

Inspection Report

Name of Service: Essential Homecare Services (NI) Limited

Provider: Essential Homecare Services (NI) Limited

Date of Inspection: 19 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Essential Homecare Services (NI) Limited
Responsible Individual/Responsible Person:	Mr. Mathew Cavill
Registered Manager:	Mr. Mathew Cavill
Service Profile –	
<p>Essential Homecare Services (NI) Limited is a domiciliary care agency. The agency provides personal care and housing support to service users with physical, elderly and learning disability needs living in the South Eastern Health and Social Care Trust (SEHSCT) area.</p> <p>Service users are supported by 53 staff which includes the management team. The agency's office is located in Newtownards.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 May 2025 between 10.10 a.m. and 3.45 p.m. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 December 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Essential Homecare was a good experience. Refer to section 3.3.2

It was established that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the staff who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

During the inspection process we received feedback from a range of service users and staff to seek their views of working within and being supported by the agency.

Service users told us that the staff were friendly and punctual and they had no issues with the care and support offered.

Staff who provided feedback indicated that they were satisfied that the care and support provided was safe, effective, compassionate and well led. A proportion of staff highlighted some issues that were discussed with the manager for taking forward within the agency.

3.3 Inspection findings

3.3.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

The interview process was reviewed. Discussion took place with the manager regarding possible amendments to the process. Following the inspection, an amended interview recording form was received from the manager. This reflected the advice given.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Discussion took place with the manager regarding some suggested improvements to the process for recording these checks. This will be reviewed at the next inspection.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained and the management team maintained oversight of the training matrix to ensure compliance. Training provided included Mental Health and Challenging Behaviour, Infection Prevention and Control and Dysphagia at a level appropriate to their job roles.

Service users told us that the staff always adhered to safe procedures.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

The agency operated a system whereby any new staff are formally introduced to service users before they deliver care and support. Service users commented that they found the staff an excellent match for them and that they appreciated the continuity of the staff provided.

The agency utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes. Discussion took place with the manager regarding possible improvements to this system. This will be reviewed at the next inspection.

Service users care records were held confidentially. They were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Service user and/or their representatives had access to their written records.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan. A review of care records identified that moving and handling risk assessments and care plans were up to date.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

3.3.4 Quality of Management Systems

There has been no change to the agency's registered manager since the last inspection. Several new staff had been appointed to the management team within this time frame.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. It was positive to note this included service user feedback.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

RQIA had been notified appropriately of any incidents in keeping with the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

4.0 Quality Improvement Plan/Areas for Improvement

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



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