

Announced Care Inspection Report 8 December 2020



Essential Homecare Services (NI) Limited

Type of Service: Domiciliary Care Agency

Address: Sketrick House, 17 Jubilee Road, Newtownards, BT23 4YH

Tel No: 02891810757

Inspector: Kieran Murray

www.rqia.org.uk

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 provider 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 provides personal care and housing support to 47 individuals with physical, mental health, elderly and learning disability needs living in the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by 23 staff.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 8 December 2020 from 09.20 to 14.30.

Due to the Coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 20 August 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Essential Homecare Services (NI) Limited a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to:

- staff recruitment
- care records
- care reviews
- covid-19 education and management, including infection prevention and control (IPC)
- measures and updating of the policy
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)
- records relating to Adult Safeguarding

Service user comments:

- “Usually the same people visit me.”
- “Staff must wear a face mask.”
- “The staff are respectful.”
- “You couldn’t get better than XXXX.”
- “The staff change their PPE appropriately.”
- “I have the most confidence in staff.”
- “1st class continuity of care.”
- “Always at the right time.”
- “Superior service to others I have had.”

Relative’s comments:

- “I can’t think of any negative things.”
- “Very happy with all the staff.”
- “My XXXX is content with the carers.”
- “The Essential team are excellent.”
- “All carers are very competent, caring and good with XXXX.”

Staff comments:

- “We were shown the donning (putting on) and doffing (taking off) of PPE techniques.”
- “My induction was at least two weeks.”
- “Our work phones have all the guidance.”
- “We are all responsible for safeguarding.”
- “The training prepared us for our roles.”
- “The agency gave enough training about Covid-19 i.e. face to face training.”

Trust professional comments:

- “(Agency) Very supportive to the Trust.”
- “The agency is efficient at reporting concerns.”
- “The agency are excellent communicators.”
- “There has been no negative feedback from service users.”

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with responsible individual and operations manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 20 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 August 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, concerns, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with trust professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020
- A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The information received from service users and relatives showed that people were satisfied with the current care and support. No staff survey responses were received prior to the issue of the report.

During the inspection we met with the responsible individual, registered manager, operations manager, three staff and a telephone communication with two service users and one service user's relative.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

We would like to thank the service users, service user's relatives, agency staff and trust professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 20 August 2019		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
Area for improvement 1 Ref: Regulation 23 (1) Stated: First time	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed monthly monitoring reports completed by the agency since the last inspection 20 August 2019. We noted a small number not available. The responsible individual explained that this was due to the Covid-19 first wave. However, within an agreed timeframe the agency forwarded the reports to RQIA. We reviewed the reports and found them to be satisfactory.</p>	

6.1 Inspection findings

Discussion with the manager and operations manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation relating to a number of staff in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

We examined the agency's provision for the welfare, care and protection of service users. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were in keeping with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. We confirmed that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

Staff spoken with were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about their lines of accountability. On the day of the inspection we noted that the agency had made a small number of adult safeguarding referrals to the SEHSCT since the last inspection 20 August 2019 in accordance with policy and procedures. We reviewed the agency's adult safeguarding report and found it to be satisfactory.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had not received any complaints since the last inspection on 20 August 2019.

We reviewed the agency's monthly monitoring reports and found a small number were not available on the day of the inspection. The responsible individual explained that this was due to the Covid-19 first wave. However, within an agreed timeframe the agency forwarded the completed reports to RQIA. We reviewed the reports and found them to be satisfactory.

We noted the following comments from service user's relatives, SEHSCT professionals and staff during monthly quality monitoring visits:

Relatives:

- "XXXX expressed how much she depends on the service each morning and the respite sits provided during the week. It really helps."

SEHSCT professionals:

- "No issues or concerns with care provided."

Staff:

- "The care provided is brilliant."

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments
- reviews

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the SEHSCT and were noted to have been reviewed regularly.

Covid-19:

We spoke with three staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Three staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us that they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency.

Staff who spoke to us were aware of the need to ask and look out for symptoms such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste in service users or staff.

Hand sanitisers were placed in different areas throughout the agency for staff and visiting professionals to use to ensure good hand hygiene.

The manager, operations manager and staff spoken to on the day of the inspection advised us that monitoring of staff practices took place by direct observations during spot checks.

The manager, operations manager and staff who spoke to us advised that information was disseminated to staff via the staff work phones.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, NISCC registrations, safeguarding, care records, reviews, restrictive practices and compliance with Covid-19 guidance.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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