The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Essential Homecare Services (NI) Limited**

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

Date of Inspection: **18 August 2026**

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 Matthew Cavill
Registered Manager:	Mr Matthew Cavill

Service Profile –

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.

Service users are supported by 73 staff, which includes the management team. The agency's office is located in Newtownards.

2.0 Inspection summary

An unannounced inspection took place on 18 August 2026, between 9.15 am and 3.40 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and restrictive practices was also examined.

Good practice was identified in relation to training compliance and seeking service user feedback.

As a result of this inspection, there were two areas for improvement identified which related to recruitment and the process for recording checks of professional registration with the Northern Ireland Social Care Council (NISCC). Full details, including the areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Essential Homecare Services (NI) Limited uses the term “clients” to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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, 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 staff survey.

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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Staff told us that they had no concerns about the care and support provided. They were happy working for the Agency and stated the manager was very supportive.

The feedback provided by representatives from the commissioning Trust indicated that there were no concerns in relation to the care and support provided by the agency. They stated communication was good and any issues, brought to the manager’s attention, were addressed in a timely manner.

Service users and their relatives were generally satisfied with the care and support provided. They discussed how they felt that the staff were responsive to their needs. Some feedback received indicated dissatisfaction with the service delivered which was shared with the manager to address appropriately.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

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. Some suggested changes to these report were advised in order to support the manager identify deficits and drive any necessary improvements in an effective and sustained manner. This will be reviewed at the next inspection.

There were processes in place to review the quality of the service on an annual basis. The report was assessed as satisfactory.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. The agency did not maintain a complaints log which would strengthen the agency's oversight arrangements and allow for theme and trend analysis. Following the inspection the manager confirmed they have introduced a system for recording complaints and incidents to facilitate robust oversight.

The agency maintains a number of policies and procedures to direct and support them in their day-to-day work. The agency has an operational policy, procedure and protocol that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home. This policy includes information on how to manage and report such situations in a timely manner.

3.3.2 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

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 gaps in employment had not been explored for a number of staff and physical and mental health declarations were not available in the records viewed. An area for improvement has been identified.

The manager stated 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. The agency did not retain records of these checks. An area for improvement has been identified.

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 structured programme, which also included shadowing of a more experienced staff member.

Records of all staff training were retained and the management team maintained oversight of the training matrix to ensure compliance. The manager may wish to consider adding medicine competency assessments to this matrix. Staff confirmed they received reminders when they were required to complete updates which they found to be very helpful.

Staff told us that they would have no issue in raising any concerns regarding service users' safety and care practices. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

3.3.3 Care Delivery and Care Records

The agency utilised a live check-in/check-out system, for staff to use on arrival and on leaving service users' homes. There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives. The agency does not regularly review compliance with call times, the manager was advised to implement a system to ensure oversight of compliance with the duration of call times. This will be reviewed at the next inspection.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care records were available to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals. It was noted that risk assessments were not consistently available in service users' records. Following the inspection the manager confirmed the agency have commenced a review of service users' records and are engaging with the Trust to ensure they have all the appropriate assessment documents for each service user. This will be reviewed at the next inspection.

From reviewing service users' care records, 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 and the level of support they may require. Records of the Trust's annual care reviews were not available for all service users. The manager was advised they should maintain record of service users' reviews and engage with the Trust to ensure these are completed and records are maintained for each service user. This will be reviewed at the next inspection.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency.

3.3.4 Safeguarding

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. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was satisfactory. 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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. There was a policy available to direct staff and outline their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

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.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.5 Deprivation of Liberty Safeguards (DoL-S)

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed DoLS training appropriate to their job roles. The manager reported that no service users were subject to DoLS. It was noted some restrictive practices were employed. There was evidence of some oversight of use of restrictive practices. The agency did not have a register of restrictive practices. The manager confirmed bed rails were in use for some service users; however, was unable to provide details of what services users were subject to a restrictive practice, what restrictive practices were in use and if up to date risk assessments were in place for each. The agency agreed to complete a scoping exercise to determine the use of restrictive practices, maintain a restrictive practice register and ensure all necessary risk assessments were in place. This will be reviewed at the next inspection.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Matthew Cavill, 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 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of inspection.	The Registered Person shall ensure that during the recruitment process: • gaps in employment are explored and these checks are evident in the recruitment records; and • a declaration of physical and mental health is evident. Ref: 3.3.2
	Response by registered person detailing the actions taken: Gaps in employment are explored at interview and recorded on interview questions. I will ensure that any gaps are explored and recorded during the interview process. All staff will be sent a health declaration to complete and stored on the profie.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 12.6 **Stated:** First time **To be completed by:** Immediate from the date of inspection.	The Registered Person shall ensure there are arrangements in place to ensure that care workers maintain their registration with their appropriate professional regulatory body. This relates to maintaining records of robust checks to ensure staff are registered with NISCC. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff registration will be dipped checked while completing monthly monitoring reports. Any staff with up coming registration fees due will be notified. Shoud staff be removed from the register, they will be removed from rotas until the registratioin has been gained.

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



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