

Inspection Report

3 December 2021



Extra Care

Type of service: Domiciliary Care Agency
Address: 214A Shankill Road, Belfast, BT13 2BJ
Telephone number: 028 9448 2939

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Extra Care for Elderly People Ltd | Registered Manager: Mrs Sandra Selwood |
| Responsible Individual: Mr Brian Ronald Hutchinson | Date registered: 15 February 2021 |
| Person in charge at the time of inspection: Mrs Sandra Selwood | |
| Brief description of the accommodation/how the service operates: Extra Care is a domiciliary care agency providing services to all Health and Social Care (HSC) Trust areas in Northern Ireland with the exception of the Western Health and Social Care Trust. Services provided include personal care, assistance with meals and respite sits (day and night). The agency currently provides services to 480 individuals living in their own homes. Services are provided by 205 care staff. | |

2.0 Inspection summary

An unannounced inspection was undertaken on 3 December 2021 between 9.30am and 2.45pm by the care inspector.

This inspection focused on staff recruitment and the agency's governance and management arrangements, as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the management of complaints and staff training. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

Two areas for improvement were identified in relation to recruitment of staff and the monthly quality monitoring reports.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care Trust (HSCT) representatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users and three staff. In addition, feedback was received from relatives and HSCT representatives. No staff responded to the electronic survey. One service user/relative questionnaire was received and the respondent was 'very satisfied' that the care being provided is safe, effective, compassionate and the service is well led.

Comments received during inspection process -

Service users' comments:

- "I am very happy. Staff are all very good – first class service."
- "All staff are caring and respectful towards me."
- "I'd be lost without my shopping call."

Service users' representatives' comments:

- "All is going very well."
- "Some calls can be late but apart from that no concerns or issues."
- "The carers are always respectful and caring with my relative."
- "All tasks completed to a high standard."

Staff comments:

- "I am happy in my role and feel supported by my manager."
- "I feel I am adequately trained to complete my daily responsibilities."
- "I feel I am part of a productive active team."

HSCT representatives' comments:

- "Communication is good."
- "They are dealing with a complex case at present and the team leader has been excellent in dealing with this."
- "I am aware who my point of contact is within the office."
- "Any issues I have had have been resolved."

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to this service was undertaken on 9 July 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings**5.2.1 Are there systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff were aware of the ASC and the procedure to follow if they have any concerns. The ASC annual report had been completed and available for review which was satisfactory. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that a number of adult safeguarding referrals had been made since the last inspection. It was noted that the referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager stated that there were no service users who were subject to DoLS. The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Are their robust systems in place for staff recruitment?

Four staff recruitment files were reviewed and it was noted that they were not compliant with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that there were gaps in employment and no evidence of any discussion of this prior to or during the interview process. It was also noted that employment history did not date back to when the candidate was 18 years old. It was further noted that personal email addresses were being provided for professional references and this was not discussed with the candidate or a professional email address obtained. One candidate had a previous caring role, and a reference was not obtained from this employer, rather a reference obtained from someone who knew the candidate a very short space of time. An area for improvement has been stated in this regard.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that they did not have any service users with Dysphagia needs. However it was positive to note that there was evidence that staff had completed training in relation to Dysphagia and were aware of how to make referrals to the multi-disciplinary team.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. It was noted, however, that there were no action plans in any of the reviewed reports. This does not identify areas for improvement or monitor the progress of any improvement made on a regular basis. The monthly quality monitoring reports are to ensure that the service is providing a good

quality of care and should identify any deficits in staff records and service user records. An area for improvement was identified in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a number of complaints had been received since the last inspection; all complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainants.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, two areas for improvement have been identified in relation to recruitment and the monthly quality monitoring. Despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sandra Selwood, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|---|--|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | |
| Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First time To be completed by: Immediately from the date of inspection and ongoing | <p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manger has updated application form and process to include checklist at start to be completed at time of candidates interview to ensure the following requirements are met -the applicant's identity is confirmed confirmation that two satisfactory written references one of which is current or most recent employer and employment history must go back to date left full time education Any gaps in employment record will be discussed and information in relation to gaps recoded 7.12.21</p> |
| Area for improvement 2 Ref: Regulation 23(4) Stated: First time To be completed by: Immediately from the date of inspection and ongoing | <p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manger has updated process for completing action paln and timeframes for completion with relevant manager and or quality team for follow up the above will be presented to board meeeting at monthly meeting 20.12.21</p> |

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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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