

# Unannounced Care Inspection Report 7 and 9 May 2019



## Extra Care

**Type of Service: Domiciliary Care Agency**  
**Address: Lucas Exchange, 1 Orchard Way, Greystone Road,  
Antrim, BT41 2RU**  
**Tel No: 02894482939**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://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 from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Extra Care is a domiciliary care agency providing services to all Health and Social Care Trust (HSCT) areas in Northern Ireland with exception of the Western HSCT area. Services provided include personal care, assistance with meals and respite sits (day and night).

The agency currently provides services to 669 individuals living in their own homes. The care and support is provided by 269 Staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Extra Care for Elderly People Ltd	<b>Registered Manager:</b> Sandra Selwood (Acting)
<b>Responsible Individual:</b> Brian Ronald Hutchinson	
<b>Person in charge at the time of inspection:</b> Sandra Selwood	<b>Date manager registered:</b> Application not yet submitted

### 4.0 Inspection summary

An unannounced inspection took place on 7 May 2019 from 09.40 to 16.30. A second day of inspection took place on 9 May 2019 from 09.30 to 16.30 hours and was announced.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection reported that the agency had failed to provide services to one service user on a number of occasions in line with their care plan.

In light of the concerns received by RQIA, the inspection sought to examine the agency's staffing arrangements, monitoring processes, communication and reporting procedures. The inspection also 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.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has duties 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 choices and freedoms associated with any person living in their own home.

There were examples of good practice found throughout the inspection in relation to the reporting of accidents and the appropriate storage of care records. There was evidence that communication with relevant stakeholders had improved since the last care inspection. Staff spoken with gave examples of how they promoted the service users' human rights; this was evident particularly in relation to obtaining the service users' consent to assist them with personal care and staff communicating with them if their call was going to be later than planned.

Areas for improvement related to the quality monitoring processes, recruitment practices, the staff induction process, record keeping, reporting staff misconduct appropriately to the Northern Ireland Social Care Council (NISCC) and in addition complaints management.

There was mixed feedback provided to the inspector in relation to the management arrangements of the agency; the majority of people consulted with described the staff in positive terms.

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
<b>Total number of areas for improvement</b>	4	3

Details of the Quality Improvement Plan (QIP) were discussed with the manager and Brian Hutchinson, responsible individual, 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 7 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 September 2018.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- the returned Quality Improvement Plan
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responses were received prior to the issuing of this report.

Questionnaires were also provided for distribution to the service users and their representatives; three were returned and responses received are included within the report.

The inspector spoke with one service user, five staff members and 14 relatives. Comments received are included within the report.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 September 2018

The most recent inspection of the agency was an announced 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 7 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (2) (a) <b>Stated:</b> Second time	The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that there was a system in place to ensure that all staff received appraisals, in keeping with the agency's policies and procedures. A review of three staff files indicated that they had received an appraisal.	

## 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.**

Information received by the RQIA prior to this inspection reported that the agency had failed to provide services to one service user on a number of occasions in line with their care plan. RQIA had completed an unannounced inspection on 31 May 2018 in follow up to similar concerns; the outcome of which resulted in enforcement action being taken to ensure the safety and well-being of service users and to safeguard them against abuse or neglect.

During this inspection the number of late calls was identified as being significantly lower than previously identified and there was evidence that where staff were running late, the office staff generally telephoned the service users to inform them. The review of the records pertaining to service provision identified that a number of missed calls had occurred, particularly in January 2019. This was discussed with the responsible individual who described the contingency measures that had been put in place at the time; the review of the records confirmed that there had been a reduction in the numbers of missed calls in the subsequent months. RQIA acknowledges that whilst there had been significant improvements made in relation to service failures, from the care inspection undertaken in May 2018, the proportion of missed calls that were identified by the agency is significantly smaller than those that are notified to the agency by service users or their representatives. This indicated that the arrangements in place for ensuring that service users receive their calls could be improved. Following the inspection, the inspector made a referral to adult safeguarding in relation to the identified missed calls. This is being followed up by the trust in the context of monthly meetings they are having with the responsible individual. RQIA are satisfied at this time that the agency is working closely with the trust in an effort to improve the provision of services and these matters will be followed up at future inspection. An area for improvement has been made in this regard.

The agency's staff recruitment processes were noted to be managed in conjunction with the human resource department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices for staff employed by Extra Care. However, the inspector was advised that the agency provided care workers (agency staff) who had been supplied to them from other registered domiciliary care agencies. In discussion, it was evident that the manager did not apply the same level of rigour to the recruitment checks of the staff provided to them by the other domiciliary care agencies. An area for improvement has been made in relation to recruitment practices.

New staff employed by the agency were required to have an induction which included training identified as necessary to meet the needs of the service users and familiarisation with the agency and the organisation's policies and procedures. However, the manager confirmed that care workers (agency staff) who had been supplied to them from other domiciliary care agencies were only provided with one day induction. An area for improvement has been made in this regard.

There was evidence of a rolling programme of staff training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. The training provided to staff provided by another registered domiciliary care agency was discussed. The inspector advised that the manager was required to seek assurances from the other recruitment agency, in respect of the training their staff had received. This would enable the manager to ensure that the training provided was in keeping with Extra Care's own policies and procedures. This matter has been incorporated into the area for improvement made in respect of recruitment practices.

Additional training in relation to dementia, sign language and domestic abuse had also been provided to staff, as appropriate to their roles and responsibilities and the needs of the service users. It was good to note that additional training had been provided to staff in areas such as confidentiality, data protection, equality and diversity.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that a number of potential safeguarding incidents had been referred appropriately, in keeping with the trust's policies and procedures. The organisation has identified an Adult Safeguarding Champion (ASC). Advice was given in relation to the



preparation of the Annual Safeguarding Position report which is due to be completed by 1 April 2020.

The inspector was advised that no accidents or incidents had occurred from the date of the last inspection. There was a system in place to ensure that these areas were reviewed by the management team as part of the agency's quality monitoring processes. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trust representatives, as appropriate.

Care records and information relating to service users were stored securely and accessible by staff when needed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of accidents and care records were noted to be stored appropriately.

### Areas for improvement

Three areas for improvement were made in relation to the robustness of the agency's quality monitoring processes, recruitment practices and the staff induction process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

### 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 responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The review of a number of care records identified that they were maintained in an organised manner. The care records evidenced referral information, risk assessments and care plans.

Review of records identified that the agency had reported any late or missed calls to the relevant trusts, in keeping with locally agreed protocols. RQIA acknowledges that there had been significant improvements made in relation to service failures, from the care inspection undertaken in May 2018. This was discussed with the management team who advised that the agency had reviewed the arrangements for ensuring that service users received their care as planned. This included the development of a staff protocol which had been developed in relation to the reporting of late calls. There was evidence that the office staff telephoned in advance to service users if the care workers were going to be late. A new diary system had also been introduced to address the problem of staff misreading their assigned rota.

The review of the daily records identified that these were well maintained in keeping with good practice. However, the review of the contact record, which staff used to record communication with service users or their representatives, identified that this was not consistently recorded in a timely manner. This related particularly in relation to meetings held with family members, where service failures had been discussed. This was discussed with the manager. An area for improvement has been made in this regard.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

Quality monitoring reports indicated consultation with a range of service users, relatives, staff and trust representatives. The feedback included within the report was noted to be positive and there were no concerns raised to the person who had the responsibility of undertaking the monthly quality monitoring.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communicating with service users if and when the staff are delayed in providing the call.

**Areas for improvement**

An area for improvement was made in relation to the timeliness of record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was good to note that the agency’s staff induction included a section which focused on the NISCC Principles of Care; understanding and promoting equal opportunities, understanding cultural diversity, confidentiality and promoting person-centred approaches to care delivery. One staff member spoken with described the experience of meeting a service user for the first time. It was good to note that they allowed some extra time, when meeting a new service user, to help in getting to know them and to put them at ease. It was evident that they were respectful of providing care to service users’ in their own homes.

Another staff member described how they respected the service users’ right to decline care. An example was given which demonstrated how they dealt sensitively with a service user who had declined personal care. It was good to note that the staff member offered a suitable alternative to the planned care, as appropriate and it was evident that they were knowledgeable in relation to consent issues.



The inspector spoke to five staff members, one service user and 14 relatives. Some comments received are detailed below:

**Staff**

- “I have no concerns, I love my job, I cannot praise (my line manager) enough.”
- “I have no issues, I haven’t been this happy.”
- “I have no concerns, I enjoy my work.”
- “Everything is fine.”
- “No problems.”

**Service users**

- “They are very good to me, extra good even.”

**Service users’ representatives**

- “The girls are great, (my relative) has a good relationship with them.”
- “I have no complaints.”
- “They are always respectful.”
- “They’re fine.”
- They are first class, very good to her when they come.”
- “Mummy loves the girls and they are very respectful towards her.”
- “All very nice.”

A number of service users’ representatives spoke at length in relation to being dissatisfied in relation to the responsiveness of the agency regarding concerns they had raised either by telephone or during the care reviews undertaken by the team leaders. Refer to section 6.7 for further detail.

The returned questionnaires from five relatives indicated that that they were satisfied that the care was provided in a safe, effective and compassionate manner; and that the service was well led. No written comments were received.

**Areas of good practice**

The agency provides staff with a good induction programme which focused on understanding and promoting equal opportunities, understanding cultural diversity, confidentiality and promoting person-centred approaches to care. Staff spoken with gave examples of ways in which they respected and promoted the service users’ human rights.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users.

The inspector was advised that the agency's management arrangements had recently changed. On the day of the inspection there was an acting manager in place. A notification, informing RQIA of the temporary management arrangements was submitted to RQIA on the day of the inspection and has been approved by inspector. Following the inspection, the agency confirmed to RQIA that the acting manager had been appointed as the permanent manager. When received the application to be registered with RQIA as the registered manager will be reviewed.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with NISCC. The review of records confirmed that all relevant staff were either registered with NISCC or were in the process of applying. There was a system in place which ensured that there was management oversight of the staff' fee renewal dates and re-registration dates. However, discussion took place with the management team in relation to a specific matter which should have been reported to NISCC. Confirmation was submitted to RQIA, by email on 19 June 2019, that this matter had been addressed. An area for improvement was made in this regard.

There was a complaints management system in place. A number of complaints had been recorded and whilst there was evidence that those which had been recorded had been managed appropriately, consultation with service users' representatives identified that a number of other complaints had not been recorded, in accordance with the agency's own policies and procedures. An area for improvement has been made in this regard.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to the information recorded therein, to ensure that there was traceability in terms of the records reviewed or persons consulted with.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- review of service provision (late and missed calls)
- service user care files
- recruitment records
- completed daily records returned from service users' homes
- staff supervision, appraisals and observations of practice

- staff training

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were noted to be retained in a hard copy and on the staff intranet and both were accessible to staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. RQIA will issue the agency with a new certificate, reflecting the acting management arrangements.

**Areas of good practice**

There was evidence that the management team had implemented systems to improve communication with relevant stakeholders.

There was some evidence that the agency promoted the service users’ human rights; this was evident particularly in relation to the staff induction programme, consent and decision making.

**Areas for improvement**

Two areas for improvement were made in relation to complaints management. Another area for improvement was made in relation to reporting staff misconducts to NISCC as appropriate.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

**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 acting manager and Brian Hutchinson, responsible individual, 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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 23. (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately, from the date of the inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of service which the agency arranges to be provided.</p> <p><b>This refers specifically to their quality monitoring processes, to ensure that service failures are proactively identified and managed.</b></p> <p>Ref: 6.4</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13. (d) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately, from the date of the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> Current quality monitoring process and weekly management meetings will continue this will be enhanced by creating new post for Quality Manager currently advertised closing date 31.7.19 this individual will work along with Registered Manager and Senior Management team. In addition we are currently recruiting 10 senior care workers who will be on ground across the geographical areas to monitor staff and support our service users this increases community presence in all areas</p> <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><b>This refers specifically to the recruitment and training information provided in respect of domiciliary care workers who had been supplied to the agency from other domiciliary care/employment agencies.</b></p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Discontinued with previous nursing agency, Going forward use of agency with provider who is RQIA registered</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 16. (5)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately, from the</p>	<p>The registered person shall ensure that staff are provided with an appropriately structured induction training lasting a minimum of three full working days.</p> <p><b>This refers to the induction of all staff regardless of how they have been recruited.</b></p> <p>Ref: 6.4</p>

date of the inspection	<b>Response by registered person detailing the actions taken:</b> <b>Policy at present stipulates that all staff complete 3 day inhouse induction and minimum 2 day shadow process on the ground this will continue as normal practice</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 22. (8)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately, from the date of the inspection	The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of Regulation 21(1) shall apply to that record.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> Current protocol is adhered to and Complaints recorded on data base shared with relevant trust and RQIA , learnig outcomes shared within organisation and policy and procedure updated in line with any changes needed
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately, from the date of the inspection	The registered person shall ensure that all records are legible, accurate and up to date.  <b>This refers specifically to contact records which team leaders have with service users and or their representatives.</b>  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Reviewed Operations Team Leader handbook and additional specific training.All paperwork checked by Operations Manager to identify follow up and sign off when complete
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately, from the date of the inspection	The registered person shall ensure that all relevant persons are notified of the outcome of any investigations undertaken by the agency.  <b>This refers specifically to staff misconduct which should be reported to NISCC.</b>  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> Normal practise within the organisation is HR Manager and Registered Manager to discuss individual cases of misconduct to ensure NISCC and regulatory bodies informed referrals made within timeframe
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 15.8  <b>Stated:</b> First time	The registered person shall review the need for relevant staff to receive training, or by other means, in the application of the complaints procedure.  Ref: 6.7



<p><b>To be completed by:</b> Immediately, from the date of the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> Operations Team Leaders to review additional complaints training detailing process and follow up to be completed by training team/ date to be confirmed</p>
--	--



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care