

Announced Care Enforcement Inspection Report 9 July 2020



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

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 provider 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 (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 515 individuals living in their own homes. Services are provided by 224 care staff.

3.0 Service details

Organisation/Registered Provider: Extra Care for Elderly People Ltd	Registered Manager: Not applicable
Responsible Individual: Mr Brian Ronald Hutchinson	
Person in charge at the time of inspection: Mrs Sandra Selwood	Date manager registered: Sandra Selwood - application received 25 July 2019 - registration pending

4.0 Inspection summary

An announced inspection took place on 9 July 2020 from 10.15 to 16.00 hours.

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, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to assess the level of compliance achieved in relation to the three Failure to Comply (FTC) Notices issued on 9 April 2020.

The Regulation and Quality Improvement Authority (RQIA) had completed an unannounced inspection on 6 March 2020 in follow up to concerns raised regarding failure to provide appropriate service provision and lack of adequate contingency measures in place to address staff shortages. The outcome of the inspection resulted in three failure to comply notices (FTC's) being issued.

One failure to comply notice related to the agency's failure to ensure the safety and well-being of service users and to safeguard them against abuse or neglect. The second failure to comply notice related to the lack of appropriate staff numbers to meet the needs of service users. The third failure to comply related to the lack of robust quality monitoring processes. The date of compliance with the notices was 9 July 2020.

The following FTC Notices were issued by RQIA:

FTC References: FTC000091, FTC000092 and FTC000093

During this inspection, evidence was available to validate compliance with the Failure to Comply Notices. Other areas for improvement made during the last care inspection were met.

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
Total number of areas for improvement	0	0

The findings of the inspection were discussed with Brian Hutchinson, responsible individual and Sandra Selwood, manager, as part of the inspection process. No areas for improvement were identified.

No further enforcement action resulted from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the failure to comply notices **FTC Ref: FTC000091, FTC000092 and FTC000093**
- the registration status of the agency
- written and verbal communication received since the previous care inspection
- previous care inspection reports.

The following methods and processes used in this inspection include the following:

- a discussion with the manager and responsible individual
- review of information relating to the three failure to comply notices
- consultation with nine service users and/or their representatives
- review of information relating to the areas for improvement outlined in the previous quality improvement plan.

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 6 March 2020

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and is validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 March 2020

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
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>The registered person must undertake audits of all missed or late calls and review the systems to communicate effectively with service users and relevant stakeholders. The registered person must ensure that the HSC trusts are notified of these.</p> <p>The registered person must ensure that a written report of the audits undertaken are submitted to RQIA no later than five days after the last day of the month and until further notice.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A robust system for ensuring service users receive their care calls in a timely manner had been implemented.</p> <p>Refer to section 6.3 for further detail.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>The registered person must ensure that the agency assesses risk and can guarantee the safety, health and well-being of vulnerable service users.</p> <p>The registered person, within this context, must be in a position to safely accept new packages of care and to demonstrate overall proportionate risk management approaches are implemented.</p> <p>The registered person must develop a written plan to address the agency’s staffing shortages. This plan must also include reference to the agency’s staff retention policy and procedure.</p> <p>The registered person must ensure that a written plan is submitted to RQIA no later than five days after the last day of the month and until further notice. This plan must outline how the agency assesses and manages risk of service delivery. The plan must also outline how the agency assesses risk associated with new referrals whilst ensuring appropriate staffing levels.</p> <p>Action taken as confirmed during the inspection: Appropriate staff numbers were in place to meet the needs of service users.</p> <p>Refer to section 6.3 for further detail.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1)(2)(3)(4)(5)</p> <p>Stated: First time</p>	<p>1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the</p>	

	<p>reasonable opinion of the registered person, the agency—</p> <ul style="list-style-type: none">(a) arranges the provision of good quality services for service users;(b) takes the views of service users and their representatives into account in deciding—<ul style="list-style-type: none">(i) what services to offer to them, and(ii) the manner in which such services are to be provided; and(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) 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>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>The registered person must establish and maintain a robust system of quality assurance to ensure that they are satisfied with all aspects of service provision.</p> <p>The registered person must ensure that there is appropriate governance and management oversight of all associated action plans arising out of the quality assurance processes.</p> <p>The registered person must consider the current size and organisational structure of the agency registration. This must be considered in order to ensure the agency’s ability to provide the appropriate level of rigor in their quality assurance processes. A written plan in relation to how this will be achieved must be submitted to RQIA by 9 July 2020.</p>	<p style="text-align: center;">Met</p>
--	---	---

	<p>The registered person must ensure that the views of all stakeholder groups are taken into account and acted upon as part of the monthly quality monitoring process.</p> <p>The registered person must ensure that the monthly quality monitoring report contains an action plan. This must contain details of the measures to be taken to improve the quality and delivery of service provision.</p> <p>The registered person must ensure that the monthly quality monitoring report action plan is followed up and ensure that all identified actions have been concluded.</p> <p>The registered person must ensure that the monthly quality monitoring review takes account of the areas for improvement outlined within the RQIA report and Quality Improvement Plan.</p> <p>The registered person should ensure that the person identified to undertake the monthly quality monitoring process has the appropriate training, knowledge and skills to undertake the reviews.</p> <p>The registered person must ensure that the monthly quality monitoring reports are reviewed, verified and signed by the Chairperson of the Extra Care Board of Directors, before submission to RQIA on a monthly basis. These should be submitted to RQIA no later than 5 days after the last day of the month and until further notice</p>	
	<p>Action taken as confirmed during the inspection: Robust quality monitoring processes were in place, encompassing all aspects of service provision.</p> <p>Refer to section 6.3 for further detail.</p>	

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: First time</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>This refers to the induction of all staff regardless of how they have been recruited.</p> <p>Action taken as confirmed during the inspection: There had been no agency staff used in the two months prior to the inspection. Staff profiles were in place for any agency staff that had been used since the last inspection. The review of the induction policy confirmed that the induction of agency staff, provided by other registered domiciliary care agencies, had been included.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (d)(e)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;</p> <p>Action taken as confirmed during the inspection: The review of the Northern Ireland Social Care Council (NISCC) register confirmed that all care staff were appropriately registered. The records reviewed confirmed that the application process was completed as part of the recruitment process.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 22 (6)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the complaints records and the records relating to missed and late calls. There was a system in place to ensure that communications relating to missed or late calls were reviewed and recorded as complaints, as appropriate.</p>	<p>Met</p>

Area for improvement 7 Ref: Regulation 21 (1)(c) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.	Met
	Action taken as confirmed during the inspection: All requested records were available for inspection.	

6.3 Inspection findings

FTC Ref: FTC000091

Notice of failure to comply with regulation 14 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 14 (a)(b)

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—

- (a) so as to ensure the safety and well-being of service users;*
- (b) so as to safeguard service users against abuse or neglect;*

In relation to this notice the following four actions were required to comply with this regulation.

The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.

The registered person must review the system for communication with service users and/or their representatives, to ensure that any matters impacting on service delivery are communicated effectively.

The registered person must undertake audits of all missed or late calls and review the systems to communicate effectively with service users and relevant stakeholders. The registered person must ensure that the HSC trusts are notified of these.

The registered person must ensure that a written report of the audits undertaken are submitted to RQIA no later than five days after the last day of the month and until further notice.

During this inspection the records relating to missed and late calls were reviewed. There was a noted reduction in the incidents of missed calls. The written reports submitted to RQIA on a monthly basis outlined the auditing processes that had been implemented since the last inspection. It was evident that the audits of missed and late calls had been subject to scrutiny by the Chairperson of Extra Care’s Board of Directors. This resulted in action being taken in

response to staff continually misreading their rotas. A system is now in place, whereby staff are reminded to check their rotas on a twice-weekly basis. Meetings had also taken place with Senior Carers regarding the outcome of the weekly audits.

The review of the records identified that service users and relatives were informed if the care workers were going to be late. The inspector confirmed this during consultation with service users and relatives. HSC trust representatives were notified accordingly.

The review of the audits relating to the records of calls completed, identified that where any calls had not been recorded, this was investigated. Follow up action was taken with the care workers and the HSC Trust had been informed appropriately. Discussion with the manager confirmed that plans were in place to re-format the daily recording booklets, where care workers will complete a self-audit of the duration of the calls. This was developed to raise staff awareness of the importance of recording the reason a call may be shorter than the commissioned time.

The quality manager undertook a significant amount of telephone contacts with service users or their representatives every month since the last inspection, to ensure that any issues in relation to care provision were identified. This was in addition to the routine contacts made by the operational team leaders. Plans were in place to recruit three peripatetic posts, these staff will be available to cover calls, at short notice.

The staff rostering system used by the agency had been further developed, to ensure that staff could not be scheduled to undertake more than one call at any time. Travel time between calls had also been addressed, to ensure the timeliness of calls.

FTC Ref: FTC000092

Notice of failure to comply with regulation 16 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 16 (1)(a)

Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—

(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;

In relation to this notice the following four actions were required to comply with this regulation.

The registered person must ensure that the agency assesses risk and can guarantee the safety, health and well-being of vulnerable service users.

The registered person, within this context, must be in a position to safely accept new packages of care and to demonstrate overall proportionate risk management approaches are implemented.

The registered person must develop a written plan to address the agency's staffing shortages. This plan must also include reference to the agency's staff retention policy and procedure.

The registered person must ensure that a written plan is submitted to RQIA no later than five days after the last day of the month and until further notice. This plan must outline how the agency assesses and manages risk of service delivery. The plan must also outline how the agency assesses risk associated with new referrals whilst ensuring appropriate staffing levels.

As previously stated, the incidents of missed and late calls had significantly reduced since the last inspection. The written plans submitted to RQIA since the last care inspection outlined the recruitment and retention strategies that had been established, in order to ensure that there were adequate numbers of staff in place, to meet the needs of the services users. The agency had recruited 35 new staff members and the terms and conditions of existing staff members had been reviewed. This included issuing staff with substantive contracts which are in keeping with the permanent hours of commissioned care.

The manager now has the responsibility of accepting new packages of care, as this had previously been managed at team leader level. Meetings were held on a weekly basis to review the agency's capacity to accept new referrals; this system gave due consideration to the geographical area of the call and to the numbers of staff required for each call. Plans were in place to recruit a 'Scheduler', who will have the responsibility of ensuring that the agency can safely accept packages of care in this context.

It was also noted that annual leave is being proactively managed, to ensure that the staffing levels can be maintained going forward.

FTC Ref: FTC000093

Notice of failure to comply with regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 23 (1)(2)(3)(4)(5)

- (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.*
- (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—*
 - (a) arranges the provision of good quality services for service users;*
 - (b) takes the views of service users and their representatives into account in deciding—*
 - (i) what services to offer to them, and*
 - (ii) the manner in which such services are to be provided; and*
 - (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.*
- (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.*
- (4) 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.*
- (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.*

In relation to this notice the following nine actions were required to comply with this regulation. The registered person must establish and maintain a robust system of quality assurance to ensure that they are satisfied with all aspects of service provision.

The registered person must ensure that there is appropriate governance and management oversight of all associated action plans arising out of the quality assurance processes.

The registered person must consider the current size and organisational structure of the agency registration. This must be considered in order to ensure the agency's ability to provide the appropriate level of rigor in their quality assurance processes. A written plan in relation to how this will be achieved must be submitted to RQIA.

The registered person must ensure that the views of all stakeholder groups are taken into account and acted upon as part of the monthly quality monitoring process.

The registered person must ensure that the monthly quality monitoring report contains an action plan. This must contain details of the measures to be taken to improve the quality and delivery of service provision.

The registered person must ensure that the monthly quality monitoring report action plan is followed up and ensure that all identified actions have been concluded.

The registered person must ensure that the monthly quality monitoring review takes account of the areas for improvement outlined within the RQIA report and Quality Improvement Plan (QIP).

The registered person should ensure that the person identified to undertake the monthly quality monitoring process has the appropriate training, knowledge and skills to undertake the reviews.

The registered person must ensure that the monthly quality monitoring reports are reviewed, verified and signed by the Chairperson of the Extra Care Board of Directors, before submission to RQIA on a monthly basis. These should be submitted to RQIA no later than 5 days after the last day of the month and until further notice.

During this inspection, the inspector noted that there had been improvements in the governance and management oversight of the quality assurance processes. The monthly monitoring reports had been reviewed by the Chairperson of the Extra Care' Board of Directors, prior to being submitted to RQIA. The records pertaining to senior management meetings identified that the audits discussed had been subject to a level of scrutiny and actions identified in relation to any emerging themes.

The monthly monitoring reports were undertaken by the responsible individual, who ensured that the action plan was followed up every month. Areas for improvement outlined in the RQIA QIP were included. It was evident that the level of stakeholder consultation had increased and there was evidence of action taken, where issued had been identified. Plans are in place to recruit two additional quality managers. Advice was given in relation to using the new monthly monitoring template, which is available on the RQIA website.

The written plans submitted to RQIA outlined the proposed restructure of the agency. During the inspection, the inspector reviewed the proposed branch model, which outlined the agency's plans to divide the agency into two separate registrations, located at two locations.

The responsible individual advised that the applications for registration will be submitted to RQIA on 18 July 2020. The current registration application in respect of Sandra Selwood, manager, will be reviewed by the inspector, when the application process has been concluded. This will be followed up by the inspector no later than 31 July 2020.

Consultation

During the inspection, the inspector spoke with nine service users or their representatives. Comments received are detailed below:

- “I have no problems.”
- “I am happy with the girls.”
- “They are fine, no complaints.”
- “I am satisfied, they are doing a good job and I have no concerns, they really have been excellent.”
- “We are really happy with them, they are always punctual and all the girls are very friendly. It is nice to see them coming and they are always asking if there is anything more they can do.”
- “They do everything they are meant to do.”
- “I am very happy with them.”
- “I have no complaints, would actually compliment them all, they are very good and they would call if they were going to be late.”

One relative discussed a specific care issue with the inspector. This was relayed to the manager, for review and action, as appropriate.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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
Web www.rqia.org.uk
Twitter @RQIANews