

Inspection Report

13 June 2023



Extra Care

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|--|--|
| Organisation/Registered Provider: Extra Care for Elderly People Ltd | Registered Manager: Mrs Sandra Selwood |
| Responsible Individual: Ms Alison Simpson (Applicant) | 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). | |

2.0 Inspection summary

An unannounced inspection took place on 14 June 2023 between 9.20 a.m. to 12.35 p.m. This inspection was conducted by a care inspector.

At an inspection on 14 April 2023, serious concerns were identified in relation to complaints, staff training, supervision and appraisals, recruitment, care reviews, audit and retrieval of care notes. Following a meeting with the registered person (applicant) and registered manager, one Failure to Comply (FTC) notice was issued on 2 May 2023; the date of compliance was 13 June 2023.

This inspection was planned to assess compliance with the actions detailed in the FTC notice. The outcome of this inspection evidenced that management of the agency had taken appropriate action to comply with the FTC notice.

No new areas for improvement were identified.

An area for improvement identified at the last inspection was carried forward to be reviewed at the next inspection.

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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included: the FTC Notice, the previous quality improvement plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

A range of documents was examined to determine that effective systems were in place to manage the agency.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the agency was undertaken on 14 April 2023 by a care inspector.

A Quality Improvement Plan (QIP) was issued. Given that the focus of this inspection was on the actions outlined in the FTC notice, the area for improvement outlined in the QIP was not fully reviewed and will be carried forward to the next inspection.

| Areas for improvement from the last inspection on 14 April 2023 | | |
|---|---|--|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 23 Stated: First time To be completed by: Immediately from the date of inspection | <p>The registered person shall ensure that monthly monitoring reports are sufficiently robust to identify deficits in respect of service provision; actions to address such deficits are clearly set out within the monitoring report, stating who is to undertake specific tasks, timescales for completion and noting progress to date.</p> <p>Ref: 5.2.6</p> | <p>Carried forward to the next inspection</p> |

5.2 Inspection findings

FTC Ref: FTC000214

Notice of failure to comply with Regulation 10 of *The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

Fitness of registered manager

Regulation 10—

- (1) A person shall not manage an agency unless he is fit to do so.
- (2) A person is not fit to manage an agency unless—
- (a) he is of integrity and good character;
 - (b) having regard to the size of the agency, the statement of purpose and the number and needs of the service users—
 - (i) he has the qualifications, skills and experience necessary to manage the agency; and
 - (ii) he is physically and mentally fit to do so; and
 - (c) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.

In relation to this notice the following 11 actions were required to comply with this regulation:

The registered person must ensure that:

1. a robust system is developed and implemented which ensures that all complaints are managed and robustly investigated in keeping with best practice

2. a system is developed and implemented so as to ensure that the Manager regularly and meaningfully analyses all complaints to identify trends/patterns in order to drive any necessary improvements
3. the complaints records are accurately and comprehensively maintained at all times; this includes, but is not limited to, detailing the date and details of any follow up with the complainant
4. a robust system is developed and implemented which enables the Manager to effectively and proactively manage the mandatory training needs of all staff
5. a system is developed and implemented which ensures that the Manager effectively and proactively manages the provision of formal appraisal and supervision to all staff in keeping with the agency's policy and procedures and best practice standards; appraisal and supervision records should also be accurately maintained and available at all times
6. a robust system is developed and implemented so as to ensure that the Manager has effective oversight of the selection and recruitment of all staff; this includes, but is not limited to the accurate and timely completion of relevant selection and recruitment checklists
7. a robust system is developed and implemented which ensures that all staff are recruited at all times in accordance with statutory legislation; this includes but is not limited to ensuring that: candidates' employment histories and/or any gaps in work history are appropriately discussed and documented; candidates' references are obtained from suitable referees
8. all staff involved in the selection and recruitment of staff have received training in selection and recruitment commensurate with their role and responsibilities and that such training is periodically reviewed in keeping with best practice
9. a robust system is developed and implemented which ensures that service users' reviews are conducted proactively monitored and reviewed in a timely manner
10. a robust system is developed and implemented which enables the Manager to quality assure service users' care records in keeping with best practice standards; this system should also generate time bound action plans which address all identified deficits within each care record
11. a robust system is developed and implemented which enables the Manager to ensure that service users' care records, which are no longer in use, are appropriately retrieved and stored in a secure manner in keeping with Regulation

Action taken by the registered persons:

1. Complaints that were raised since last inspection were reviewed. The agency has improved and updated the complaints procedure. Complaints are discussed at weekly manager meetings. Learning alerts have been generated and shared with staff. The agency had created a document to evidence weekly discussion of complaints which includes the names of people present and a summary of actions either undertaken or planned. Weekly meetings are held with operational manager and community leads in which complaints, incident, accidents and near misses are discussed as standing item. This action has been assessed as met.
2. Complaints are discussed at weekly manager meetings. Complaints are also documented within monthly monitoring (Regulation 23) reports. Complaints are reviewed by registered person (applicant) and all complaints further discussed with Trustees. This action has been assessed as met.
3. Date fields have been generated in the complaints database for all aspects of the complaints process. Complaints records were found to be accurate and comprehensively maintained. This action has been assessed as met.

4. All mandatory training is now up to date. The agency is offering a mix of training times and days. Extensive work has been undertaken to ensure all information held on the information platform is accurately recorded. Training needs have been identified and training sessions planned until June 2024. A report of training is produced and reviewed at regular intervals. The report is shared at the operational leads meeting to enable facilitation of scheduling so the required staff can attend training. This action has been assessed as met.
5. Supervision and appraisals for care staff are currently up to date. There are dates for supervision and appraisal set in advance with details recorded on the information platform. The status of staff supervisions and appraisals is discussed weekly at operational meeting and discussed with the manager. The agency has a process to ensure enhanced frequency of supervisions for new or more recently employed staff and for those employed for greater than one year. There is a system in place to ensure all staff have an annual appraisal. This action has been assessed as met.
6. Recruitment checklists were reviewed. The manager has weekly meetings in which recruitment is discussed. The manager audits a sample of recruitment files. Review of recruitment records provided evidence of accurate and timely completion of recruitment checklists. This action has been assessed as met.
7. A pre-screening recruitment checklist includes a prompt to check gaps in work histories and appropriateness of references. This checklist is reviewed and signed by the manager. Review of recruitment files evidenced that the pre-screening checklist was accurately completed in all files. This action has been assessed as met.
8. All staff involved in the selection and recruitment of staff have received training in selection and recruitment commensurate with their role and responsibilities. The action has been assessed as met.
9. The system to ensure that service users have a review of their care was examined. These care reviews are planned on the information platform; the operational manager and scheduling manager use this information during weekly meetings with community leads. The planning system results in generating information which is added to workplans. A checking system is in place to ensure that these reviews have been undertaken. The action has been assessed as met.
10. Examination of the system for service user reviews established that reviews were up to date. New resources have been allocated by the agency for service user reviews. Dates for reviews are pre planned on the information platform and added to workplans. A checking system is in place that will identify that the reviews have been undertaken. The action has been assessed as met.
11. A recurring reminder has been set on the first working day of each month for the operational manager to identify packages of care which are no longer in use. This enables the manager to plan the retrieval of care notes. The system for recording the care notes that have been received and identifying any outstanding records yet to be received was reviewed and found to be robust. The action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC Notice.

6.0 Quality improvement plan

An area for improvement was 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 | 1* | 0 |

* the area for improvement is the area for improvement which is carried forward for review at the next inspection.

The findings of the inspection were discussed with the management team at the conclusion of the inspection. The management team present included Ms Alison Simpson, Responsible Person (Applicant), and Mrs Sandra Selwood, Registered Manager as part of the inspection process.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 23

Stated: First time

To be completed by:
Immediately from the date
of inspection

The registered person shall ensure that monthly monitoring reports are sufficiently robust to identify deficits in respect of service provision; actions to address such deficits are clearly set out within the monitoring report, stating who is to undertake specific tasks, timescales for completion and noting progress to date.

Ref: 5.2.6

Response by registered person detailing the actions taken:

As part of restructure within the organisation a clear Regulation/Quality monitoring process is in place that “pulls together” the focus of the REG 23 Report compiled by Quality Manager

Weekly meeting attended by Managing Director/Registered Manager/Operations Manager/ Scheduling Manager and Quality Manager to update progress and review/analyse content

All actions are assigned to relevant member of the team for follow up and time frame set for completion

Monthly full review of completed REG 23 report and sign off including review of previous actions, learning outcomes and analysis of themes/patterns

Bi-monthly meeting with Vice Chair of Board of Trustees to review and sign off recent Reg 23 Reports. Standing item on Board Meeting agenda for full Board of Trustees to be updated on Reg 23 Reports including any concerns, themes, outstanding actions.

All stages up to and including the review with the Vice Chair of the Trustees is managed and overseen by the Registered Manager



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