

Inspection Report

30 June 2022



Extra Care

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

www.rqia.org.uk

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 Responsible Individual: Mr Brian Ronald Hutchinson	Registered Manager: Mrs Sandra Selwood Date registered: 15 February 2021
Person in charge at the time of inspection: Mr Brian Ronald Hutchinson	
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 457 individuals living in their own homes. Services are provided by 187 care staff.	

2.0 Inspection summary

An unannounced inspection took place on 30 June 2022 between 09.15 a.m. and 14.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Extra Care uses the term 'clients' or 'service users' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Very happy with service."
- "All staff are lovely."
- "Staff always respectful."
- "Call times can vary- late or early."

Service users' relatives/representatives' comments:

- "Morning call time doesn't suit."
- "Staff have a wonderful caring way with my mum."
- "They provide a wonderful service."
- "Staff friendly, caring and very attentive."

Staff comments:

- “Good team leader, any issues I would bring them to her.”
- “The clients are well looked after.”
- “The training is good, the in house trainer has been good.”
- “I love it, I love making a difference.”

Returned questionnaires indicated that the respondents were mostly satisfied with the care and support provided. A written comment included:

- “Dad is very grateful to have Extra Care services, as is his family, thanks.”

One respondent was less satisfied and the content of this questionnaire was discussed with the manager following the inspection.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 3 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 3 December 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time	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. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed that recruitment files contained evidence of each of the matters specified in Schedule 3.	

Area for Improvement 2 Ref: Regulation 23 (4) 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. 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>Action taken as confirmed during the inspection: Inspector confirmed that quality monitoring reports contain action plans.</p>	Met
---	---	------------

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the responsible individual established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

The responsible individual reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The responsible individual advised that no service users required their medicine to be administered with a syringe. The responsible individual was aware that should this be required, a review of their policy to include oral administration of medicines using a syringe and competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The responsible individual reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. Delays in care plan review were included in the quality monitoring reports.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Where service users experienced difficulties with swallowing, this was clearly documented within the care records; it was noted, however, that these difficulties were not consistently recorded within the relevant medical history section of the care records. Post inspection evidence was provided that swallowing difficulties would be completed in all relevant sections of these records. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Gaps in employment and reasons for leaving former employment were explored. References were obtained from suitable individuals. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored in the agency. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency. The responsible individual was advised that should this change, the agency would require a policy and procedure for volunteers which clearly specified their role and responsibilities.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Whilst there was a robust, structured, three day induction programme which

included shadowing of a more experienced staff member, the available records did not always adequately reflect the content of this, especially for the third day of the induction. In addition, induction records were not consistently signed by those involved. The responsible individual was advised that the documentation in relation to the third day of the induction programme and signatures required improvement. The improved documentation was submitted and reviewed by the inspector following the inspection.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. There were action plans stated in the quality monitoring reports, but the outcomes of the action plans were contained within a secondary document. The responsible individual has been advised to record the outcome from action plans in the quality monitoring reports.

The cancellation of calls protocol was reviewed which included actions to be taken if staff are unable to gain access to a service user's home. The protocol covered all necessary areas to ensure service user safety.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The complaints received were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the responsible individual.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Responsible Individual and Operational Manager as part of the inspection process and can be found in the main body of the report.



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)

Assurance, Challenge and Improvement in Health and Social Care