

Unannounced Care Follow Up Inspection Report 11 October 2019

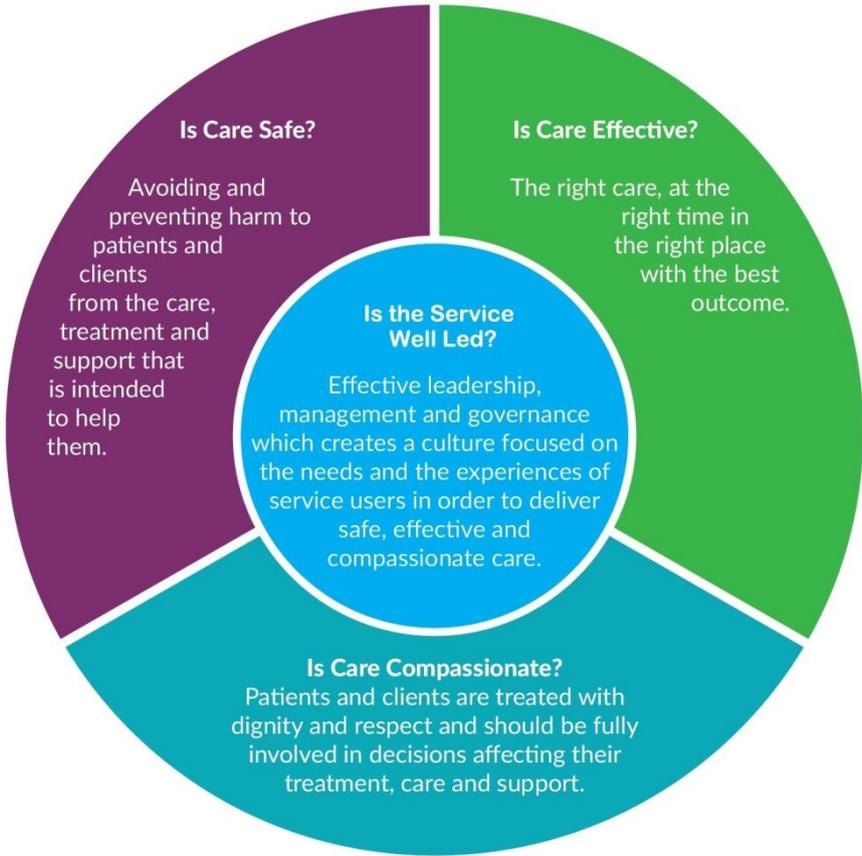


Extra Care

Type of Service: Domiciliary Care Agency
Address: Lucas Exchange, 1 Orchard Way,
Tel No: 02894482939
Inspectors: Aveen Donnelly and Corrie Visser

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 of the Health and Social Care Trust (HSCT) areas in Northern Ireland with exception of the Western HSCT area. Services provided include personal care, assistance with meals and respite sits (day and night).

The agency currently provides services to 646 individuals living in their own homes. The care and support is provided by 294 staff.

3.0 Service details

Organisation/Registered Provider: Extra Care for Elderly People Ltd	Registered Manager: Sandra Selwood (Acting manager)
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 unannounced inspection took place on 11 October 2019 from 09.30 to 12.30.

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 progress with any areas for improvement made since the last care inspection.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sandra Selwood, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 7 and 9 May 2019

No further actions were required to be taken following the most recent inspection on 7 and 9 May 2019.

5.0 How we inspect

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

- previous inspection report and QIP
- any correspondence or information received by RQIA since the previous inspection

The following records were examined during the inspection:

- daily progress notes relating to five service users
- records of missed and late calls since the last inspection
- staff memo regarding missed calls issued on 10 June 2019
- incidents and accidents records
- agency staff profile relating to a staff member from another registered domiciliary care agency
- complaints records

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 and 9 May 2019

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

6.2 Review of areas for improvement from the last care inspection dated 7 and 9 May 2019

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
Area for improvement 1 Ref: Regulation 23. (1) Stated: First time	<p>The registered person shall establish and maintain a system for evaluating the quality of service which the agency arranges to be provided.</p> <p>This refers specifically to their quality monitoring processes, to ensure that service failures are proactively identified and managed.</p>	Met

	<p>Action taken as confirmed during the inspection: Inspection findings identified that effective quality monitoring processes were in place.</p>	
<p>Area for improvement 2 Ref: Regulation 13. (d) Schedule 3 Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to the recruitment and training information provided in respect of domiciliary care workers who had been supplied to the agency from other domiciliary care/employment agencies.</p> <p>Action taken as confirmed during the inspection: The successful recruitment of staff has resulted in the agency having accessed a minimal number of staff from recruitment agencies. The manager was aware of the process to follow in this regard.</p>	<p>Met</p>
<p>Area for improvement 3 Ref: Regulation 16. (5)(a) 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: The successful recruitment of staff meant that the agency used minimal staff from recruitment agencies since the previous inspection. With the exception of short notice need, the manager was aware that agency staff were required to have an induction in accordance with the regulations.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 22. (8)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of Regulation 21(1) shall apply to that record.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection findings identified that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all records are legible, accurate and up to date.</p> <p>This refers specifically to contact records which team leaders have with service users and or their representatives.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection findings identified that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all relevant persons are notified of the outcome of any investigations undertaken by the agency.</p> <p>This refers specifically to staff misconduct which should be reported to NISCC.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection findings identified that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.8</p> <p>Stated: First time</p>	<p>The registered person shall review the need for relevant staff to receive training, or by other means, in the application of the complaints procedure.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection findings identified that this area for improvement had been addressed.</p>	<p>Met</p>

6.3 Inspection findings

Following the last care inspection undertaken on 7 and 9 May 2019, the agency submitted weekly reports to RQIA, detailing the numbers of late and missed calls. The review of this information identified that the numbers of missed calls had significantly decreased and there was evidence that staff had been reporting to the agency, where missed calls had been identified. The manager also advised that a number of senior care workers had been appointed since the last inspection and that they had a role in reviewing service provision. In addition, the inspectors were advised that a memo had been issued to all staff pertaining to the procedure for proactively identifying and reporting missed calls. The procedure for missed and late calls had also been updated to reflect that senior management were to be informed of missed calls at weekends. In addition the review of five service user care records identified that all care had been delivered as planned.

The inspectors noted that since the date of the last care inspection, the number of service users had decreased from 669 service user to 646 and that the total numbers of staff had increased from 269 staff to 294 staff. This was discussed with the manager, who advised that due to successful recruitment of staff, the agency were no longer reliant on the high numbers of usage of staff from a recruitment agency as had been previously identified. The manager was aware of the requirement for all staff provided from other registered domiciliary care agencies to be recruited and inducted in keeping with the regulations. The inspectors reviewed the booking arrangements for one staff member who had been accessed from another registered domiciliary care agency. The agency profile had not been received in advance of the staff member being supplied; however, this was obtained during the inspection. This was discussed with the manager, who agreed to add this to the monthly auditing processes, to ensure that they were consistently in place prior to a staff member being supplied.

No staff disciplinary action has been taken since the date of the last inspection. Discussion with the person designated with the responsibility for human resources identified that they were knowledgeable in relation to referring staff to NISCC, as appropriate.

The review of the agency's complaints records identified that they had been managed appropriately. Team leaders were able to describe to the inspectors, the process for recording discussions with family members. The manager had also recently amended the template for service user reviews, to include a follow up section, where any complaints had been made. Advice was given in relation to recording specific incidents additionally as complaints, if appropriate. The manager welcomed this advice and agreed to address the matter.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



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