The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Extra Care

Provider: Extra Care for Elderly People Ltd

Date of Inspection: 21 October 2025

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
Responsible Individual/Responsible Person:	Mrs Alison Simpson
Registered Manager:	Mrs Sandra Selwood
Service Profile: Extra Care is a domiciliary care agency providing services to Northern HSC Trust, Southern HSC Trust and Belfast HSC Trust areas in Northern Ireland. Services provided include personal care, assistance with meals and respite sits (day and night).	

2.0 Inspection summary

An unannounced inspection was undertaken 21 October 2025, between 9.50 a.m. and 5.00 p.m. by care Inspector.

The last care inspection of the agency was undertaken on 15 May 2024 by a care Inspector. No areas for improvement were identified during the last inspection. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care, and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as service user plans.

Service users consulted said that the care and support provided by Extra Care was a good experience.

Identified areas for improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 Extra Care. This included, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those receiving the service, their representatives and those working in the agency and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users consulted were very complimentary of staff describing them as "very good", "kind and thoughtful", "brilliant" and "excellent". One service user said, "all the carers have been very caring towards me and have treated me with dignity", whilst another stated ""I found my carers to be supportive, understanding and patient". Service users confirmed that staff appropriately used personal protective equipment (PPE) as needed, whilst one service user told us that there was "plenty of assistance is offered" during planned visits.

Service users said that they were aware that the service occasionally experienced staffing issues. One service user advised that they were notified when their planned care call was expected to be delayed whilst others confirmed that managers undertook care tasks to help when needed. Service users spoken with confirmed that they were aware of how to make a complaint however reiterated they had no issues at present. One service user told us that they were "more than happy" with the service received from Extra Care and advised that they were "very satisfied".

Service user representatives were also complimentary of Extra Care staff with one next of kin advising "[Name of employee] is very, very cooperative and reliable. For the nature of the job, they [Extra Care] have good quality personnel. They have done very well". We were told how the staff had "nice personalities", were "very sociable", "courteous" and "respectful" of service users and their homes.

When asked about specific care tasks which would include moving and handling and use of specialised equipment one service user representative felt that the staff supporting their loved one were "very competent".

Service user representatives told us that they found the “workforce very constant”. Those service user representatives consulted did advise that there had been incidents were care delivery was impacted due to staffing issues. They, however, told us that this was an “exception to the rule” and also confirmed managers had helped in delivering care when required.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support.

Service users and their representatives stated that they had experienced some issues regarding receipt of calls in keeping with care plans. Service users and their representatives did however advise that there was effective communication in place which ensured they were kept advised if it was expected calls were going to be delayed. It was positive to find that the agency closely monitored all delayed and missed calls and regularly submitted reports to commissioners.

The interview process completed with all applicants was reviewed and written records were retained by the agency. The application form used by the agency sought a full employment history from applicants. Interview records were detailed and evidenced discussions surrounding references, gaps in employment and suitability to work in a regulated service.

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. Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; were new employees were not yet registered support was provided to submit an application and this remained under review. There was a system in place for professional registrations to be regularly monitored by the Registered Manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council’s (NISCC) 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. There was a robust, structured, induction programme and written records were retained by the agency of the person’s capability and competency in relation to their job role.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles. It was positive to note that service specific training such as dementia had been provided to all staff.

There was evidence of planning in relation to training with staff notified in advance of scheduled training dates. Staff whose mandatory training compliance had lapsed were not permitted to undertake direct care until all outstanding training were resolved.

The agency retained evidence of competency assessments completed for each employee in regards to moving and handling training in use of techniques, specialist aids and equipment. Service user specific training had also been provided to staff, for example, where a service user required specialised medication administration techniques, additional training had been provided with the competency of staff assessed.

Review of records identified that supervisions had been undertaken with staff on a regular basis. Procedures were in place for appraising staff performance and records evidenced that these had been completed as expected.

3.3.2 Management of Care Records and Care Delivery

Service users care records were held confidentially in line with data protection regulations.

Review of records identified that service users consent was sought in relation to information sharing. It was positive to find evidence that consultation had occurred with service users regarding safe storage of keys. Service users had also been fully informed with agreement sought in relation to protocol to be followed in the event that staff were unable to gain entry to their home.

The agency completed an initial assessment of needs when service users' were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs.

Whilst care plans were in place to direct staff on how to meet service users' needs, it was found that these did not always contain up-to-date and/or accurate information. For example, full directions provided by one service user's speech and language therapy (SALT) assessment had not been fully transcribed within the care plan. This was highlighted to the Manager in order for immediate action to be taken. It was acknowledged following discussion with the Manager that direction was provided to staff to follow the SALT plan, a copy for which was available within the individual's home.

An examination of service users' care records also identified that these were not being updated subsequent to incidents as needed. One example of this related to a service user who had went missing, however this new risk had not been detailed within the individual's risk assessment and management plan. Inconsistencies were also highlighted to the Manager were service user plans contained contradictory information pertaining to presenting risks. Other sections of service user plans highlighted risks such as behavioural issues directed towards staff however, did not specifically advise staff as to the nature of behaviour displayed or direction on how to respond. An area for improvement was identified.

It was positive to note that the agency had a post falls pathway in place which offered clear and specific guidance and direction for staff to follow. Review of incidents illustrated that appropriate action had been taken in response to a service user experiencing a fall and appropriate persons had been notified.

Service user who required usage of specialised moving and handling equipment had this clearly stated within their plans and the agency was able to evidence regular discussion with staff regarding the safe usage of such equipment and how to respond in the evident that any issues had been recognised.

The agency also had a system in place to monitor restrictive practices. Where service users required equipment that could be considered restrictive, this was risk assessed and also included in the care plan and subject to review as part of the annual care review process.

There was evidence of regular staff meetings for which staff were provided the opportunity to add items for discussion onto the agenda. It was positive to find inclusion of discussion surrounding changes in service users' needs/risks. Minutes were maintained of the meetings for staff, unable to attend, to read for information sharing.

An area of good practice was noted in relation to the agency's learning alerts which are regularly sent out to staff. On review it was found information was shared with staff in relation to such topics as recording, incident management, IDDIS and swallow awareness as well as restrictive practice and deprivation of liberty safeguards.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Sandra Selwood has been the Registered Manager in this agency since 15 February 2021.

Service users and their representatives commented positively about the management team and described them as approachable. Feedback received regarding staffing concerns were discussed with the Registered Manager, who advised as to actions taken by the agency to address these concerns.

The agency had clear processes and procedures in place to effectively manage any complaints received. Complaints were managed appropriately and it was good to note that any identified learning was shared with staff.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis. Potential means to enhance the agency's ability to identify developing patterns/trends were discussed with the Registered Manager who agreed to explore this further. This will be reviewed during a future inspection. There was evidence that Trust' keyworkers had been informed of incidents in a timely manner.

The agency had policies and procedures in place to direct staff practice on occasions for which they are unable to gain entry to a service user's home in order to complete planned visits. Additionally, the agency were found to have a missing person protocol in place. Conversation occurred regarding statutory incident reporting requirements and assurances were sought regarding compliance. A review of incidents were completed by the agency and assurances provided subsequent to the inspection.

Domiciliary Care Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the setting's adult safeguarding policy. It was established that the agency had systems and processes in place to manage the safeguarding and protection of adults at risk of harm, however, discussion did occur with the agency specifically in relation to safeguarding concerns were it had been determined the threshold for referral to Adult Protection Gateway were not met. The agency were reminded as to the necessity to ensure records are maintained detailing all decisions

made, the reasons for those decisions and any alternative actions taken. This will be reviewed at a future inspection.
The annual safeguarding position report had been completed.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

The annual quality report was discussed with the Registered Manager, this was submitted following the inspection. This contained an overview of service user survey feedback received and an analysis of incidents and accidents reported over the previous year.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with Mrs Sandra Selwood, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15(2) (b) (c) (3)(b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure service user plans contain accurate and all necessary information to adequately and safely respond to identified needs and presenting risks. Ref: 3.3.2
	Response by registered person detailing the actions taken: Extra Care will ensure a robust quality monitoring process is updated and implemented to ensure compliance

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The Regulation and Quality Improvement Authority

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