



Extra Care  
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**Unannounced Care Inspection  
of  
Extra Care**

**7 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 7 May 2015 from 09.00 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Due to the findings of the previous inspection Extra Care were required to attend a serious concerns meeting at RQIA offices on 3 February 2015. An action plan presented at this meeting and discussions provided reassurance to RQIA that Extra care were taking immediate action to address the matters highlighted. A follow up inspection was scheduled for three months time to review and ensure all matters were appropriately addressed in line with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	3

The details of the QIP within this report were discussed with the acting registered person Mr Eugene McGuckin and registering manager Anita McClurg as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Extra Care/Mr Eugene McGuckin (acting)	<b>Registered Manager:</b> Ms Anita McClurg (registration pending)
<b>Person in charge of the agency at the time of Inspection:</b> Ms Anita McClurg	<b>Date Manager Registered:</b> Registration pending
<b>Number of service users in receipt of a service on the day of Inspection:</b> 1500	

### **3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection.

### **4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Action plan presented by Extra Care in respect of serious concerns raised at the previous inspection.

The following records were examined during the inspection:

- A range of policies and procedures.
- Four service user/staff records regarding service failures and communication processes.
- Three service user care plans.
- Two monthly monitoring reports.
- Four staff quality monitoring records (two care staff and two management staff).
- Two service user quality monitoring records.
- Schedules for quality monitoring of service users and staff
- Schedules for staff training
- Four staff training records
- Three service user records in respect of staff recording
- Annual quality report
- Two staff recruitment records

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an unannounced care inspection dated 14 January 2015. The completed QIP was returned and approved by the inspector.

Previous Inspection Statutory Requirements	Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 15(4)(5)(b)</b></p>	<p>The registered person shall, so far as is practicable, ensure that services which the agency arranges to be provided to any service user are provided within a specified time, as notified to the service user and service users are informed regarding the care staff members attending all calls.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the revised policy on 'Change of worker' dated February 2015. This policy clearly outlined the process for communicating with service users and their family members at service commencement, during a planned change of care worker and during an unplanned change of worker. The policy was reviewed as clear and concise.</p> <p>Anita McClurg registering manager confirmed the agency has not accepted any new referrals since the previous inspection due to matters requiring attention. The inspector was therefore unable to review information and communications between the agency at service commencement.</p> <p>Communication with a service user/family member in respect of planned and unplanned changes where evidenced during inspection and found to be appropriately addressed.</p> <p>The agency evidenced a clear procedure for notification of service failures (late or missed calls). The inspector reviewed two examples of how this daily procedure operates and such matters are communicated to service users, relatives and trust professionals.</p> <p>This process is further followed up during a weekly meeting which reviews matter raised regarding specific staff members practice in respect of service failures. Again this process is clearly reflected on a database and evidence of follow through reviewed at inspection for two cases.</p>

Met

	<p>The agency evidenced a clear procedure for staff notification to the agency office when they are running late for calls. Evidence was also presented to support this procedure had been shared extensively with staff teams since the previous inspection via emails and text messages.</p> <p>The agency have further developed their care plans to reflect the keyworker and agency workers attending the service user and examples of this were reviewed during the inspection for three service users.</p>	
<p><b>Requirement 2</b> <b>Ref: Regulation 5 and Schedule 1</b></p>	<p>The acting registered person and registering manager are required to review and revise the Statement of Purpose to ensure compliance with Regulation 5 and Schedule 1.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The statement of purpose reviewed in March 2015 was viewed as compliant with requirement two and had been appropriately updated.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b> <b>Ref: Regulation 23</b></p>	<p>The acting registered person and registering manager are required to develop a policy detailing the arrangements for the 'Management, control and monitoring of the agency' and ensure appropriate implementation of processes in line with the policy document.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency have developed a policy on the Management, control and monitoring of the agency' dated February 2015 which was reviewed as clear and concise regarding the agency overarching processes for quality assurance and governance.</p> <p>This policy did not outline the quality monitoring arrangements for service users and this has been recommended for inclusion or development as a stand-alone policy and procedure.</p> <p>A separate policy for staff supervision and appraisal was available for review and include staff spot checks/quality monitoring.</p>	<p><b>Partially met</b></p>

	<p>Monthly monitoring reports were reviewed for February and March 2015 and were found to be extensively detailed in terms of missed calls or service failures, how such matters are followed up and evidenced, feedback from service users, family members and commissioners together with complaints, incidents, staff file audits and review of the matters raised during the previous RQIA inspection and how the agency is taking such matters forward. The reports are completed by the registering manager and signed off by acting registered person. The inspector advised that reports should be completed by the registered person in line with standard 8.11. The inspector reviewed two cases where follow up action was required and found both to be satisfactorily concluded.</p> <p>The inspector did however raise the issue of the timeliness of the reports as April's had not been completed at inspection. This matter was discussed for consideration to ensure review of monthly monitoring matters are timely.</p> <p>A range of schedules were reviewed during inspection for all levels of staff quality monitoring, supervision and appraisal including care and management staff in respect of dates for supervision and completion of same in line with the agency policies. Four randomly selected staff records were verified for both care and management staff in this respect during inspection.</p> <p>The agency also holds similar schedules for service user quality monitoring and this was reviewed during inspection for two randomly selected service users.</p>	
<p><b>Requirement 4</b></p> <p><b>Ref: Regulation 16 (4)</b></p>	<p>The acting registered person and registering manager is required to review and revise the agency policy on Supervision and Appraisal and ensure appropriate application across all staff groups including registering manager, management staff and care staff.</p> <p>(Minimum standard 13)</p>	<p><b>Partially Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the revised supervision and appraisal policy dated February 2015 was found to be more concise regarding the different processes for supervision and appraisal for all levels of staff within the organisation but still lacked some clarity in terms of the different timeframes for different levels of staff. Timeframes for supervision of care staff were outlined as quarterly; one of which included the annual appraisal process and one quality monitoring/spot check during the annual period however this timeframe was then presented as twice annually later in the policy. Management staff were outlined for quarterly supervision processes together with an annual appraisal. Specifics of the supervision process had also been detailed in the revised policy.</p> <p>A schedule for supervision of all staff was reviewed during inspection and had commenced since the previous inspection as referenced earlier in requirement three.</p>	
<p><b>Requirement 5</b></p> <p><b>Ref: Regulation 23</b></p>	<p>The acting registered person and registering manager is required to review the current monthly monitoring process to ensure all matters of review are appropriately detailed.</p> <p>(Minimum standard 8.11)</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of two monthly monitoring reports during inspection (February and March) were reviewed as comprehensively detailed as previously stated in Requirement three above.</p> <p>Review of two matters highlighted on the February report for attention were also confirmed as compliant with clear supporting processes and outcomes evident to ensure satisfactory resolution.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p><b>Ref: Regulation 16(2)(a)</b></p>	<p>The acting registered person and registering manager is required to review and revise the agency Learning and Development policy and procedure and ensure appropriate implementation of mandatory training across all staff groups to include supervision and appraisal training for management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the policy dated March 2015 evidenced compliance with requirement six.</p> <p>Schedules of training and training completed were reviewed for all levels of staff and were found to be ongoing with a completion date of Mid July 2015 for all mandatory areas. Four randomly selected staff records were reviewed in this respect.</p> <p>Train the trainer training for team leaders has taken place in March 2015 to provide additional training resources within the organisation for the future. All team leader records were reviewed during inspection in this respect.</p> <p>A random sample of three team leader records were also reviewed in respect of mandatory training and were found to be partially met.</p> <p>All team leaders have completed training in respect of supervision and appraisal and the registering manager Anita McClurg is currently completing an audit on team leader practice in carrying out staff supervision and appraisal processes and is following up on any gaps in staff competence. Review of two team leader files in this respect confirmed appropriate review processes in place.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref: Regulation 15(6)(7) and Schedule 4(11)</b></p>	<p>The acting registered person and registering manager is required to ensure staff recording is compliant with Regulation 15(6)(7) and Schedule 4(11).</p> <p>(Minimum standard 5 and 10)</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three service user files during inspection supported compliance with requirement seven.</p>	
<p><b>Requirement 8</b></p> <p><b>Ref: Regulation 13 and Schedule 3</b></p>	<p>The acting registered person and registering manager is required to ensure staff recruitment records are fully compliant with Regulation 13 and Schedule 3 regarding car insurance and registered person/registered manager fitness statement.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of two recently recruited staff files during inspection supported compliance with requirement eight in respect of car insurance for business use and a statement by the registering manager regarding staff fitness to practice.</p>	
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 8.12</b></p>	<p>The acting registered person and registering manager is recommended to ensure future annual quality review processes include reference to service user, staff and commissioner feedback and staff training.</p>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the report for 2014-15 was found to be partially met as service user feedback has been received however commissioner and staff feedback has yet to be detailed. This report was due for completion in March 2015 in line with the agency timeframes. The inspector also recommended that the numbers or percentage of surveys issued and received should be presented on the report to allow for review of the overall feedback on separate question areas. The inspector recommended completion of the report two months from the date of inspection.</p>	

## 5.2 Additional Areas Examined

No additional areas were examined during this inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting registered person Eugene McGuckin and the registering manager Anita McClurg as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 23  
**Stated:** Second time  
**To be Completed by:**  
 7 July 2015

The acting registered person and registering manager are required to ensure appropriate implementation of quality monitoring processes for service users, staff and annual quality reviews in line with the agency policies and procedures.

As discussed within requirement three of the report.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

Management, control and monitoring Policy February 2015 in place.

A stand alone Quality Monitoring Policy June 2015 is now in place as per requirement.

Monthly Monitoring Reports completed for April, May and June 2015.

#### Requirement 2

**Ref:** Regulation 16(4)  
**Stated:** Second time  
**To be Completed by:**  
 7 July 2015

The acting registered person and registering manager is required to further review and revise the agency policy on Supervision and Appraisal and ensure appropriate application across all staff groups including registering manager, management staff and care staff.

(Minimum standard 13)

As discussed within requirement four of the report.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

Supervision and Appraisal Policy updated June 2015 - amendments made as discussed during inspection.

#### Requirement 3

**Ref:** Regulation 16(2)(a)  
**Stated:** Second time  
**To be Completed by:**  
 7 July 2015

The acting registered person and registering manager is required to ensure appropriate implementation of mandatory training across all staff groups to include management staff. Competency assessments are also required for all mandatory areas.

(Minimum standard 12)

As discussed within requirement six of the report.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

Schedule of training and training being completed is an ongoing weekly task. The target for completion remains mid July for the mandatory training requirements.

Anita McClurg Registering Manager has completed training on staff

	supervision and appraisal in June 2015 with Operations Team Leaders.
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Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time <b>To be Completed by:</b> 7 July 2015	The acting registered person and registering manager are recommended to develop a policy and procedure in respect of service user quality monitoring.  As discussed within requirement three of the report.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Quality Monitoring Policy June 2015 now in place.		
<b>Recommendation 2</b>  <b>Ref:</b> Standards 8.11 and 8.12  <b>Stated:</b> First time <b>To be Completed by:</b> 7 July 2015	The acting registered person is recommended to ensure completion of monthly and annual reports within appropriate timeframes and ensure the monthly monitoring reports are completed by the acting registered person in line with standard 8.11.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>  April, May and June 2015 Monthly Monitoring Reports completed.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time <b>To be Completed by:</b> 7 July 2015	The acting registered person and registering manager is recommended to ensure future annual quality review processes include reference to service user, staff and commissioner feedback and staff training together with number of people sampled.  As discussed within recommendation one of the report.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Annual Quality Review April 2014 - March 2015 completed.		
<b>Registered Manager Completing QIP</b>	Anita McClurg	<b>Date Completed</b>	26.06.15
<b>Registered Person Approving QIP</b>	Eugene McGuckin	<b>Date Approved</b>	26.06.15
<b>RQIA Inspector Assessing Response</b>	Amanda Jackson	<b>Date Approved</b>	30.06.15

***\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****

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