



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

**Extra Care**  
**RQIA ID: 10930**  
**Lucas Exchange, 1 Orchard Way**  
**Greystone Road, Antrim**  
**BT41 2RU**

**Inspector: Amanda Jackson**  
**User Consultation Officer: Clair McConnell**  
**Inspection ID: IN23508**

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

**08 October 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 08 October 2015 from 09.00 to 16.15. 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 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>	0	4

The details of the QIP within this report were discussed with Mr Eugene McGuckin (registered person) and Ms Anita McClurg (registered manager) as part of the inspection process. The Human Resources (HR) Director was also present for the feedback. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Extra Care for Elderly People Ltd/Mr Eugene McGuckin	<b>Registered Manager:</b> Ms Anita McClurg
<b>Person in charge of the agency at the time of Inspection:</b> Ms Anita McClurg	<b>Date Manager Registered:</b> 18 June 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 1284	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered person, registered manager and HR Director.
- Consultation with two staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and eleven relatives, either in their own home or by telephone, between 8 and 16 September 2015 to obtain their views of the service. The service users interviewed live in SEHSCT and SHSCT areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service
- Housework.

The UCO also reviewed the agency's documentation relating to one service user.

The following records were examined during the inspection:

- Quality monitoring policy and procedure
- Three randomly selected service user quality monitoring records
- Three randomly selected staff quality monitoring records
- Annual quality surveys for 2015 service users, staff and commissioners

- Supervision and appraisal policy and procedure
- Three care staff supervision and appraisal records
- Three operational management staff supervision records
- Manager supervision records
- Care staff training schedule
- Training records for three care staff
- Training records for three operational team leaders
- Training records for registered manager
- Three monthly quality monitoring reports
- New staff recording booklet template
- Four service user referrals, care plan, assessment and reviews
- Three compliments
- Two complaints
- Three contact records with staff regarding changes to service users' needs
- Two contact records with trust regarding changes to service users' needs
- One contact record/duty log regarding staff communicating change in service user circumstances
- Three staff training records regarding additional/non mandatory training areas (Dementia, Parkinson's disease and Trachea care)
- 2014 Annual quality report
- Procedure for management of missed calls
- One duty log/record
- Computer record/spreadsheet for recording missed and late calls and actions taken
- One staff member disciplinary record
- Duty rota for out of hours operators
- Duty rota for senior management
- Staff and service user rota.

## 5. The Inspection

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

The service is currently provided to 1,284 service users. The agency employs 418 staff and operates from a central head office in Antrim where there is a management team of registered manager (Anita McClurg) a current vacancy for an operational manager (due to be filled in the coming weeks) and a number of operational team leaders (OTL's) who directly manage staff and service users in the community.

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

The previous inspection of the agency was an unannounced care inspection dated 7 May 2015. The completed QIP was returned and approved by the inspector.

## 5.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 23</b>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The Quality monitoring policy and procedure dated June 2015 and review of a schedule for service user quality monitoring presented evidence of ongoing quality monitoring in the form of the annual quality survey, an annual face to face review with service users and an annual telephone contact.</p> <p>Review of three randomly selected service users quality monitoring records from the schedule evidenced compliance with the agency procedure.</p> <p>The Quality monitoring policy and procedure dated June 2015 and review of a schedule for staff quality monitoring presented evidence of ongoing quality monitoring in the form of one spot check within service users homes an annual office based appraisal and a telephone supervision contact with staff.</p> <p>Review of three randomly selected staff quality monitoring records from the schedule evidenced two of the three staff to have completed quality monitoring and appraisal in line with the procedure. The third staff member was not compliant with the procedure timeframes and this was discussed with the registered manager for review.</p> <p>Complete stakeholder inclusion in the annual quality report for 2014-15 was evidenced during inspection in respect of service user, staff and commissioner questionnaires returned to date. The annual report is due for completion over the coming month following inspection.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16(4)</p>	<p>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.</p> <p>(Minimum standard 13)</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the supervision and appraisal policy and procedure dated June 2015 outlines the specifics of staff supervision for the various different categories of staff including care staff and office based operational staff and office based management staff. Supervision for care staff currently takes place via telephone contact and discusses matters such as current work load, service user issues and staff training.</p> <p>Discussion with the registered manager Ms Anita McClurg highlighted that this process has not been fully implemented for all staff to date as the process commenced in May 2015 following the previous inspection. Evidence of three randomly selected staff members supervision was confirmed during inspection. Appraisal for a further three randomly selected staff members was also confirmed.</p> <p>Review of supervision for three randomly selected office based operational staff and the agency registered manager Ms Anita McClurg were confirmed during inspection. Ms Anita McClurg confirmed that appraisal for operational and management staff is due for completion by the close of 2015.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16(2)(a)</p>	<p>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.</p> <p>(Minimum standard 12)</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a complete training schedule for all care staff evidenced all mandatory training updated following the previous inspection.</p> <p>A random selection of three care staff, three operational management staff and the registered manager Ms Anita McClurg training records reviewed during the inspection confirmed Regulation 16(2)(a) is currently compliant.</p>	
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<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 9.1</p>	<p>The acting registered person and registering manager are recommended to develop a policy and procedure in respect of service user quality monitoring.</p> <p><b>Action taken as confirmed during the inspection:</b> The Quality monitoring policy and procedure dated June 2015 was developed following the previous inspection and details services user quality monitoring procedures and timeframes.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standards 8.11 and 8.12</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the monthly monitoring reports for June, July and August 2015 were comprehensively completed by the registered manager and signed off by the acting registered person. The inspector discussed the role of the registered person in completing the monthly monitoring reports as opposed to the registered manager. This recommendation has been restated in the QIP appended to this report.</p> <p>The 2015 annual quality report is currently being compiled and hence could not be reviewed during the inspection day. The inspector did however review samples of service user, staff and commissioner questionnaires received in respect of this process which is due for completion over the coming weeks.</p>	<p><b>Partially Met</b></p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 8.12	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  As detailed in recommendation two above, the annual quality report has not been completed for 2015 but is currently in the process of information gathering. Evidence of all key stakeholder involvement in the process where available for review during inspection.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. The registered manager Anita McClurg advised that service user guides and agreements had been provided to service users however a signed copy of the document had not been retained in the agency records and this has been recommended.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the care required.

The one file reviewed by the UCO contained an up to date care plan and risk assessment, however there were no completed log sheets. Discussion with the registered manager Ms Anita McClurg during inspection confirmed that the agency recently introduced a new recording booklet since the previous inspection to ensure all records are securely and chronologically maintained hence the reason for the absence of records in the service user's home file. Evidence of the new recording booklets were reviewed during inspection.

Overall on the day the inspector found that care was safe.



## Is care effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service recently, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from service users or their representatives and management visits are taking place to discuss their care.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality report for 2014 was reviewed during inspection together with the questionnaires currently being returned by service users, staff and commissioners for the 2015 annual report. The inspector discussed the 2014 annual report and the fact it had not been shared with service users following its completion in March 2015. A recommendation has been made in this respect. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had received two complaints since the previous inspection in May 2015 which were reviewed during inspection. One matter had been satisfactorily managed while the second matter is currently ongoing. All actions in respect of this matter to date appeared appropriate and are due for review during an upcoming commissioner review with the service user and the agency.

The compliments records from two service users families and one social worker reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'Family state they are very grateful for the service provided by all the carers going into service user and they could not cope without them'.

'A next of kin described one staff member as 'an angel from heaven'.

'A social worker emailed stating 'I know XXX truly appreciated all the support that carers provided. Thank you all once again for all your help and support'.

The agency has monthly monitoring reports completed by the registered manager and signed off by the acting registered person. The inspector reviewed three such reports and confirmed the reports to be substantially detailed but not completed by the acting registered person in accordance with standard 8.11. This matter was discussed with the acting registered person on the inspection day and a recommendation has been made in the QIP appended to this report.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users' needs. This happens in two ways, the first via text messaging which is recorded on the agency system. The second method is via telephone calls to staff members. This is not currently recorded by the operational team leaders and was discussed during inspection with the registered manager. A recommendation has been made in respect of this matter.

Two staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with operational team leaders share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day (as referenced in the paragraph above). Additional staff training is also provided in the area of dementia, Parkinson's disease and trachea care (where appropriate) to ensure staff are appropriately knowledgeable in service users specific needs.

Overall on the day the inspector found that care delivery was effective.

### **Is care compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Extra Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Very caring and thoughtful."
- "Can't say anything about them."
- "Happy with all the girls."
- "I have developed a good trust with the carer."
- "The agency is stopping our care package but I am sorry to see the girls leave."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs especially in cases where conditions such as dementia and communication difficulties pre-sent. Staff discussed several service user's with communication difficulties (due to dementia and blindness) and how they use different techniques to communicate with such service users.

Overall on the day the inspector found that care delivery was compassionate.

## Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. Service user signed agreements are recommended to be retained in the office files for inspection review. The agency are recommended to share the 2014 and all subsequent annual reports with all stakeholders and information shared with staff in respect of service user changes is recommended for retention. All matters have been detailed on the QIP appended to this report.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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### 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

#### Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure (flowchart) for management of missed or late calls and this was reviewed during inspection. The agency had a range of missed calls and late calls which are captured in a range on manners reviewed during inspection. These include duty logs, computer logs of actions taken (regarding the missed/late call, follow up action and actions taken regarding staff involved) and monthly monitoring reports which review this matter ongoing. Review of a sample of these records during inspection supported appropriate communication. Communications with the referring HSC Trusts had taken place in respect of the sample reviewed during inspection. Review of staff rota's during inspection for one staff member and one service user reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.

#### Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping. Two of the people interviewed also advised that they had experienced a missed call from the agency. Review of a sample of missed calls during inspection supported an appropriate process in place to monitor, review and appropriately address such matters arising.

The registered manager confirmed that missed or late calls would be an ongoing matter which the agency monitors very closely and continue to endeavour to avoid where ever possible.

Procedures in place for staff quality monitoring were reviewed during inspection. Disciplinary processes were discussed and reviewed for one staff member during inspection in respect of the agency appropriately addressing the matter of missed or late calls. Monthly monitoring reports completed by the registered manager and reviewed by the acting registered person were reviewed during inspection and clearly referenced missed or late calls as an ongoing theme.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visits.

Overall on the day the inspector found that care delivery was effective.

### **Is Care Compassionate?**

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

### **Areas for Improvement**

The agency has met the required standards in respect of theme two for all areas reviewed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

No additional areas were reviewed 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 Mr Eugene McGuckin (registered person) and Ms Anita McClurg (registered manager) 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standards 8.11</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The acting registered person is recommended to ensure completion of monthly reports in line with standard 8.11.</p> <p>As discussed within recommendation two within the follow up section of the report.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Extra Care believe we are currently compliant with this recommendation as inspection reports monthly reports as substantially detailed. The acting registered person will consider the monitoring and summary of the views of service users/carers/representatives already obtained and ensure actions are in accordance with minimum standards.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The written agreement (service user agreement) is signed and or witnessed prior to the service being provided. Where the service user is unable or chooses not to sign, this is recorded.</p> <p>As discussed within theme one of the report.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Extra Care has updated the Service User User Agreement in 2015. The agreement is being issued to all new and existing service users in line with service user engagement targets. This will meet with standard 4.4.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 08 November 2015</p>	<p>The quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.</p> <p>As discussed within theme one of the report regarding sharing the 2014 annual report with all stakeholders.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Annual Quality Review April 2014 - March 2015 to be issued to all current service users by end of January 2016.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The information held on record is accurate, up-to-date and necessary.</p> <p>As discussed within theme one of the report regarding communication with staff regarding changes to service user's needs.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Extra Care is currently costing a call recording system in order to log, hold accurate and up-to-date information for management of records under standard 10.</p>

<b>Registered Manager Completing QIP</b>	Anita McClurg (Ms)	<b>Date Completed</b>	28.10.15
<b>Registered Person Approving QIP</b>	Eugene McGuckin	<b>Date Approved</b>	28.10.15
<b>RQIA Inspector Assessing Response</b>	A.Jackson	<b>Date Approved</b>	29/10/15

*\*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\**