

Unannounced Care Inspection Report 30 October 2018



Essential Homecare Services (NI) Limited

Type of Service: Domiciliary Care Agency

**Address: GE2B, Sketrick House, Jubilee Road, Newtownards,
BT23 4YH**

Tel No: 02891810757

Inspector: Kieran Murray

User Consultation Officer (UCO): Clair McConnell

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 40 individuals with physical, mental health and learning disability needs living within the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by 22 staff.

3.0 Service details

<p>Organisation/Registered Provider: Essential Homecare Services (NI) Limited</p>	<p>Registered Manager: Mrs Elizabeth Ann Cavill</p>
<p>Responsible Individual(s): Mr Garry Roy Cavill</p>	

Person in charge at the time of inspection: Monitoring Officer	Date manager registered: 12 February 2009
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4.0 Inspection summary

An unannounced inspection took place on 30 October 2018 from 10.30 to 17.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and determined 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:

- staff induction
- care reviews
- staff training and development
- staff supervision and appraisal
- collaborative working
- Registrations with Northern Ireland Social Care Council (NISCC)

No areas of improvement were identified during this inspection.

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	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 October 2017.

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 inspection report and quality improvement plan (QIP)
- record of complaints
- record of notifiable incidents
- correspondence with RQIA since the previous inspection
- concerns log

As part of the inspection the UCO spoke with six relatives, by telephone, on 30 October 2018 to obtain their views of the service. The relatives interviewed informed the UCO that service users receive assistance with the following:

- management of medication
- personal care
- meals
- sitting service

During the inspection the inspector met with the responsible person, the monitoring officer and had a telephone conversation with one member of staff.

The following records were examined during the inspection:

- Three service users' care and support plans
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Records relating to staff appraisals
- Complaints records
- Incident records
- Induction records
- Staff rota information
- Staff Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Appraisal Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy
- Risk Management Policy
- Incident Policy
- Whistleblowing Policy
- Policy relating to management of data
- Complaints Policy
- Statement of Purpose

- Service User Guide.

At the request of the inspector, the responsible person was asked to display a poster prominently within the agency’s registered premises. The poster invited staff and visiting professionals to give their views and provides staff and visiting professionals with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five responses were received from staff and one from a visiting professional. All responses are reflected in the report.

One response received from staff indicated that they were ‘very unsatisfied’ that care provided was safe, effective and that the service was well led and that they were ‘unsatisfied’ that care provided was effective. As there was no contact details recorded for staff, the inspector spoke to the monitoring officer on the 15 November 2018 and discussed the feedback received. The monitoring officer provided assurances that the responses made would initially be discussed with the registered manager and then with staff in the forum of a team meeting and a record retained of the discussion.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 October 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 11 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 7(a) Stated: First time	The registered person shall keep under review and, where appropriate, revise the statement of purpose and service users’ guide.	Met
	Action taken as confirmed during the inspection: The inspector examined the Statement of Purpose and Service Users’ Guide and found both documents had been revised to include	

	the agency's Transport Policy.	
Area for improvement 2 Ref: Regulation 13(d) Stated: First time	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>The registered person has been requested to complete an audit of staff files and inform RQIA of the results by 15 December 2017.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector could not evidence that communication had been forwarded to RQIA before the agreed date. However the inspector evidenced that completed checklists were available in staff files relating to matters as required in Schedule 3.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	<p>The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records of completed and planned staff supervision sessions.</p>	
Area for improvement 2 Ref: Standard 13.5 Stated: First time	<p>The registered person shall ensure staff have recorded appraisal with their line manager to review their performance against their job and agree description and agree personal development plans in accordance with procedures.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records of completed and planned appraisal sessions.</p>	

Area for improvement 3 Ref: Standard 14.1 Stated: First time	The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.	Met
	Action taken as confirmed during the inspection: The inspector viewed policies, procedures and training records in relation to protecting vulnerable adults and found them to be in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.	
Area for improvement 4 Ref: Standard 9 Stated: First time	There are policies and procedures in place that direct the quality of care and services.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the agency's policies and procedures and found the required policies were in place.	
Area for improvement 5 Ref: Standard 8.11 Stated: First time	The monthly monitoring report summarises any views of the service users' representatives ascertained about the quality of service provided.	Met
	Action taken as confirmed during the inspection: The inspector examined monthly monitoring reports and found them to include comments from service users' representatives.	
Area for improvement 6 Ref: Standard 5.6 Stated: First time	The registered person shall ensure all records are legible, accurate, up to date and signed and dated by the person making the entry.	Met
	Action taken as confirmed during the inspection: The inspector noted that staff now complete records using a handheld digital electronic device.	

6.3 Inspection findings

6.4 Is care safe?

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

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which evidenced that appropriate pre-employment checks had been completed. The inspector noted that evidence of an interview having been completed was not recorded in one staff member's recruitment file. However, the responsible person provided the inspector with evidence of an interview date recorded in the agency diary. The inspector was assured by the responsible person that a record will be available in recruitment files going forward. This will be reviewed at the next inspection.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to one staff member who provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Staff comments:

- "My induction went on for weeks. It was quite intense."
- "During my induction, XXX took me to meet service users prior to providing care and support to them."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency's domiciliary care workers and the management team.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the responsible person, monitoring officer and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection could name the agency's safeguarding champion and describe their role within the agency.

The inspector noted that staff were confident regarding their responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous inspection 11 October 2017.

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.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as National Vocational Qualification (NVQ) Level Two and Level Five, General Data Protection Regulation (GDPR) and Self-Directed Support training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector noted that one restrictive practice was in place. It was noted that it was of the least restrictive nature and considered necessary in conjunction with the HSCT; it was noted to be reviewed yearly.

The inspector reviewed the process for reporting and management of incidents within the agency. There had been two incidents/accidents not reportable to RQIA since the previous inspection on 11 October 2017; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted from records viewed that the agency had not received any complaints since the last inspection on 11 October 2017.

The inspector noted a number of compliments had been received from service user representatives via emails, cards and the local newspaper. An example of one comment is listed below:

"I would like to thank you and all your staff for the excellent care given to XXX while he was with your company. Everybody was excellent but I must mention XXX who was fantastic with XXX."

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

The UCO was advised by all of the relatives spoken to that they had no concerns regarding the safety of care being provided by Essential Homecare. New care workers are usually introduced to the service user by a manager; this was felt to be important both in terms of the service user's security and that the new care worker had knowledge of the care required.

No issues regarding the skills of care workers were raised with the UCO by the relatives spoken to; examples provided included management of medication and working with people with dementia. All of the relatives spoken to confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by relatives are listed below:

- “Couldn’t be happier.”
- “Gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong.”
- “Very happy with them.”

Of the five survey responses returned by staff, two indicated they were ‘very satisfied’ that care was safe, two indicated that they were ‘satisfied’ care was safe and one indicated that they were ‘very unsatisfied’ care was safe. One response returned by visiting professionals indicated that they were ‘satisfied’ care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision, appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency’s Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four service users’ individual care and support plans. The inspector was informed that care and support plans are reviewed three monthly or sooner. The monitoring officer informed the inspector that multi-disciplinary reviews with the HSCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

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

The agency retains paper copies of risk assessments, care and support plans in each service user’s home.

The inspector examined documentation completed by the responsible person relating to monthly visits to services users’ homes. The inspector found the records to be satisfactory.

Staff informed the inspector that they could access on-line information/training through an electronic system via the mobile phone supplied.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

Staff comments:

- “This new one plan is fantastic.”
- “Any concerns are taken seriously.”

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. This was evidenced by the inspector on examining records during the service users’ yearly review.

The agency’s quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Monthly quality monitoring is undertaken by the responsible person who has a good working knowledge of the service. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Following a discussion on formats of the reports, the inspector made the responsible person aware of the template available on the RQIA website for reference and support if needed.

Records reviewed by the inspector confirmed that spot checks of staff practice were carried out within the homes of service users’ by the responsible person. Records reviewed by the inspector identified that no concerns had been identified regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The monitoring officer and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate HSCCT community professionals when relevant.

It was evident that the agency has a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user’s choice, dignity, and respect.

Review of team meeting records indicated that team meetings had taken place on a three monthly basis; the monitoring officer and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good among the staff team.

The inspector noted that service user/relative questionnaire carried out by the agency; had positive results. The inspector examined the annual report and found it to be satisfactory.

Advocacy service information was available in the Statement of Purpose and Service User’s Guide for service users to contact if necessary.

The UCO was informed by the relatives spoken to that they had no concerns regarding the carer workers' timekeeping or that care had been provided in a rushed manner. The relatives also advised that they had not experienced any missed calls. They indicated that service users are usually introduced to new care workers by a manager.

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

Examples of some of the comments made by relatives are listed below:

- “Absolutely delighted.”
- “Couldn’t say a bad word.”
- “We have good carers.”

Of the five responses returned by staff, three indicated they were ‘very satisfied’ that care was effective, one indicated that they were ‘satisfied’ care was effective and one indicated that they were ‘unsatisfied’ care was effective. One response returned by visiting professionals indicated that they were ‘satisfied’ care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to care records, audits and reviews, spot checks, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspector sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- “There is generally a family feeling among staff in the agency.”

All of the relatives spoken to by the UCO felt that care was compassionate. The relatives advised that care workers treat service users and themselves with dignity and respect. Service users, as far as possible, are given their choice in regards to meals, personal care and outings.

It was noted that the agency had sought the views of service users and relatives through home visits, phone calls and questionnaires to obtain their views on the care that had been provided by Essential Homecare. Examples of some of the comments made by relatives are listed below:

- “Very fond of the girls.”
- “XXX loves to have a chat with the carers.”
- “Very happy.”

Of the five survey responses returned by staff, three indicated 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’ care was compassionate. One response returned by visiting professionals indicated that they were ‘very satisfied’ 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 involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures as outlines within the minimum standards which are reviewed at least every three years. Policies and procedures are maintained in a paper format and on an electronic system accessible to all staff.

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 monitoring officer was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the SEHSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments. It was positive to note that the agency's complaints policy and procedure was also available in audio and braille form to meet the needs of service users.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

Staff comments:

- “The service users know the bosses very well.”
- “One reason why I am still here is because of the managers.”

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided. However, RQIA were not aware of the change in agency address. The inspector examined records and evidenced that the agency had updated RQIA in the days prior to the inspection.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

All of the relatives spoken to 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 interviews.

Of the five survey responses returned by staff, two indicated they were ‘very satisfied’ that the service was well led, two indicated that they were ‘satisfied’ the service was well led and one indicated that they were ‘very unsatisfied’ that the service was well led. One response returned by visiting professional indicated that they were ‘very satisfied’ the service was well led.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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