

# Announced Care Inspection Report 29 March 2018



## Glen Caring Services

**Type of Service: Domiciliary Care Agency**  
**Address: 14 Mountjoy Road, Omagh BT79 7AD**  
**Tel No: 02882252666**  
**Inspector: Caroline Rix**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Glen Caring Services is a domiciliary care agency with offices in Omagh, Strabane and Ballymoney. The services provided from the Omagh office include personal care, social support, short breaks and sitting services to currently 30 people living in their own homes. The service users are adults who require services due to; old age, those with physical disabilities, learning disabilities and mental health care needs. The majority of services are funded via the direct payments scheme, with a number privately funded.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Glen Caring Services Ltd/Linda Florence Beckett	<b>Registered manager:</b> Linda Florence Beckett
<b>Person in charge of the home at the time of inspection:</b> Linda Florence Beckett	<b>Date manager registered:</b> 28 September 2009

### 4.0 Inspection summary

An announced inspection took place on 29 March 2018 from 10.55 to 14.20 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction and training and in relation to care records, reviews and communication between service users, agency staff and other key stakeholders.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

### 4.2 Action/enforcement taken following the most recent care inspection dated 8 August 2016

No further actions were required to be taken following the most recent inspection on 8 August 2016.

## 5.0 How we inspect

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

- Previous inspection report
- Notification of Incidents records
- Correspondence with RQIA.

During the inspection the inspector spoke with the registered manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, record keeping, confidentiality, complaints management, safeguarding, whistle blowing and incident reporting.
- Three new staff member's recruitment and induction records.
- One long term staff members' supervision and appraisal records.
- Staff training records.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Three service users' records regarding referrals and care planning.
- Three service users' records regarding ongoing review, and quality monitoring.
- Monthly monitoring reports.
- Annual quality review process.
- Communication records with HSCT professionals.
- A range of compliments records.
- A range of complaints records.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 8 August 2016

The most recent inspection of the agency was an unannounced care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 8 August 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff, which confirmed all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. These staff files supported an induction process lasting more than three days as required.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed all of the staff are registered with NISCC. The manager discussed the system introduced to identify when staff are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding Adults' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The registered person/manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

A review of safeguarding documentation confirmed that no safeguarding reports had been received since their previous inspection.

Staff training records viewed for 2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Service user records viewed on the day of inspection included referral information received. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained detailed information and evidenced that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits.

The manager described their process of informing staff with details of the care planned for each new service user or with changes to existing service users’ care plans.

The agency’s policies and procedures on ‘record keeping’ and ‘confidentiality’ were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members. Observation of staff practice carried out within service users' homes on a regular basis was confirmed through records viewed in the agency office. Records highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the manager.

The agency's compliments records were viewed; these contained positive feedback from service users' relatives which had been shared with staff individually and with teams.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Please thank care worker xxx for coming out in the heavy snow, walking to my house so I could get my care. I am very grateful and think xxx is a fantastic carer. I really appreciate how she went over and above for me'. (Thank you phone call from a service user)
- 'Thank you to care worker xxx for saving my relative from taking the wrong medications. The wrong tablets were put into the blister pack by the chemist but xxx noticed the error and prevented an accident happening. We are all very grateful for this'. (Thank you phone message from family of a service user).

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person/manager, Linda Beckett, one care co-ordinator, a monitoring officer, two senior care workers and a team of care workers provides domiciliary care and support within the western area of Northern Ireland.



The number of service users has decreased significantly during 2017 due to the Western Health and Social Care Trust (WHSCT) revised contracting process with providers. The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards.

The agency's complaints procedure viewed was found to be in line with regulations and standards.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints and incidents log was viewed for the period 1 April 2016 to inspection date 29 March 2018 with a range of complaints and incidents recorded. The inspector reviewed a sample of complaints records which supported appropriate management, review and in most cases resolution of the complaints. One complaint/request for a later bed time call could not be accommodated as this service user is already the last bed time call staff carry out.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. The agency has had no notifiable events that required to be reported since their last inspection.

Monthly monitoring reports were viewed for January and February 2018. These reports evidenced that the registered person/manager had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of service user and staff monitoring, feedback and complaints/compliments along with views of other professionals; and evidenced how any issues arising had been managed.

The annual quality review report for 2016/2017 viewed had been completed with a summary of feedback and an action plan. Records were available to confirm that a summary of this report had been shared with service users in April 2017.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care