The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Everycare Solutions Limited**

Provider: **Everycare Solutions Limited**

Date of Inspection: **10 April 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:	Everycare Solutions Limited
Responsible Individual/Responsible Person:	Mrs Dorothy Chikowore
Registered Manager:	Mrs Dorothy Chikowore
Service Profile - Everycare Solutions Limited is a domiciliary care agency, conventional type. The agency provides personal care and support to adults living in their own homes in Dromore, Co. Down and the surrounding area.	

2.0 Inspection summary

An unannounced inspection took place on 10 April 2025, between 10.15 am and 1.45 pm. It was carried out by a care inspector.

A pre-registration inspection of the agency was undertaken on 15 October 2025 by two care inspectors. 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 greater oversight of the agency, specifically in relation to the completion of monthly monitoring reports. 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.

The inspector would like to thank the manager, service users, relatives and staff for their assistance 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 registration information, and any other written or verbal information received from service users, relatives or staff.

Information was provided to service users, relatives and staff 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

We sought feedback a range of service users, relatives and staff to seek their views of working within and the service provided by Everycare Solutions.

Service users were very positive about the care and support provided by the agency. One service user described them as 'head and shoulders' above their experience with previous agencies and said they wished they had known about Everycare Solutions much sooner.

One service user's relative described the agency as the best solution for their relative and said they were very satisfied with the care and support provided. Another told us 'the care and support is just what my xxxx needs'.

Staff told us they enjoyed their work and that communication within the agency was good. They were very satisfied that the care and support delivered was safe, compassionate, effective and well led.

The information provided indicated that there were no concerns in relation to the service.

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. There was evidence of robust systems in place to manage staffing.

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

It was noted that in some recruitment records reviewed, there had not been a robust exploration of gaps in employment. RQIA was supplied with evidence after the inspection that these gaps had been explored in detail.

Checks were made to ensure that staff were appropriately registered with NISCC or any other relevant regulatory body; there was a robust system in place for professional registrations to be monitored by the manager.

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role. Discussion took place with the manager regarding possible ways to develop the interview recording process.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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.

Review of training records identified that the majority of training elements had been provided to staff. However, a small number of staff had not completed some aspects of their mandatory training. Following the inspection, it was confirmed to RQIA that these training needs had been addressed.

Staff commended the training and induction supplied by the agency. They told us that they were 'educated on the importance of delivering a high standard of care to service users' and that they received a good induction 'so that every service user is getting the best service possible'.

Currently, the agency does not support any service users with the administration of medication. The manager was aware that a competency assessment would require to be undertaken before staff undertook this task.

3.3.2 Management of 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.

Service users care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. It was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded is service users' care plans.

3.3.3 Quality of Management Arrangements

There has been no change to the managerial arrangements within the agency since it was registered with RQIA on 11 November 2024. Staff described the manager as approachable and supportive.

There were no monthly monitoring arrangements in place in compliance with Regulations and Standards. An area for improvement has been identified in this regard.

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) who had completed the requisite training.

The ASC was aware that an annual Adult Safeguarding Position report will be required after the agency has been operational for a year.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The manager was aware of the type of incidents which are required to be notified to RQIA.

While it was clear that the manager had a good knowledge of the service users' needs, a review of the rota evidenced a large proportion of their time was spent staffing calls. RQIA was concerned that this did not allow for full oversight and governance within the agency. Details of the manager's amended weekly schedule which allocated increased, dedicated time to managerial tasks was shared with RQIA after the inspection. This will be reviewed at the next inspection.

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

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

Where staff are unable to gain access to a service users home, there is an operational procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

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

The area 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

Area for improvement 1 **Ref:** Regulation 23 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall introduce and maintain a system for reviewing, at appropriate intervals, the quality of the services provided by the agency. This relates specifically to the completion of monitoring reports on a monthly basis. Ref: 3.3.3
	Response by registered person detailing the actions taken: Inorder to be compliant with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and to drive continuous improvement in the quality,safety and effectiveness of the care we provide I have set a rhobust monitoring system for all monthly audits and reports(as well as others) onto our care management system Oneplan now known as Onetouch.This has automatic monthly reminders to ensure that they are done, documented and carried forward for the following month.Our monthly audits and reports will be achieved throug the following methods: -Documentation reviews which involve review and audit of - service user and staff records,staff training matrix which is on Onetouch app for face to face trainings and also Careskills academy for elearning, incidents and complaints logs, service user and staff questionnaires /feedback, supervisions planned and unplanned. -Homevisits for spot checks announced or unnannounced, -discussions with service users and or their represantatives. -I have also put in place an RQIA aligned audit checklist covering safe,effective,compassionate and well led domains.

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The Regulation and Quality Improvement Authority

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