



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Extra Care
Establishment ID No: 10930
Date of Inspection: 14 January 2015
Inspector's Name: Amanda Jackson
Inspection No: IN020784

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Extra Care
Address:	Lucas Exchange 1 Orchard Way Greystone Road Antrim BT41 2RU
Telephone Number:	02894 482939
E mail Address:	Eugene.mcguckin@extra-care.org
Registered Organisation / Registered Provider:	Extra Care for Elderly People Ltd/Mr Eugene McGuckin (Acting)
Registered Manager:	Ms Alethea Thomson (registration pending)
Person in Charge of the agency at the time of inspection:	Ms Alethea Thomson (registration pending)
Number of service users:	1557
Date and type of previous inspection:	Primary Announced Inspection 24 September 2013
Date and time of inspection:	Primary Unannounced Inspection Wednesday 14 January 2015 09.00 to 16.30 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

Feedback to Eugene, Joan McGinn acting CEO, Ale, Anita, and isobel hr director feedback

During the course of the inspection, the inspector spoke to the following:

Service users	1
Staff	2
Relatives	10
Other Professionals	2

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	2

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Extra Care is a domiciliary care agency providing services in all Health and Social Care Trust areas in Northern Ireland with exception to the WHSCT area where service is to be withdrawn by March 2015. This was a decision taken by Extra Care and current arrangements are ongoing with the WHSCT to relocate service users and staff to another domiciliary provider. The agency also operates in the Republic of Ireland. Services provided include personal care, assistance with meals and respite sits (day and night). Additionally, the agency provides a rapid response service to facilitate hospital discharge, or prevent hospital admission.

The service is currently provided to approximately 1,500 service users (decrease of approximately 200 since the previous inspection) with some 17,826 hours per week of service provided. The agency employs approximately 580 staff (approximately 20 less from the previous inspection). The agency's head office and its management team are based in Antrim where there is a management team of registering manager (Alethea Thomson) two operational managers and sixteen operational team leaders who directly manage staff and service users in the community.

The agency has undergone considerable change since the previous inspection with a completely new management structure since September/October 2014. This has involved the introduction of a number of new staff including the current acting responsible person/acting CEO (Mr Eugene McGuckin) and registering manager (Ms Alethea Thomson) and also a range of staff within the organisation have moved into diversified roles.

The agency may also come under further change in the near future as the registered manager position for the domiciliary care agency is due to be reviewed over the coming weeks to allow for the current registering manager Alethea Thomson to have responsibility for the nursing agency element of the organisation as opposed to dual management responsibilities. Althea is also currently within the registering role for the nursing agency and has an application in with RQIA to become permanent in this position.

Extra Care had five requirements and four recommendations made during the agency's previous inspection on 24 September 2013. All requirements and recommendations were reviewed during the inspection day alongside the themes for this inspection year

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Extra care was carried out on 14 January 2015 between the hours of 09.00 hours and 16.30 hours.

Visits to service users were carried out by the UCO prior to the inspection on 13 and 14 January 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the acting registered person Eugene McGuckin, Althea Thomson (registering manager) and the agency quality manager together with the deputy CEO and HR director.

The inspector had the opportunity to meet with two staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence and one staff commented that her work was very rewarding. Discussion with the staff group during

inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Eight requirements (one restated from the previous QIP dated 24 September 2013) and one recommendation have been made in respect of the outcomes of this inspection.

Review of information and evidence and discussions which took place during inspection caused the inspector concern that a considerable number of areas reviewed fell significantly below the required minimum standards expected. As a result of these concerns a Serious concerns meeting was held with Extra care on Tuesday 3 February 2015 to discuss all matters. Prior to this meeting RQIA was presented with an action plan which outlined the immediate action being taken by Extra care to bring the agency back into compliance with the minimum standards and domiciliary care agency regulations. This action plan was further discussed during the serious concerns meeting at RQIA and assurances provided by Extra care senior personnel that all matters were being addressed with immediate effect. RQIA were assured at the close of the meeting that appropriate action was being taken to address all matters.

RQIA confirmed that a follow up inspection would be scheduled approximately three months from the inspection date to review all matters and insure compliance has been achieved.

Staff survey comments

30 staff surveys were issued and 2 received which is a disappointing response.

Staff comments included on the returned surveys are as follows and were discussed with the registering manager and quality manager at the commencement of inspection:

“Fully qualified professional people should carry out any sort of training. And not Extra Care office staff. (They might have a certificate, I don’t know).”

“Extra Care don’t listen to their care workers. Since XXX has taken over they have listened lets hope they gets issues solved.”

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and ten relatives on 13 and 14 January 2015 to obtain their views of the service being provided by Extra Care. The service users interviewed live in Ballymena, Ballyclare and surrounding areas; have been using the agency for a period of time ranging from approximately three months to two years and receive assistance with the following at least one day per week:

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

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. However concerns were raised regarding cover arrangements when the usual carers are off and there were mixed results regarding service users being introduced to new members of staff by a regular carer. The matters were discussed during the inspection and arrangements should be kept under review.

The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice. It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Extra Care and are aware of whom they should contact if any issues arise. The UCO was informed that a number of complaints had been made in regards to consistent carers, timekeeping, length of calls, missed calls and medication errors; the matters were discussed as part of the inspection.

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure satisfaction, however only one relative confirmed that observation of staff practice had taken place in their home. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls. Examples of some of the comments made by service users or their relatives are listed below:

- "Very happy with the girl we have."
- "The carers pick up on any changes of condition and let me know so it can be dealt with quickly."
- "The family is very appreciative of the service."
- "I never hear a bad word from my XXX about them."
- "The girls are lovely but I think the agency is short staffed."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of three service users. During the home visits, the UCO noted that one service user was experiencing restraint in the form of bed rails; the use of such was documented in their care plan.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. One service user receives assistance with medication; however the medication log was not being completed consistently.

All visits by carers are to be recorded on log sheets which are held in the service user's home, however one issue was identified by the UCO regarding recording of call times. No issues were noted regarding the care plan or risk assessments for the three service users. The above matters were discussed with the registering manager who has been requested to ensure that the matters are addressed accordingly.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency's 'Quality Assurance' policy dated 15 March 2013 and 'Statement of Purpose' dated March 2009 viewed did not clearly reference the organisational structure, the qualifications and experience of senior staff and the roles and responsibilities of each grade of senior staff and all of the quality monitoring processes and timeframes. Both documents have been required for review.

Discussions with the registering manager and quality manager during inspection and review of records for the manager and management staff did not supported an appropriate process for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. All areas of training and associated competency assessments have been requested for review.

Review of appropriate supervision and appraisal policies and processes for all management staff where not in place and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate and to ensure actions plans for all areas are measurable.

Records regarding two incidents were reviewed and found to have been appropriately recorded, managed and reported with exception to delay in RQIA timeframes. This has been confirmed for all future reporting.

Five requirements and one recommendation have been made in relation to this theme and relate to registering manager and management staff training and competence in accordance with RQIA mandatory training guidelines (2012), Regulation 16(2) and Standard 12, and the revision of the staff supervision and appraisal policy and implementation of supervision and appraisal process for all management staff in line with Regulation 16(4) and Standard 13. The

Statement of purpose and various policies relating to the Management, control and monitoring of the agency have also been requested for review and implementation of processes in line with policy timeframes.

Theme 2 - Records management

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency registering manager and quality manager confirmed the agency has a policy and procedure in place on 'Record Keeping' which contains guidance for staff on this subject.

Recording templates reviewed during the UCO service user home visits supported appropriate templates in place. Review of service user home files by the UCO prior to inspection highlighted gaps in recording compliance.

The agency registering manager and quality manager confirmed the agency has a policy and procedure in place on use of restraint.

The agency currently provides care to a number of service users that require some form of restraint. Review of one care plan during the UCO service user visits confirmed the restraint was appropriately detailed on the care plan and this was confirmed during the inspector discussions with two care staff at inspection.

The agency registering manager and quality manager confirmed the agency has a policy on 'Handling Service Users Monies' despite this being an area not covered by the agency.

Staff training, spot monitoring and supervision and appraisal processes and staff meetings (regarding recording and reporting) were confirmed during this theme as non-compliant with domiciliary care standards and have been required for review as detailed on the QIP attached to the report.

Three requirements have been made in relation to this theme, two of which overlap with theme one in respect of staff training compliant with the RQIA mandatory training guidelines (2012), Regulation 16(2) and Standard 12, and the revision of the staff supervision and appraisal policy and implementation of supervision and appraisal process for all staff in line with Regulation 16(4) and Standard 13. The third requirement under theme two relates to service user records completion compliant with Regulation 15(6),(7) and Schedule 4(11) and Standards 5 and 10

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11 with exception to confirmation of staff car insurance for business use and the statement by the registered person or registered manager regarding staff fitness.

One requirement has been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15(9)	The registered person shall make arrangements, by training or by other measures, to prevent service users being placed at risk of harm, abuse or neglect, specifically, by ensuring that all scheduled and agreed calls to service users are carried out.	<p>Review of staff training records, spot checks, supervisions were reviewed as non-compliant during inspection and a requirement has been made within the QIP attached to this report regarding action required.</p> <p>Daily, weekly and monthly monitoring processes have been implemented by the agency quality manager to review missed calls alongside other staff practices such as handing back calls after allocation onto rota's.</p> <p>Review of these new processes during inspection reassured the inspector that the agency was being proactive in identifying matters arising on a regular and comprehensive basis and was instigating relevant</p>	Once	Compliant

			<p>procedures and sanctions to address the matters arising.</p> <p>Review of missed calls over the past six months highlighted a steady decrease due to this new system.</p>		
2	Regulation 15(4)	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.	Evidence from the UCO service user visits/discussions highlighted this matter remains ongoing at present.	Once	Moving towards compliance
3	Regulation 15(5)(b)	The registered person shall, so far as is practicable, ensure that service users or their representatives, are informed of, or introduced to, any care worker who is scheduled to provide the agreed care service to them.	As per requirement 2 above.	Once	Moving towards compliance
4	Regulation 16(4)	The registered person shall ensure that each employee receives appropriate supervision.	As detailed within theme one and two of the report.	Once	Not compliant
5	Regulation 16(3)	The registered person shall ensure that call times recorded by care workers in each service user's home are accurate.	As detailed within theme two, criteria one of the report.	Once	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 8.10	It is recommended that supervisory observations of service delivery by care workers are carried out regularly, in accordance with the agency's procedures and established good practice.	As detailed within theme two, criteria one of the report.	Once	Not compliant
2	Standard 13.3	It is recommended that the registered person assures RQIA that all care workers will participate in formal, recorded supervision meeting/s, in accordance with the agency's policy and procedures.	As detailed within theme two, criteria one of the report.	Twice	Not compliant
3	Standard 12.4	It is recommended that the system in use for recording mandatory training and alerting the agency to each staff member's need for re-training should be reviewed to ensure that it fulfils the agency's needs in this respect.	As detailed within theme one and two of the report.	Once	Not compliant
4	Standard 8.2	It is recommended that communication systems within the agency should be improved at the earliest possible time.	As per requirement one above.	Twice	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>As the new Registered Manager I have completed my Induction Training with Extra Care which included the following training; Vulnerable Adults, Medication, Manual Handling, Managing Service Users Money, Restraint and Managing Challenging Behaviour, Infection Control, Fire Safety, Food Hygiene, Duties of Registered Manager and Minimum Standards for Domicillary Care.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated March 2009 (which was out of date in line with three year review timeframe stated in the domiciliary care agency standards 2011) was found to be out of date in respect of the current management structure and has been requested for review and updating.</p> <p>The policy on 'Quality' dated 15 March 2013 referenced a range of approaches in which quality is measured by the agency but was not found to be specific in respect management structure, roles and responsibilities and control/accountability measures within the agency. The policy is also required to detail specific timeframes for different areas of quality monitoring such as those time frames for service users reviews, staff spot monitoring, supervision etc to allow for future inspection measurement of such processes.</p> <p>The agency did present a clear flowchart in terms of the current management structure which was reviewed as compliant during the inspection and was requested for inclusion in the review of the Statement of purpose and the policy development in 'Management, control and monitoring of the agency'.</p> <p>Training records for the registering manager were discussed during the inspection. Due to the registering manager only recently taking up the position training was confirmed not to be compliant with RQIA mandatory training guidelines (September 2012).</p> <p>The registering manager has not completed training in the areas of supervision and appraisal to date and this has been required alongside all mandatory training.</p> <p>The inspector discussed the requirement under mandatory training in line with RQIA mandatory training guidelines (September 2012), regulation 11(3) and standard 12 and the recommended standards and records required to be retained under standard 12.7 and 12.9 regarding competence assessment.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p> <p>The registering manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registering manager is currently registered with the NMC until 2016.</p>	<p>Moving towards compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>8.10. Facilitated by Supervision Sessions, Meeting with Community Team Leaders, RQIA Monthly Report, Monthly Returns to Trusts, Liasion with Quality Department, Regular Meetings with Deputy CEO and CEO.</p> <p>7.13. Incidents Recorded and Reported to Social Worker, Reported to RQIA as Required, If Applicable Reported to HSC, RIDDOR, NISCC, NMC and PSNI.</p> <p>12.9. Evaluation From Peers/Colleagues, Effective Dissemination of Information, Meetings With Care Workers To Highlight Their Requirements For Information and Education, Service User Survey's, Joint Reviews with Service Users and Their Next of Kin (And/Or Nominated Key Worker), Complaints and Compliments Utilised as A Learning Tool.</p> <p>13.5. Only New to Position, Will Undertake Further Training/Supervision As Required to Facilitate Learning Deficit and Implement New Skill to Role.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency Supervision and appraisal policy and procedure was discussed during inspection as referencing practices for care staff but does not currently reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p> <p>Supervision and appraisal for the registering manager has not taken place to date due to the position only taking place six weeks ago. The registering manager discussed informal discussions which have taken place with relevant line managers during the six week timeframes but records of these discussions have not been maintained.</p> <p>The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (one vulnerable adult incident and one non reportable incident). Review of these incidents confirmed appropriate recording and reporting to RQIA despite a delay in reporting timeframes which was discussed and confirmed during inspection for all future matters.</p> <p>Monthly monitoring reports completed by the Quality manager and reviewed and signed off by the registered acting person/CEO, deputy CEO and registering manager and were reviewed during inspection for August, September and October 2014 and found to be detailed and concise. The inspector did however discuss how several matters did not provide adequate information on management of issues arising i.e. staff mandatory training updates were detailed on all three reports as requiring review yet the action plan did not evidence how this was to be achieved and the progress being made from one month to the next. Revision of the report process was recommended and the report was also recommended to include a staff competency areas as appropriate.</p> <p>The agency had completed their annual quality review for the year April 2013 to March 2014 which was reviewed during inspection. The report included their evaluation of complaints, compliments, accidents, incidents and missed calls but did not make any reference to service user, staff or commissioner feedback throughout the year and did not make reference to staff training achieved or future training requirements. All areas have been recommended for review for the coming annual report.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>13.b. Adhere to Extra Care Recruitment Policy, Domicillary Care Standards, Extra Care Induction Package, Ensuring That No Domicillary Care Worker Is Allowed to Commence Employment Until Recruitment Policy is Fully Complete.</p> <p>7.9. Training is Undertaken On an Individual Basis Relevant To Caseload/Service User; Discussed With Allied Health Professionals, Trust Representatives, Review With Service User And Next Of Kin (And/Or Nominated Key Worker), Adherence to Extra Care Policy and Use Of Expert Nurse.</p> <p>12.4. Staff Are Trained In Specialist Areas Specific To Individual Service Users Needs And Requirements, These Are Reviewed, Assessed, Planned, Implemented And Evaluated As The Need Arises Or On An Annual Basis.</p> <p>13.1. Senior Management Are Trained In Supervision And Appraisal. As Newly Appointed To The Position, I Will Undertake Training Regarding Management And Appraisal.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The registering manager discussed the agency's current position in reviewing the agency's training and development policy and procedure dated which will sit alongside a mandatory training programme.</p> <p>Training records reviewed during inspection for three of the sixteen operational team leaders were found not to be in place regarding all areas of mandatory training. Most training previously carried out was reviewed as substantially out of date in compliance with RQIA mandatory training guidelines (September 2012) and competency assessments post training were not evidenced.</p> <p>The three records reviewed for the operational team leaders did confirm completed training in the areas of supervision and appraisal in November and December 2014 and this is to be commended. This training included covering the agency supervision an appraisal policy and procedure, information on what makes a good supervisor and the skills required and the templates to be used for the process. This training was carried out by the quality manager and clearly evidenced during inspection. Implementation of this supervision and appraisal process is scheduled over the coming months with the quality manager observing operational team leaders during the implementation phase to assess and ensure competence post training.</p> <p>The inspector did not review operational managers training during inspection as this level of manager operate above the operational team leaders and do not have a role in staff or service user daily operations or contact.</p> <p>Review of all training records and competency assessments is required in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>8.10. Facilitated by Supervision Sessions, Meeting with Community Team Leaders, RQIA Monthly Report, Monthly Returns to Trusts, Liasion with Quality Department, Regular Meetings with Deputy CEO and CEO.</p> <p>7.13. Incidents Recorded and Reported to Social Worker, Reported to RQIA as Required, If Applicable Reported to HSC, RIDDOR, NISCC, NMC and PSNI.</p> <p>12.9. Evaluation From Peers/Colleagues, Effective Dissemination of Information, Meetings With Care Workers To Highlight Their Requirements For Information and Education, Service User Survey's, Joint Reviews with Service Users and Their Next of Kin (And/Or Nominated Key Worker), Complaints and Compliments Utilised as A Learning Tool.</p> <p>13.5. Only New to Position, Will Undertake Further Training/Supervision As Required to Facilitate Learning Deficit and Implement New Skill to Role.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Supervision and appraisal for three of the sixteen operational team leaders reviewed was not taking place consistently and has been requested for review</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registering manager and quality manager for future consideration (as required).</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Moving towards compliance</p>

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>All records are kept up to date and in line with record keeping standards and filed in the office in a central filing system. They are available for inspection at any time.</p> <p>Once a referral is accepted a file is made up by the Administration team and placed within the central filing system. A member of the Community Team will then contact the service user and their next of kin to arrange to carry out an initial visit. At this visit the community team member will, with the input of the service user and/or next of kin, devise a care plan that is holistic and suitable for the care requirements requested. They will also complete risk assessments; both a person centred risk assessment and an environmental risk assessment; this also includes a section which will identify 'significant' risks e.g. service users who require safety rails (cot sides); difficulties with mobility or who have a specific medical condition. Once the service user and/or their next of kin are in agreement with all documents they are printed off and signed. A copy is left within the service users home in the service user folder and a copy is then brought into the office and placed in the file within the central filing system. Both copies of the care plan and both copies of the 'provision to provide services' are signed by both the service user or their representative if the service user is unable or unwilling to sign. A record of the initial visit is noted on the Carefree system and a follow up visit is scheduled for the next 'service user review' which would take place in 6 months time. Carefree is the central data base that is used within Extra Care for rota management purposes. If the service users needs change before that a review is carried out. At each review the care plan and risk assessments are re-checked for accuracy and amended accordingly. The care plan and all risk assessments must be updated every 12 months. The Registered Manager must ensure that he/she monitors this and ensures that the community team are adhering to this.</p> <p>The service user folder contains daily report sheets and medication sheets. These are completed by the careworkers at the end of each visit. Care staff are trained to complete the daily report sheets showing the date of the call, the start and end time and duties completed during the call. The careworker will also note the general health of the service user at each call and note if they have any concerns in relation to their health and well-being. If concerns are noted this is immediately phoned into the office or to the Out of Hours (OOH) if at the weekend so that next of kin and medical personell can be informed. Careworkers will record any intervention carried out and report to the office. They are taught to write legibly and in black ink and sign all documentation.</p> <p>This information is also passed on to the relevant community team leader - if a change to the package of</p>	<p>Compliant</p>

care is required this is forwarded to the service users social worker. Any agreed changes to the package of care is referred to the office; a member of the community team will then re-visit the home and update the care plan and risk assessments to highlight the change and the careworkers will be informed. The service users social worker may also request a visit to the service user with a member of the community team - the quality of care provided, the general health and well being and the care package provided will be discussed at these meetings.

As stated each service user will receive 2 visits per year or as necessary to ensure that the care provided is of a high standard.

In the event of incidents, accidents or near misses the Registered Manager will ensure that all of the relevant bodies are informed. This will include the RQIA, RIDDOR and the Health and Safety Executive as necessary as well as informing the service users social worker or in their absence the Duty Social Worker. This information will be passed on as and when it occurs even during out of hours.

If a careworker phones in and informs the office staff of an incident/accident the member of staff in the office that takes the phone call will take all of the relevant information from the careworker. They will then take a photocopy of the form and send one copy out to the careworker for a verification signature and the other copy is immediately emailed to the Quality Team for logging and following up. Each incident/accident is investigated and relevant learning is implemented.

Inspection Findings:

The agency policies on Recording and reporting care practices, Handling service user's monies and Restraint were not reviewed during inspection but confirmed by the registering manager and quality manager to be in place and detailed within the staff handbook.

Templates for recording were reviewed prior to the inspection by the RQIA UCO with no issues arising.

Discussion during inspection feedback with all management staff confirmed staff spot checks take place once or twice annually alongside one face to face supervision and an annual appraisal. Review of three staff files during inspection did not confirm adherence to the stated timeframes for staff monitoring, supervision or appraisal with limited records available for review.

Moving towards compliance

Staff training records for the areas of medication, recording and reporting, restraint and managing service users monies also reviewed for the same three staff members during inspection again identified significant gaps in training and competency processes.

The registering manager and quality manager discussed staff meetings as taking place but no records were available to confirm records management formed part of these meeting discussions.

Review of three service user files prior the inspection by the UCO confirmed recording issues arising in two files in respect of consistency in recording and times of calls not being logged. The UCO also discussed with one relative who believed one staff member to have recorded calls in advance of the calls taking place during the Christmas period but could not confirm if the calls had actually taken place as the relative suffers from dementia and could not confirm if the carer had called. The inspector recommended staff detailing the number of tablets given and this was confirmed as taking place during discussions with two staff members during the inspection day together with a full list of service user medication held in service users homes.

Review of one service user record during the UCO visits and discussion with the registering manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service user file by the UCO did evidence in this respect. Discussion with two care staff during inspection confirmed care plans and/or risk assessments would detail restraint management.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>If the care provided to the service user is privately funded it is important that all the relevant documents are signed. This includes ensuring that the Provision to Provide Services is up to date, clearly signed and updated on a yearly basis. Once the package of care has been agreed the Finance Department within Extra Care will invoice on a monthly basis in relation to care provided. All copies of financial transactions between the service user and Extra Care are held centrally by the Finance Department.</p> <p>There is a specific policy in relation to careworkers handling service users money. Careworkers will only handle service users money if it is clearly stated in the care plan and is an agreed part of the package of care requested by the Social Worker. The policy ' handling service users money' clearly outlines the requirements of the policy. It must be specific to the care plan, and they must follow the care plan and policy in relation to handling service users money. All money must be kept seperate from their own personal money; careworkers are not allowed to have PIN cards or numbers relating to the service user. The balance must be counted out in front of the service user and/or their representative. All transactions must be recorded appropriately in a duplicate book and a copy given to the service user and/or their representative. The duplicate books must be kept for 6 years. At present Extra Care do not attend any service users where it is necessary as part of the requested package of care to handle money on behalf of the service user.</p> <p>Extra Care also have a 'financial arrangement' policy which outlines that 'employees are not permitted to enter into financial arrangements with the service user, carers or any member of the service users family'. If these policies are not adhered to the careworker may face disciplinary action. All careworkers (at induction stage) receive a copy of the 'Careworker Handbook' which outlines all of the policies an</p>	<p>Compliant</p>

<p>procedures relevant to their employment.</p>	
<p>Inspection Findings:</p>	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO and confirmed during inspector discussions with the registering manager at inspection.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

<p>Provider's Self-Assessment:</p>	
<p>Extra Care is an Equal Opportunities employer. When vacancies are identified the positions are either advertised within local newspapers, on reputable online Jobsites and on the Extra Care web page. Essential and/or desirable criteria is identified in the advertisements. All applicants are required to complete an application form to demonstrate that they meet the essential criteria to work as a careworker within the organisation. When the application form is received two members of the HR team will shortlist the form to ensure that the information submitted meets the criteria set. The potential careworker is then invited for interview where two members of the team will interview the potential candidate. The interview takes the form of a practical assessment in our fully equipped training room, using a life-size medical mannequin. This is followed up by a series of competency based questions. Any gaps in their employment history are identified and explanations sought from the candidates. If successful the candidate will be required to submit documentation for the pre-employment Enhanced Access NI check (including ID and proof of address) and their fitness to work statement. Before a careworker can commence employment with Extra Care they need to have a two written references, a satisfactory Enhanced Access NI disclosure, vocational and professional qualifications confirmation (if a professional e.g. nurse), satisfactory pre-employment health check and up to date car details (including business insurance, MOT, Tax and full driving licence). Non professional workers (careworkers) are also required to submit evidence to prove their identity (photographic identification and proof of address). If relevant a current status of work permit/employment visa should also be confirmed.</p> <p>The Registered Manager ensures that all of this information is made available prior to an offer of employment being made to the candidate. The Registered Manager will also ensure that referrals are made in order to safeguard children and vulnerable adults.</p> <p>Careworker files will be available at the inspection for viewing.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the staff recruitment did not take place during inspection.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to car insurance which was not clear for two staff members regarding 'business use' and the responsible person or registered manager statement regarding staff fitness to practice for all three staff files reviewed.</p> <p>Staff contracts and job descriptions issued at employment commencement were also confirmed during inspection.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed two of the 2014 complaints during the agency's inspection and confirmed all records to be compliant.

Additional matters examined

The inspector reviewed procedures implemented by the agency following a recent Serious adverse incident (SAI) within the NHSCT in September 2014. This SAI related to a large number of service user calls which could not be covered by the agency over a weekend period. The inspector reviewed systems implemented by the agency and was reassured by the approach to review the matters arising and ensure such a situation should not reoccur. The inspector also spoke with the governance team and contracts department within the NHSCT following the inspection regarding the current status of the trust in the matter. The inspector was assured that the trust are retaining the agency under contracts review but are satisfied with the agency approach to the matter ongoing.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Mr Eugene McGuckin (Acting registered person) and Ms Alethea Thomson (registering manager)**. **Additional management personnel involved in the inspection feedback included the deputy CEO, quality manager and the director of HR**, as part of the inspection process.

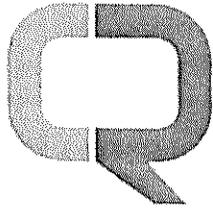
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Unannounced Inspection

Extra Care

14 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Eugene McGuckin (Acting registered person)** and **Ms Alethea Thomson (registering manager)** receiving feedback during the inspection visit.

Additional management personnel involved in the inspection feedback included the deputy CEO, quality manager and the director of HR.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Inspection ID: IN020784

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.

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 (Ni) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 15(4)(5)(b)	<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> <p>As discussed within requirement two and three within the follow up section of this report.</p>	Twice		To be completed by 14/04/15
2	Regulation 5 and Schedule 1	<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>As discussed within theme one, criteria one within the report.</p>	Once		To be completed by 14/04/15

3	Regulation 23	<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>As discussed within theme one, criteria one within the report.</p>	Once		To be completed by 14/04/15
4	Regulation 16(4)	<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>As discussed within requirement four within the follow up section of the report and within theme one, criteria two and four of the report and within theme two criteria one.</p>	Once		To be completed by 14/04/15
5	Regulation 23	<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>As discussed within theme one, criteria two.</p>	Once		To be completed by 14/04/15

6	Regulation 16(2)(a)	<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> <p>As discussed within theme one, criteria three and theme two, criteria one of the report.</p>	Once		To be completed by 14/04/15
7	Regulation 15(6)(7) and Schedule 4(11)	<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>As discussed within theme two, criteria one of the report.</p> <p>(Minimum standard 5 and 10)</p>	Once		To be completed by 14/04/15

8	Regulation 13 and Schedule 3	<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>As discussed within theme three, criteria one of the report.</p>	Once		To be completed by 14/04/15
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Recommendations					
These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 8.11	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. As discussed within theme one, criteria two of the report.	Once		To be completed by 14/04/15

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Grita McEgan 5-03-15
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr EUGENE Mc GUCKIN CEO Eugene M. G. 5/3/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	a-jackson	11/3/15
Further information requested from provider			

**Extra Care QIP Response
to RQIA audit of January
14th 2015**

Dated 05th March 2015

**Responses on Behalf of
ExtraCare by
Anita McClurg Registered
Manager & Eugene
McGuckin Registered
Person**

1.0 Regulation 15(4)(5)(b)

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.

As discussed within requirement two and three within the follow up section of this report.

ExtraCare Response

An Independent Healthcare Consultant Company (EC3) sampled 7 spot checks on file.

AJ, PS, KM, RG, JB, DC, MF.

The same Independent Healthcare Consultant sampled 3 care plans on file that are duplicated in the Service Users own home. These plans indicate the care staff assigned to the package. This will be maintained and updated as a minimum 6 monthly or sooner if there is a change.

In addition 6 Service Users were visited in the community unannounced and feedback provided to action.

Each visit reviewed the time of the call against the prescribed time of the call and that the Service User knew the Care Worker in attendance. The Company EC3 spot check and competency forms were completed.

Spot checks are conducted in the field to ensure Care Workers arrive on time. These have increased with immediate effect.

Internal management reports and meetings analysing data around calls are robust and are an integral part of the internal Quality Assurance compliance process.

The Quality Team monitor, record and action all missed calls and service failures. In place is a procedure for notification of service failures (late or missed calls) for office hours and out of hours (OOH). To ensure the process is being followed a daily check is completed, Operations Managers ensure reporting requirements are fully complied with and Quality assure compliance. Records of this process are maintained by the Quality Team (hard copy).

Weekly missed calls meetings are held each Monday with Operations who have identify the route cause of a missed call and decisions are made on actions and follow up to be taken with care staff/office staff. A spreadsheet detailing this information is stored in the Quality folder under Missed Calls 'Care Worker Missed Call Analysis'.

A procedure in place for care workers to inform office if they are running late on a run, which then enables office staff to inform service user or next of kin of late call.

A change of Worker Policy in place to ensure maximum continuity of care, which includes introducing staff to a service user, planned change of care worker, unplanned change of care worker and information for replacement staff.

Care plans include the names of the care workers who will normally cover the service user's calls. For example, if a member of staff is on leave, office staff will inform the service user or next of kin which care worker will be covering in their absence of the normal care staff.

Service user or next of kin can raise issues concerning timing of their calls at reviews/joint reviews with Extra Care Operational Team Leader and named worker. Any issues raised are followed up on an individual basis.

Quality maintain a missed call spreadsheet to monitor levels of missed calls and service failures, stored in Quality folder under Missed Calls 'Missed Calls 2015'.

Missed calls and service failures are also reviewed at monthly KPI & Operations meeting, and reported monthly to Extra Care Board. All these records are available for inspection.

ExtraCare believe that we are fully compliant with this requirement with immediate effect.

2.0 Regulation 5 and Schedule 1

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.

As discussed within theme one, criteria one within the report.

ExtraCare Response

The Statement of Purpose has been reviewed to reflect the current organisational structure and services provided against the registration of the agency. This is on display and available for all stakeholders.

ExtraCare believe that we are fully compliant with this requirement with immediate effect.

3.0 Regulation 23

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.

As discussed within theme one, criteria one within the report.

ExtraCare Response

A Policy covering the Management and Control of Operations has been written and is effective from Monday 02nd March 2015.. Standard Operating Procedures are aligned to this Policy. This policy will be audited as part of the internal audit schedule.

ExtraCare believe that we will be fully compliant with this requirement from Monday 02nd March 2015.

4.0 Regulation 16(4)

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. (Minimum standard 13)

As discussed within requirement four within the follow up section of the report and within theme one, criteria two and four of the report and within theme two criteria one

ExtraCare Response

The Office Team have been provided with Supervision and Appraisal Training on 16/12/14 from Anita McClurg, (Social Worker) and Manager of the Agency. AMCC is trained to deliver this training and experienced in supervision policy and delivery. A register of attendees has been retained for inspection.

Updated Schedules have been devised for ALL STAFF in all departments for 2015 as a minimum of 6 monthly or more frequently when required.

- Senior Management Team.
- Operations Team.
- Office Team.
- Field Staff.

ExtraCare believe that we will be fully compliant with this requirement from 20th April 2015.

5.0 Regulation 23

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.

(Minimum standard 8.11) As discussed within theme one, criteria two

ExtraCare Response

The Monthly Monitoring Reports are in place and have occurred each calendar month. The Action Plan has now been devised to include SMART objectives and these will be reviewed month on month during each compliance visit.

The Complaints Register has also been updated to evidence review of any patterns and cross referenced into the monthly report.

ExtraCare believe that we are fully compliant with this requirement with immediate effect.

6.0 Regulation 16(2)(a)

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. (Minimum standard 12)

As discussed within theme one, criteria three and theme two, criteria one of the report.

The Policies have been updated.

A Training Plan is in place for ALL GROUPS. Training has been escalated as a high priority within the Company upto Board of Trustee level.

A Training Matrix is in place for ALL GROUPS.

Management and Supervisees have had their training as per requirement 4.

Competency Assessments have been conducted during spot checks however the form has been amended to reflect the Competency being assessed.

For those Carework Staff were full training can not be evidenced by the end of April then these Staff will be removed from `rota` until such time as their individual training is fully compliant.

ExtraCare believe that we are fully compliant with this requirement from 30th April 2015.

7.0 Regulation 15(6)(7) and Schedule 4(11)

The acting registered person and registering manager is required to ensure staff recording is compliant with Regulation 15(6)(7) and Schedule 4(11). (Minimum standard 5 and 10)

As discussed within theme two, criteria one of the report.

ExtraCare Response

The systems and processes with regards to record keeping are under review. Increased auditing at all levels will monitor ongoing compliance.

Extra Care strives to be transparent with all records and these are available for inspection.

ExtraCare believe that we are fully compliant with this requirement with immediate effect.

8.0 Regulation 13 and Schedule 3

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.

As discussed within theme three, criteria one of the report.

ExtraCare Response

Personnel Files are undergoing a full audit to ensure all files are compliant and contain insurance details and statement of medical fitness.

ExtraCare believe that this audit will be completed first half of April and will be fully compliant by Friday 10th April.

ExtraCare believe that we will be fully compliant with this requirement from Friday 10th April.

9.0 Recommendation Only --- Standard 8.11

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. As discussed within theme one, criteria two of the report.

The Company has accepted this recommendation and is currently reviewing the template for the Annual Quality Report and will incorporate the feedback as requested. This is expected to be completed by Friday 06th March.

ExtraCare believe that this recommendation will be in place from Friday 06th March.