agency's confidentiality policy had been updated to reflect the new GDPR requirements and took account of service users' human rights. The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. Policies were maintained in a manner that was easily accessible by staff in the office and on their work phones.

It was positive to note that the adult safeguarding policy was available electronically, paper, dvd and braille formats.

The agency maintained a complaints and compliments record, which was audited on a weekly basis. The operational manager demonstrated good awareness of the agency's complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency's complaints records since the last inspection evidenced that the agency had received no complaints.

It was positive to note that the agency had received a number of compliments via cards and emails from relatives e.g. "Please do pass on my thanks to the staff who look after XXXX in the most exemplary way."

The registered manager and responsible person evidenced a commitment to driving improvement in the service through provision of a consistent staff group to support service users. The operations manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge basis. A new electronic monitoring call system has been introduced in the agency which will record contemporaneously when care staff enter and leave a service user's home.

Discussion with the operations manager confirmed that staff meetings dates are planned on a monthly basis. The inspector noted that staff did not partake in attending these meetings.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the registered manager. The operations manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated. The operations manager confirmed that all staff are currently registered or in the process of registering within expected timescales.

There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.

The inspector confirmed that a number of monthly quality monitoring reports were not available for review on the day of the inspection. An area for improvement has been made in this regard.

The available monthly quality monitoring reports evidenced consultation with service users, relatives, agency staff and SEHSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion.

The inspector noted and examined the following surveys/audits carried out by North West Care, Service User Questionnaires 2018 and the annual quality report December 2018, both with positive results.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The operations manager advised that to date, the agency has not provided access to specific equality and diversity training. However, the importance of this was interwoven within all training and the supervision process. In addition, the operations manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide person centred care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

The inspector discussed the recent changes the Northern Ireland Ambulance service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the operations manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of six questionnaire responses received from service users/relatives, four indicated that they were 'very satisfied' that the service was well led, one indicated that they were 'satisfied' the service was well led and one indicated that they were 'very unsatisfied' that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the management of complaints.

Areas for improvement

An area for improvement has been identified in relation to monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the Responsible Person and Operations Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I have reviewed our current system and monthly report writing. The monthly reports will include a lot more information and I will seek to get views of healthcare professionals (care management), members of staff and service users families.</p> <p>This was implemented immediately after our annual inspection and all monthly reports will be completed this way. As for keeping a schedule to have these reports completed I have inserted these into my online rota system to send me a reminder to complete a report on a monthly basis.</p>

Please ensure this document is completed in full and returned via Web Portal



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