



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Essential Homecare Services (NI) Ltd
Establishment ID No: 10765
Date of Inspection: 30 March 2015
Inspector's Name: Caroline Rix
Inspection No: IN016565

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Essential Homecare Services (NI) Ltd
Address:	Unit AB5, Ards Business Centre Jubilee Road Newtownards BT23 4YH
Telephone Number:	02891810757
E mail Address:	essentialhomecare@hotmail.com
Registered Organisation / Registered Provider:	Essential Homecare Services (NI) Ltd/Garry Cavill
Registered Manager:	Elizabeth Ann Cavill
Person in Charge of the agency at the time of inspection:	Elizabeth Ann Cavill
Number of service users:	40
Date and type of previous inspection:	21 May 2013 / Primary Announced
Date and time of inspection:	30 March 2015 from 9.30am to 3.15pm. Primary unannounced inspection
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	3
Staff	4
Relatives	2
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	15

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Essential Homecare is a domiciliary care agency providing a service to 40 adults in the North Down area, including personal care, meal provision, night sits and day-time respite sits for carer's. The agency also provides 24 hour care for a learning disability supported living establishment. The majority of service users are referred by the South Eastern Health and Social Care Trust along with small proportion of private referrals. The agency has been operational since 1998.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Essential Homecare was carried out on 30 March 2015 between the hours of 09.30 and 15.15. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 8 December 2014, and a summary of feedback is contained within this report. Findings following these home visits were discussed with the responsible person and registered manager.

The inspector had the opportunity to meet with four staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Essential Homecare had two requirements and two recommendations made during the agency's previous inspection on 21 May 2013. Both requirements were found to be 'compliant' along with both recommendations reviewed as 'compliant'. This outcome is to be commended.

One requirement and one recommendation have been made in respect of the outcomes of this inspection.

Staff survey comments

25 staff surveys were issued and 15 received which is a fair response. Some staff comments were included on the returned surveys as follows; 'Garry and Betty are most caring in all aspects of the services they provide. They make you feel comfortable and at ease when working for them.' 'Every aspect of my job has been well informed and overseen by my bosses.'

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and two relatives on 8 December 2014 to obtain their views of the service being provided by Essential Homecare. The service users interviewed have been using the agency for a period of time ranging from approximately six months to four years, receive at least two calls per day and are receiving assistance with the following:

- Management of medication

- Personal care
- Meals
- Security checks

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are introduced to new members of staff by a regular carer or manager. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed; this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Essential Homecare or the agency's communication. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. The UCO was also informed that management visits and supervision of staff practice take place on a regular basis; this is commendable. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls. Examples of some of the comments made by service users or their relatives are listed below:

- "The consistency of carers is great. They know how to deal with my condition and pick up on issues quickly so they can be dealt with."
- "I like that the manager brings new carers out to meet me; I would be concerned about strangers calling out to my home."
- "It gives me peace of mind to know that the carers call regularly with my XXX and notify me of any concerns. They get on so well."
- "Couldn't fault them."

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **compliant** in relation to this theme.

The agencies "Statement of Purpose" and the 'Quality Assurance' procedure were reviewed as compliant reflecting a clear structure regarding management within the agency.

Discussions with the registered person and registered manager during inspection and review of records for the registered manager supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments had been completed by the registered manager in terms of skills deemed appropriate for managers.

Review of appropriate appraisal processes for the registered manager were confirmed during inspection, along with staff supervision processes in line with their procedure timescales.

Monthly monitoring processes are currently in place and operational. The monthly monitoring reports reviewed during inspection were found to be detailed, concise and compliant.

No records regarding medication issues or vulnerable adult incidents that require to be reported to RQIA were reviewed as no reports were received by the agency in relation to these matters in the past year.

No requirements or recommendations have been made in respect of this theme.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has policies and procedures in place on 'Recording and Reporting Care Practices' and 'Handling service user's monies' which were found to be satisfactory, in line with standard 5 and contain guidance for staff on these subjects.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user files during inspection supported staff compliance in these areas. Review of service user records indicated that financial assistance and shopping is not currently provided to service user by agency staff.

The agency has a policy and procedure in place on use of 'Restraint' which was found to be substantially compliant and has been recommended for review.

The agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments in relation to this area were viewed and found to be appropriately detailed.

One recommendation has been made in relation to this theme.

The registered manager is recommended to expand their 'Restraint' procedure to provide specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the 'Recruitment' policy and procedure confirmed substantial compliance with Regulation 13 and Schedule 3 and is required to be expanded to include all elements listed within Schedule 3. Review of four staff recruitment files for those employed from June 2011 onwards confirmed compliance with Regulation 13, Schedule one and standard 11.

One requirement has been made in respect of this theme.

The registered manager is required to expand their 'Recruitment' procedure to include each element listed within Regulation 13 and Schedule 3.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15(6)(a) &(12)(b)	The registered manager is required to update their Protection of Vulnerable Adult's policy and procedure to reference the relevant legislation. The procedure must also be updated with information on the process for reporting incidents to RQIA and a flowchart. (Minimum Standard 14.1)	The revised policy and procedure on Protection of Vulnerable Adult's dated June 2014 was reviewed and had been expanded to include the process for reporting incidents to RQIA and a flowchart.	Once	Compliant
2	Regulation 23(1)	The registered manager is required to develop their Quality Assurance procedure to specify the roles and responsibilities in managing, controlling and monitoring the agency and to consider the specifics of quality monitoring for staff and service users within this policy.	The revised procedure on Quality Assurance dated August 2014 was viewed and now includes all required information.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 14.9	The registered manager is recommended to retain records to evidence that learning from vulnerable adult investigations are shared with full staff teams.	Records evidenced that the manager had shared information with staff at team meetings, and as part of update training. Their revised procedure and flowchart on Protection of Vulnerable Adults had been shared with all staff from April 2014 following 'Volunteer Now' training.	Once	Compliant
2	Standard 13.2	The registered manager is recommended to expand their Staff Supervision procedure to specify the frequency in which staff will receive supervision each year.	The Staff Supervision procedure dated September 2014 was reviewed and had been expanded to include the frequency in which staff will receive supervision each year.	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>Managers manage the agency with competence and skill on a daily basis. Their knowledge and skills are up dated along with staff members.</p> <p>Managers have under taken train the trainer courses providing them with the skills needed.</p> <p>Train the trainer courses:</p> <p>Adult protection</p> <p>Medication</p> <p>Moving and handling.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated August 2014 and the 'Quality Assurance' procedure dated August 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager together with the care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). All of the mandatory training areas were reviewed as having been updated as recommended.</p> <p>The manager has also completed training in the areas of supervision and staff appraisals and this is to be commended. Most areas of training reviewed included a competency assessment element that had been consistently signed off by the assessor.</p> <p>The registered manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from March 2013 to March 2016.</p>	<p>Compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Medication errors have been reported to RQIA. Managers regularly observe staff members to ensure That training procedures are being implemented. Supervision is undertaken if a stff members has been observed not follwing operating procedures.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency's 'Staff Supervision and Appraisal' policy and procedure dated September 2014 was clearly referenced regarding practices for staff , including the processes for management staff supervision and appraisal.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for August 2014 for the registered manager. The registered manager's appraisal was carried out by an independent organisation, as the responsible person is the husband of the registered manager. Supervision currently takes place in line with their procedure timeframe.</p> <p>The inspector reviewed the agency log of incidents reported through to RQIA with no reports required over the past year.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for January to March 2015 and found to be detailed, concise and compliant.</p>	<p>Compliant</p>

The agency had completed their annual quality review for the year 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Their annual report was provided to all service users in January 2015.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>When needed a qualified health care professional will demonstrate application of creams, eye/ear drops to a specific care team. All staff members are inducted to a client by Managers as normal operating procedures. During an observation any training needs are identified and appropriate training arranged. Managers have had training in supervision and appraisal.</p>	<p>Complaint</p>
<p>Inspection Findings:</p>	
<p>As detailed within their Statement of Purpose the agency structure does not include any senior care staff/coordinators therefore this criteria is not applicable.</p>	<p>Not applicable</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Working practice are evaluated daily during structured observation and spot observation to ensure compliance. Medication errors are recorded. Staff undertake supervision when managres feel improvements are needed in their performance.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As detailed within their Statement of Purpose the agency structure does not include any senior care staff/coordinators therefore this criteria is not applicable.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>All records are kept in the client folder in the users home. Any changes to a prescribed care plan are made by ACM in the care plan in the client folder . Every day recordings are made in the client folder kept in main office. Changes are forwarded on to care teams. Contact with service users representatives are recorded and kept in the records at main office. Incidents, accidents are recorded in client folder kept in main office.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on 'Recording and Reporting Care Practices' dated September 2014 and 'Handling service user's monies' dated March 2015 were reviewed during inspection as compliant. Their Staff Handbook viewed contained relevant details regarding each of these subject areas.</p> <p>The 'Restraint' policy and procedure was reviewed and is recommended to be expanded to provide specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant during staff discussions • The agency hold a money agreement within the service user agreement • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff supervision records for 2014, with no staff competence issues arising.</p> <p>Records evidenced that the registered manager discussed reporting and records with staff during team meetings, minutes confirmed this topic.</p>	<p>Substantially compliant</p>

Review of four service user files by the inspector confirmed appropriate recording in the general notes and medication records. Review of medication agreements within two service user files confirmed the process of medication assistance had been discussed, agreed and confirmed/signed with service users and/or family member before medication assistance commenced with agency staff.

Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails and/or lap belts. Review of three service users' files evidenced that the use of bedrails and/or lap belts was clearly documented within their care plans and risk assessments. Records confirmed that the use of restraint had been reviewed during 2014 by their care manager or occupational therapist.

<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Handling clients money policy and procedures are in induction pack. Handling client’s money is carried out only if it is in the care plan.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that at present they do not provide support to any service users in the area of finances or shopping and this was supported by those people interviewed by the UCO and by the staff interviewed on the day of inspection. Therefore no records were reviewed in regards to this area.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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THEME 3
Regulation 13 - Recruitment

Criteria Assessed 1:

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

- (a) he is of integrity and good character;
- (b) he has the experience and skills necessary for the work that he is to perform;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Standard 8.21 The registered person has arrangements in place to ensure that:

- all necessary pre-employment checks are carried out;
- criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
- all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:

- the applicant's identity is confirmed;
- two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- any gaps in an employment record are explored and explanations recorded;
- criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
- professional and vocational qualifications are confirmed;
- registration status with relevant regulatory bodies is confirmed;
- a pre-employment health assessment is obtained
- where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and
- current status of work permit/employment visa is confirmed.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>At interview stage an assessment is carried out on general knowledge e.g what would you do if you could not gain access to a users home. What action would you carry out if you arrived at a users home and found them on the floor. Who would you contact for assistance/ advice. At interview stage a POVA questionnaire is completed. Types of abuse, indicators of abuse. Action taken if you suspect abuse. Photographic ID, passport /drivers licence is requested along with Care insurance, birth certificate, a bank statement confirming address. Gaps in employment are investigated. Access NI check (UKHCA umbrella body) Health questionnaire is included in application form</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the 'Recruitment' policy and procedure was found to be substantially compliant. Their procedure is required to be expanded to detail their assessment of applicants English language knowledge (where applicable) and their review process on receipt of each Access NI certificate information, in line with Regulation 13 and Schedule 3.</p> <p>Review of four staff recruitment files for those employed from June 2011 onwards confirmed compliance with Regulation 13, Schedule one and standard 11. The full driving licence and car insurance details were in place. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection. Staff members interviewed during inspection confirmed the recruitment process and practices were in line with their procedure.</p>	<p>Substantially compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The registered manager confirmed that no formal complaints had been received during 2014 or 2015 to date.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered person Garry Cavill and registered manager Elizabeth Cavill, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Unannounced Inspection

Essential Homecare Services (NI) Ltd

30 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered person Garry Cavill and registered manager Elizabeth Cavill during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 13 Schedule 3 (6)&(12)	The registered manager is required to expand their 'Recruitment' procedure to include each element listed within Regulation 13 and Schedule 3.	Once	<p>Recruitment policy has been expanded to include that If two referees have not responded a 3rd or 4th will be required.</p> <p>A 6 month period of supervision by management will be put in place if no referees respond. Supervision will be explained at the interview stage.</p> <p>Access NI A record will be made of the date disclosure applied for. A record will be made of date received. If information on disclosure is unsatisfactory EHCS will investigate. A decision will made and recorded as to the outcome of the investigation. Policy up date 07/04/15</p>	Within two months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 9 Appendix 1	The registered manager is recommended to expand their 'Restraint' procedure to provide specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.	Once	A request will be made through District Nursing that all service users who use profiling beds and bed rails that a bed rail risk assessment be completed and recorded in client folder. Details also included in the care plan. This assessment is to be reviews on a yearly basis. The same procedure applies to seat belt for wheel chair users. Policy up dated 07/04/15	Within two months of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Elizabeth Cavill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Garry Cavill

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	17/04/15
Further information requested from provider			