The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Essential Homecare Services NI**

**Provider:** **Essential Homecare Services (NI) Limited**

**Date of Inspection:** **17 September 2025**

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

## 1.0 Service information

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| **Registered Provider:** | Essential Homecare Services (NI) Limited |
| **Responsible Individual:** | Mr Matthew Cavill |
| **Registered Manager:** | Mr Matthew Cavill |
| **Service Profile:**<br>Essential Homecare Services is registered with RQIA as a domiciliary care agency, supported living type. The agency currently provides care and support for one service user with a learning disability. The service user resides in Holywood, Co, Down. The agency office is located in Newtownards. Care and support is commissioned by the South Eastern Health and Social Care Trust (SEHSCT). | |

## 2.0 Inspection summary

The agency's unannounced post registration inspection took place on 17 September 2025, between 10.45 a.m. and 12.45 p.m. It was carried out by a care Inspector.

The pre-registration inspection of the agency was undertaken on 28 February 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, namely arrangements for monthly quality monitoring. Full details, including the area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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.

## 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 registration information and any other written or verbal information received from relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those living and working within the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

We received positive feedback in relation to the agency from staff and a representative of the service user.

The service was described as ‘very good’ with ‘everything seeming to work well’.

## 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.

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.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

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 were noted to be up to date. Staff confirmed that they received sufficient training for their roles.

A review of the staff rota indicated there was always a sufficient number of staff on shift to ensure the correct level of support and supervision is provided in keeping with the service user’s

assessed need. Staff reported that they felt 'well looked after' by the manager and that there were good rest periods between shifts.

### 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.

Feedback received from staff indicated that they felt that the level of care and support offered was of a high standard. We were also told that any issues or concerns were flagged up to service user's representatives in a timely manner.

A review of the service user's care and support plan identified there was limited detail in regard to their preferred activities. This would not be in keeping with the ethos of supported living. The manager agreed to review this in collaboration with the commissioning Trust and the service user's representatives. This will be reviewed at the next inspection.

A review of a sample of daily notes evidenced that they were up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were audited in a timely manner.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The manager was identified as the appointed ASC for the agency. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The manager is aware that an Annual Safeguarding Position Report is required to be completed when the agency has been registered for a year.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since registration with RQIA. The manager is also the Registered Manager of another registered domiciliary care agency. Staff were very positive about the manager; they described how they 'offer help and support if required'.

There were no monthly monitoring arrangements in place in compliance with Regulations and Standards. This has been identified as an area for improvement.

The manager was aware of the type of incidents which are required to be notified to RQIA.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The manager reported that there had been no disclosures under the agency's Whistleblowing Procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 1 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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

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| **Area for improvement 1**<br><br>**Ref:** Regulation 23(1)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing from date of inspection | The Registered Person shall ensure that quality monitoring visits are undertaken on a monthly basis.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>These reports were not completed as the service user in the current supported living setup has limited communication and is unable to answer questions relating to the quality of the sevice provided. The service users NOK's current health is not good and is unable to visit (this has been the case for the past 12 / 18 months). However, the Regualtion 23 will be completed on a monthly and will include the registered managers findiing through speaking with staff and making qulaity monitoring visits. |

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

The Regulation and Quality Improvement Authority

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