

Unannounced Domiciliary Care Agency Inspection Report 25 April 2016



Essential Homecare Services (NI) Limited

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1.0 Summary

An unannounced inspection of Essential Homecare Services (NI) Ltd took place on 25 April 2016 from 09.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified during inspection.

Is care effective?

On the day of the inspection, the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One recommendation for improvement has been made. The registered manager is recommended to establish a system to ensure their policies and procedures are subject to a systematic three yearly review.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes, and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Garry Cavill, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered person: Essential Homecare Services (NI) Ltd/Garry Roy Cavill	Registered manager: Elizabeth Ann Cavill
Person in charge of the agency at the time of inspection: Garry Cavill	Date manager registered: 12 February 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the registered person and registered manager
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and four relatives, either in their own home or by telephone, on 20 and 22 April 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspectors' questionnaires asked for staff views regarding the service, and requested their return to RQIA. Eight completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four trust care review meeting records
- Two staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas
- Employee Handbook
- Minutes of staff meeting March 2016
- Service user compliments received from April 2015 to March 2016
- Complaint log
- Monthly monitoring reports for January to March 2016
- Annual Quality Report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Manager's daily contact log records/on call logs for February and March 2016
- Record of incidents reportable to RQIA in 2015/2016
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4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 26 October 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 October 2016

Last care inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 9 Stated: First time	The registered person is recommended to develop policies and procedures relating to missed or late calls and access to service users' homes.	Met
	Action taken as confirmed during the inspection: The inspector viewed evidence that the agency have introduced policies and procedures in relation to missed or late calls and access to service users' homes in November 2015. The inspector viewed evidence that these documents had been shared with all care workers and discussed at team meetings.	

4.3 Is care safe?

The agency currently provides services to 40 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

Two files were sampled relating to recently appointed care workers which verified that all the pre-employment information and documents had been obtained, except for a statement from the registered person/manager that the person is mentally and physically fit for the purposes of the work he is to perform. The registered person completed this additional information within all care workers records, where needed, during the day of inspection. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Essential Homecare. New carers had been introduced to the service user by a regular member of staff or management; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the care required.

No issues regarding the carers' training were raised with the UCO; service users/relatives discussed examples of care delivered by staff that included manual handling, use of equipment or dementia care. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users or their relatives are listed below:

- "Everything's fine."
- "Doing a good job."
- "No bother at all."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Protection of Vulnerable Adults Policy and Procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered person who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas, along with other training relevant to service users' care needs. Staff questionnaires received confirmed that they had received training for their role.

Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person confirmed that the agency is usually invited to contribute either in writing or to attend the commissioning trust arranged care review meetings with service users/representatives.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care had been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users advised that they were normally introduced to new carers by a regular carer or management. It was also confirmed that new carers had been made aware of the service users' care needs.

Service users/relatives reported no concerns regarding the communication between themselves and the agency carers and office staff. All of the service users/relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding their care package. All of the service users advised that a representative from Essential Homecare had attended trust review meetings where there were issues regarding the care package.

All of the service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they also received satisfaction questionnaires from Essential Homecare asking for their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “They can’t do enough for me.”
- “If the carers are going to be late, they ring to let us know.”
- “Management call out regularly, especially if I have been unwell.”

The agency’s policy and procedure on Recording and Reporting Care Practices was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no practice issue identified.

Service users and relatives spoken to by the UCO, and staff spoken with during the inspection, suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff questionnaires received by RQIA indicated that they received supervision and annual appraisals.

As part of the home visits, the UCO reviewed three of the agency’s files and it was noted that two care plans required to be updated. These were discussed with the registered person who confirmed updated care plans had been received from the care manager and were to be placed in service users’ home files.

The registered person confirmed ongoing discussion of records management during team meetings and during training updates; discussion with staff during the inspection supported ongoing review of this topic. Minutes of staff meeting viewed for March 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or representatives’ views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carries out monitoring visits with service users three monthly along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The registered person and registered manager had completed an annual quality review report for 2015, with a summary of findings and improvements planned. The registered person confirmed the full report had been provided to all service users, staff and commissioning trust in January 2016. The content of the annual quality review report was found to contain feedback from a variety of stakeholders. The report indicated an on-going quality review process was embedded within the organisation, and is to be commended.

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Essential Homecare. Examples of some of the comments made by service users or their relatives are listed below:

- "Very nice girls."
- "My XXX thinks they are marvellous."
- "It is over my expectations."

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency's compliments records received since September 2015 were viewed; these contained extremely positive feedback from service users/relatives and a commissioning trust care manager, which had been shared with staff individually and at team meetings.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- "Thank you to carers who probably earned 'The Purple Heart' medal while caring for my relative."
- "I would like to thank the staff who have shown such wonderful caring skills over the years while looking after my mother."

Staff interviewed on the day of inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

4.6 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person, Garry Cavill and the registered manager, Elizabeth Cavill, care workers provide domiciliary care and support to 40 people living in their own homes.

Discussion with the registered person and staff interviewed indicated they understood the organisational structure within the family run agency and their roles and responsibilities.

The Statement of Purpose and Service Users' Guide were reviewed. The contents of both documents were found to be in line with regulations and standards, and contained the agency's recently updated organisational structure.

The agency's policy and procedure manual was reviewed and contents discussed with the registered person. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been fully implemented as a number of policies sampled were last reviewed during 2012. The registered person is recommended to ensure this area is addressed.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The complaints log was viewed for 1 April 2015 to inspection date 25 April 2016, with no complaints received during this time; this was verified during discussion with the registered person.

Discussion with the registered person and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incident reports had been received during the past year; therefore, no records were reviewed.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system

in operation was described as extremely valuable to staff seeking advice but also as a support and reassurance outside office hours.

Staff questionnaires received indicated that they were satisfied that their current staffing arrangements met their service user's needs.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Garry Cavill, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1	The registered manager should establish a system to ensure that policies and procedures are subject to a systematic three yearly review.
Ref: Standard 9.5	
Stated: First time	Response by registered person detailing the actions taken: Amendment and revision document created on 26 April 2016. Amendment and revision systems will ensure policies and procedures are reviewed every 3 years.
To be completed by: 25 July 2016	



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