



The Regulation and
Quality Improvement
Authority

Glen Caring Services
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BT79 7AD

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**Unannounced Care Inspection
of
Glen Caring Services**

25 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 25 January 2015 from 09.45 to 15.00 hours. 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 |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 3 |

The details of the QIP within this report were discussed with the registered person/manager Mrs Linda Beckett as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Glen Caring Services/Linda Florence Beckett | Registered Manager: Linda Florence Beckett |
| Person in charge of the agency at the time of Inspection: Linda Florence Beckett | Date Manager Registered: 28 January 2009 |
| Number of service users in receipt of a service on the day of Inspection: 347 | |

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/manager and care co-ordinators
- Consultation with six staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and five relatives, in their own home, on 11 January 2016 to obtain their views of the service. The service users interviewed live in Omagh and receive assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to five service users.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with six care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the care co-ordinators on the day of inspection. They were asked to forward these to a random sample of care staff, to find out their views regarding the service. Eight staff questionnaires were received following the inspection.

The following records were examined during the inspection:

- The staff training plan for all mandatory training
- Staff meeting minutes for four locality areas
- Three new service user referrals
- Recruitment records for three recently commenced staff

- Three service user's records in respect of referral, assessment, care plan and initial visit information
- Three long term service user records in respect of ongoing review, reassessment and quality monitoring
- Three compliments
- Three complaints
- Three staff quality monitoring records
- Three communication log records regarding changes to service user's needs and communication with staff in this regard
- Additional staff training in the areas of Peg tube feeding, End of life care and Oral healthcare
- Annual quality report 2014
- Three staff rotas
- Policy and procedure for missed calls
- Three on call records
- Three missed call records
- One record of communication with trust professional regarding missed call
- Four monthly monitoring reports for 2015
- April 2015 audit of missed calls and action plan
- On call staff file.

5. The Inspection

Glen Caring Domiciliary Care Services is part of Hillview Lodge Ltd, which is a group of five care homes and domiciliary services across three locality sites in Omagh, Strabane and Limavady. Mrs Linda Beckett is the Responsible Person and Registered Manager. The agency has a second office in Strabane and a third office in Limavady.

Services are provided to 347 service users living in their own homes in the Omagh area with service users from various programmes of care including Older People, Children and Young people, Physical disability and Adults with learning disabilities and mental health conditions. Service is provided by a team of 105 staff. The geographical areas covered by the Omagh office included Omagh, Drumquin, Beragh, Sixmile cross, Mountjoy, Carrickmore, Gortin, Greencastle, Newtownstewart, Fintona, Dromore and Clanabogan.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 16 June 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 13(b) | The registered person and manager are required to ensure staff attend fire safety training in compliance with RQIA mandatory training guidelines 2012 and ensure the agency training and development plan evidences staff training in the area of Challenging | Met |

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| | behaviour/restraint. Review of recording and reporting training across all sites is required to ensure consistency. | |
| | <p>Action taken as confirmed during the inspection:</p> <p>Records reviewed on the staff training plan evidenced all staff attending training in fire safety and challenging behaviour/restraint in 2015.</p> <p>Staff training in the area of recording and reporting was covered during staff meetings and meeting minutes for four locality areas were reviewed during inspection in this respect.</p> | |
| <p>Requirement 2</p> <p>Ref: Regulation 21(2)</p> | <p>The registered person and manager are required to ensure appropriate risk assessment and care plan information is provided by the HSC Trust.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>Records reviewed for three recently commenced service users were found to be appropriately detailed.</p> | |
| <p>Requirement 3</p> <p>Ref: Regulation 13 and Schedule 3</p> | <p>The registered person and manager are required to ensure staff recruitment records are compliant with Regulation 13 and Schedule 3.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>Records reviewed for three recently recruited staff files were found to be compliant regarding Next of Kin details and sign off by the registered person/manager Mrs Linda Beckett.</p> | |

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 alongside a range of multi-disciplinary assessments as appropriate. The care plans 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. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

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 required care.

The documentation relating to five service users were reviewed by the UCO during the home visits. Two of the files reviewed did not contain a copy of the service user's care plan and risk assessment. It was also noted that there were occasions that log sheets had not been signed appropriately. Both matters were discussed during inspection for attention.

Is care effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One relative advised that they had made a complaint regarding changes to their carer's and they were satisfied with the outcome.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care, as well as observation of staff practice.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality reports for 2014 were reviewed during inspection. The reports include service users'/relatives and staff feedback in two separate reports and evidence of sharing the report outcomes with stakeholders was reviewed during inspection. The report does not currently reflect commissioner feedback and this has been recommended for review. 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 a number of complaints since the previous inspection. Review of three complaints records supported an appropriate procedure for complaints review and resolution.

The compliments records from a trust professional, family member and newspaper article reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'Both staff are to commended for the excellent care they provided to XXX'.

'How wonderful both carers are to my XXX'.

'I wish to praise XXX for everything she had done for XXX'.

The agency has monthly monitoring reports completed by the Human Resources officer. The inspector reviewed three such reports and found reports to be consistent with the RQIA template and appropriately detailed regarding all matters stated. The reports also evidenced actions taken to address matters and review of outcomes at each monthly review. The reports although signed off by the registered person did not evidence active involvement of the registered person in reviewing quality of service provision in line with Standard 8.11 and a recommendation has been made in this respect.

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.

Six 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 their line managers share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users' specific needs and staff spoke positively regarding additional training provided when requested by staff. Eight staff questionnaires received confirmed staff training was appropriate to their role.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Glen Caring. 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 being 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:

- "I have the best girls. Very good and helpful"
- "Not a thing wrong"
- "Carer consistency is great as my XXX has dementia. I would recommend the girls we have"
- "The office staff are very helpful"
- "Blessed to have them."

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 dementia and working with service users with limited 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 questionnaires 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 the areas of peg tube feeding, oral healthcare and end of life care.

Staff discussed several service users with communication difficulties and how they communicate through hand and facial gestures and use of an ipad to meet the service users' individual needs.

One staff questionnaire return out of eight highlighted that more timely follow up to service user assessments by professionals may assist in matters being resolved at an earlier time. The staff member also highlighted that more time to allow social interaction with service users would be a benefit.

Areas for Improvement

The agency is recommended to review monthly monitoring reports to ensure appropriate governance arrangements by the registered person. Annual quality reports are recommended to include all stakeholders.

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| Number of Requirements: | 0 | Number of Recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

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 policy and procedure for management of missed calls and this was reviewed as appropriate during inspection. The agency has had a range of missed call in recent months. Review of records during inspection confirmed good communication with service users and staff in all cases. Communications with the referring HSC Trust commissioners was present within one of three records reviewed and this has been recommended consistently for all future missed calls. Review of staff rota's during inspection for eight staff member/ range of service users across one locality area 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.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

The managers confirmed that missed or late calls would occur in the service due to the size of the service. Evidence of three randomly selected missed calls as referenced in the above section where appropriately managed but require review for the future in terms of communicated with trust commissioners.

Procedures in place for staff quality monitoring and disciplinary processes were reviewed during inspection as appropriate.

Monthly monitoring reports completed by the human resources officer were reviewed and reference missed calls. Completion of the monthly monitoring report by the registered person has been recommended as detailed earlier within this report.

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 or missing a call.

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 where calls are missed or delayed.

Areas for Improvement

The agency has met the required standards in respect of theme two with exception to consistent communication with trust professionals regarding missed calls in accordance with standard 5.4.

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| Number of Requirements: | 0 | Number of Recommendations: | 1 |
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5.3 Additional Areas Examined

Incidents

The inspector did not review incidents during the inspection as all matters reported to RQIA since the last inspection had been appropriately communicated and closed.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person/manager Mrs Linda Beckett 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 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

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|---|--|-----------------------|----------|
| <p>Recommendation 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 25 April 2016.</p> | <p>The quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process. (Regarding trust commissioner involvement).</p> | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: Glen Caring have now composed a Trust Commissioners Survey which will be annually sent via email to all PCC's and Key Workers. This will then be evaluated with any follow up action taken and evidenced in Glen Caring's annual report with all other stakeholders already established.</p> | | |
| <p>Recommendation 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection.</p> | <p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards. (Regarding registered person completion of the report).</p> | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: As the registered manager I will monitor the quality of the service as to the agencies written procedures, completing a monthly monitoring report which will incorporate the views of the service user, carers and all other advocates. Follow-up action will be completed as necessary to ensure full compliance with minimum standards.</p> | | |
| <p>Recommendation 3</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection.</p> | <p>The agency reports any changes in the service users' situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keeps a record of such reports. (Regarding missed calls).</p> | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: As the registered manager I will ensure area managers are complying with the policies and procedures that are already established within Glen Caring. Reporting any changes in the service user's situation ensuring they are followed through the correct channels and all relevant HSC Trust key workers are informed. This will be monitored on a monthly basis through the completion of my monthly monitoring reports.</p> | | |
| Registered Manager Completing QIP | Linda Beckett | Date Completed | 01/03/16 |
| Registered Person Approving QIP | | Date Approved | |
| RQIA Inspector Assessing Response | A.Jackson | Date Approved | 03/03/16 |

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address