

Unannounced Care Inspection Report 11 October 2017



Essential Homecare Services (NI) Limited

Type of Service: Domiciliary Care Agency
**Address: Unit AB5, Ards Business Centre, Jubilee Road,
Newtownards, BT23 4YH**
Tel No: 02891810757
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Essential Homecare Services (NI) Limited is a domiciliary care agency which is based in Newtownards; the agency’s 26 staff provides services to 46 people living in their own homes. Staff provide a range of services including personal care, social support and some domestic assistance.

3.0 Service details

Organisation/Registered Provider: Essential Homecare Services (NI) Limited	Registered Manager: Mrs Elizabeth Ann Cavill
Responsible Individual(s): Mr Garry Roy Cavill	
Person in charge at the time of inspection: The Monitoring Officer	Date manager registered: 12 February 2009

4.0 Inspection summary

An unannounced inspection took place on 11 October 2017 from 12.30 to 17.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to effective audits and reviews and communication between service users and agency staff.

Areas requiring improvement were identified relating to the Statement of Purpose and Service Users' Guide. The agency's Safeguarding and Retention, storage and disposal of records policies required updating. The agency provides service users with transport to day care however they do not have a transport policy. The monthly monitoring reports did not reflect the views of other professionals involved with the service users. The UCO found some service users' care plans were not up to date. The inspector was unable to confirm staff had received supervision and appraisal in accordance with the agency's policy. The inspector found one staff member was supplied without a second written reference in accordance with pre-employment checks.

The comments of service users have been included in the relevant report sections.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the monitoring officer, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	6

Details of the Quality Improvement Plan (QIP) were discussed with the monitoring officer, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 25 April 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 April 2016.

5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- previous inspection report and Quality Improvement Plan (QIP)
- record of notifiable events.
- record of complaints notified to the agency

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

- discussion with the monitoring officer
- consultation with two care staff
- examination of records
- file audits
- evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and eleven relatives, either in their own home or by telephone, on 18 and 19 September 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

The UCO also reviewed the agency's documentation relating to four service users.

During the inspection the inspector spoke with two care staff to discuss their views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency.

The monitoring officer was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Feedback received by the inspector during the course of the inspection and from six returned questionnaires is reflected throughout this report.

The following records were examined during the inspection:

- recruitment policy and procedure
- three staff members' recruitment records
- induction policy and procedure
- incident records
- records relating to adult safeguarding
- staff rota information
- recruitment policy
- induction policy
- training and development policy
- supervision policy
- disciplinary policy
- safeguarding vulnerable adults policy
- confidential reporting policy
- complaints policy
- data protection policy
- three staff members' induction and training records
- three staff members' quality monitoring, supervision and appraisal records
- training matrix
- a sample of service user/staff duty rotas
- three service users' records regarding referral, assessment and care planning.
- three service users' records regarding review and quality monitoring
- two client daily recordings
- the agency's service user guide/agreement
- the agency's statement of purpose
- agency process for verifying staff Northern Ireland Social Care Council (NISCC) Registration
- three monthly monitoring reports
- staff meeting minutes
- two communication records with trust professionals

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 April 2016

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time	The registered manager should establish a system to ensure that policies and procedures are subject to a systematic three yearly review.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency’s policy folder and randomly selected several policies which evidenced there had been a systematic review of policies in July 2016 and a system was in place to highlight when policies were due to be reviewed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed that agency’s processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The inspector examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. However, documentation viewed by the inspector did not consistently contain evidence of interview. The monitoring officer informed the inspector that the agency had recently moved to computer based records and informed the inspector that they would ensure interview records would be added to the staff files. Recruitment systems were in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The monitoring officer could describe the process for obtaining confirmation that new staff are available to commence employment. The inspector was unable to evidence two satisfactory written references for one recently recruited member of staff. The inspector was informed this staff member transferred to the agency with a new client. During the inspection the monitoring officer requested and obtained an outstanding reference for a recently recruited member of staff. The supply of staff without satisfactory written references in place poses a risk to service users. The provider has been requested to undertake an audit of all employees' records to ensure all pre-employment checks are in place and inform RQIA of the results.

The agency's training and development policy outlines an induction programme consisting of three weeks. The staff confirmed after the classroom based induction they had a period of work shadowing. A record of the induction programme provided to staff is retained by the agency; two records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. The agency's monitoring officer confirmed staff are registered with NISCC apart from new member of staff appointed two weeks prior to the inspection and arrangements were in place for the employee to register.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector was informed that a record of staff supervision and appraisal had moved to a computerised system in 2016. The records prior to this were not available during the inspection; therefore the inspector was unable to confirm if staff had received annual appraisals in accordance with the agency's policies and procedures. The supervision policy stated staff could expect to receive supervision quarterly; however the inspector was unable to confirm this from the records available during the inspection. Staff informed the inspector they received regular one to one supervision and spot checks but could not confirm the frequency.

Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. It was noted that staff were required to complete required mandatory training in addition to a range of training specific to the needs of individual service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The monitoring officer could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and could identify the Adult Safeguarding Champion. It was noted that the organisation had recently updated their policy and procedures; however this policy required further updating to ensure the policy includes reference to the above guidance within the appendix of the policy. Discussion with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The UCO was advised by the majority of the service users and 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 the registered provider; this was felt to be important both in terms of the service user’s security and that the new carer had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. However two relatives advised that they were not satisfied as to how their complaints were dealt with. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t fault them.”
- “Would recommend them.”
- “Getting the best care.”

Six staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is safe.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment and training.

Areas for improvement

Four areas for improvement were identified during inspection the agency must ensure that they maintain records to evidence staff have received supervision and appraisal in accordance with the agency policy. The agency must ensure staff are not supplied without all pre-employment checks. The agency’s Safeguarding policy requires updating to reflect the regional “Adult Safeguarding Prevention and Protection in Partnership’ policy (July 2015).

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. The UCO was informed by service users that the agency provides transport to day care services; however the Statement of Purpose and Service Users Guide does not reflect these arrangements and therefore they require updating. The agency does not have a written transport policy relating to the arrangements they have transporting some service users to day care and outline any charges.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. However, this policy appears to reflect HSC Trust arrangements rather than the agency's processes. It was identified from records viewed during inspection that they were maintained in accordance with legislation and standards.

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

A sample of three service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user's needs were being met. The staff explained that agency staff are not consistently invited to attend the commissioning trust's arranged care review meetings with service users/relatives. They confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, 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.

The inspector reviewed two completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the manager if any changes to service users' needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives; however, these records did not include the views of other professionals involved with the service users. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and record keeping.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer or the registered provider.

No issues regarding communication between the service users, relatives and staff from Essential Homecare were raised with the UCO. The majority of the service users and relatives advised that home visits and phone calls have taken place as well as questionnaires to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

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

- “We’re very grateful for the service.”
- “Peace of mind for me that someone calls regularly with XXX.”
- “Very pleased with the service.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users and it was noted that two care plans required to be updated. One issue was also noted regarding recording on the agency’s log sheets.

Six staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to audits and reviews, communication between service users and agency staff.

Areas for improvement

Four areas of improvement were identified during inspection the Statement of Purpose and service users’ guide requires updating to include details of the nature and range of services the agency provides, including transport. The agency’s retention, storage and disposal of records policy does not reflect agency processes and therefore requires review. The agency does not maintain a transport policy outlining arrangements for transporting service users to day care.

The agency’s monthly monitoring reports did not include the views of other professionals involved with the service users. The agency must ensure service users care plans are kept updated to reflect current information.

	Regulations	Standards
Total number of areas for improvement	1	3

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. During the home visits the UCO observed an interaction between the registered person and a service user; this was felt to be appropriate and friendly in nature.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Essential Homecare. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t say a bad word.”
- “All nice girls.”
- “They’re lovely. Very professional.”

Six staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. During the inspection staff demonstrated a clear understanding their responsibilities. Staff demonstrated that they had an understanding of the agency’s whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable.

Two support staff spoken with confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the monitoring officer that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all but one newly appointed member of staff was registered with NISCC.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. However, as previously stated the safeguarding policy and records management policy required updating. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The complaints log was viewed for 2016-2017 to date. Review of complaints during inspection supported appropriate processes in place for complaints review and resolution. All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two relatives informed the UCO that they had made a number of complaints to management and were unsatisfied to the outcome. These issues were discussed with the monitoring officer during the inspection and with the responsible person following the inspection. The agency staff confirmed the issues would be thoroughly investigated and appropriately actioned. The responsible person has been requested to update RQIA following their investigation. The inspector has discussed these issues with the service users' representative following the inspection, who has confirmed the agency monitoring officer and responsible person have been in contact with them and have taken action to resolve the issues.

Discussion with the monitoring officer confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports from June 2017 to August 2017. The reports contained sufficient evidence that the registered person evaluates the quality of services provided in accordance with minimum standards. Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership. The agency provided evidence of staff spot checks and client satisfaction monitoring. Records of these visits evidenced any concerns raised by service users during these visits were reported to the manager and actioned.

Six staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, incidents and quality improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the monitoring officer, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 7(a) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall keep under review and, where appropriate, revise the statement of purpose and service users' guide.</p> <p>Response by registered person detailing the actions taken: Statement of Purpose up dated 23/10/17 to include Transport policy and will be kept under review.</p>
Area for improvement 2 Ref: Regulation 13(d) Stated: First time To be completed by Immediate from the date of inspection	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>The registered person has been requested to complete an audit of staff files and inform RQIA of the results by 15 December 2017.</p> <p>Response by registered person detailing the actions taken: An audit of staff files has been carried out and a check list put in place to ensure all procedures are implemented. RQIA will be informed as to the outcome by 15 December 2017.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 13.3 Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by registered person detailing the actions taken: 23/10/17 From 23 Staff have had recorded supervision meetings with records as evidence.</p>
Area for improvement 2 Ref: Standard 13.5 Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure staff have recorded appraisal with their line manager to review their performance against their job and agree description and agree personal development plans in accordance with procedures.</p> <p>Response by registered person detailing the actions taken: Personal development plans to be put in place for each supervision meeting.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <hr/> <p>Response by registered person detailing the actions taken: 16/11/17</p> <p>Three staff members, one being the Adult Safeguarding Champion have attended Volunteer Now Adult Safeguarding skills training. Essential Homecare Services will up date their reporting procedure flow chart and distribute to all staff members.</p> <p>The Adult safeguarding champion and two designated persons will attend a further training session (currently being sourced) to train in DHSSPS guidance and regional protocols and local processes issued by HSC Trusts.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2017</p>	<p>There are policies and procedures in place that direct the quality of care and services.</p> <hr/> <p>Response by registered person detailing the actions taken: Policies and procedures are centrally indexed and reviewed or revised. Policies and procedures are dated when issued, reviewed or revised. Policies and procedures are subject to a 3 yearly review. The last policy and procedure review was July 2016.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The monthly monitoring report summarises any views of the service users' representatives ascertained about the quality of service provided.</p> <hr/> <p>Response by registered person detailing the actions taken: Essential Homecare Services will develop a monthly monitoring report summarising views of care from service users, staff and trust representatives.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <hr/> <p>Response by registered person detailing the actions taken: A memo sent to all staff members on 23/10/17 to ensure all records are legible, accurate.</p>

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



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care