

Care Inspection Report

08 August 2016



Glen Caring Services

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

1.0 Summary

An unannounced inspection of Glen Caring Services took place on 08 August 2016 from 10.00 to 15.50 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the registered manager, Linda Beckett, and the human resources 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 January 2016.

2.0 Service details

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

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016.

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

- Discussion with the responsible manager and human resources manager
- Consultation with four care workers
- Examination of records
- File audits
- Evaluation and feedback.

As part of the inspection the UCO spoke with one service user and five relatives, by telephone, on 11 August 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals. The UCO summary of feedback is included within the body of this report.

On the day of inspection the inspector met with four care workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. No completed staff questionnaires were returned to RQIA within the two weeks requested, which was disappointing.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Minutes of staff meetings held April, May and July 2016
- Service user compliments received
- Complaints log and records
- Monthly monitoring reports for April to June 2016
- Annual quality report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, appraisal, induction, training and development, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 January 2016

The most recent inspection of Glen Caring Services was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 25 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.12 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: The inspector reviewed evidence that the commissioning trust views had been sought as part of their annual quality of services review for 2016. Feedback from the quality review was summarised with very positive comments noted and will be included as part of their 2016 annual quality review report.	
Recommendation 2 Ref: Standard 8.11 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Records evidenced that the responsible person had carried out monthly monitoring of the quality of services provided. The inspector reviewed monthly monitoring reports for April to June 2016 which was found to be appropriately detailed and were in line with the Minimum Standard 8.11.	

Recommendation 3 Ref: Standard 5.4 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Records evidenced that the referring HSC Trust had been informed of changes in service users' situation and issues relevant to their health and well-being, and reports were available for review.	

4.3 Is care safe?

The agency currently provides services to 308 service users living in their own homes.

A range of policies and procedures was reviewed relating to staff recruitment and induction training and found to be in compliance with relevant regulations and standards.

Four staff files were sampled relating to recruitment of care workers which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Glen Caring. New carers had been 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't get better care."
- "The girls are outstanding."
- "My XXX hasn't told me of any complaints."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The agency's 'Safeguarding Adults' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency’s whistleblowing policy and procedure was found to be satisfactory. Each of the four care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the area of manual handling were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for four staff members during inspection which were signed off by the manager/trainer. Review of staff training for all staff on the agency’s training matrix for 2016 included each of the required mandatory training subject areas along with other training relevant to service users’ care needs e.g. stoma care and dementia awareness.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to contribute in writing to the commissioning trust arranged care review meetings with service users/representatives where issues have been identified and occasionally invited to attend. The registered manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan.

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 for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping; however one relative felt that care on occasions can be rushed. This issue was discussed with the registered manager and human resources manager who provided satisfactory assurances that this would be reviewed immediately. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Glen Caring were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from Glen Caring to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “All lovely; great team.”
- “If there are any concerns, they let me and the social worker informed.”
- “Very happy with them.”

The agency’s policy and procedure on ‘Recording and Reporting Care Practices’ was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no practice issue identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified.

The registered manager confirmed ongoing discussion of records management during team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. The inspector viewed a staff memo sent to all care workers in January 2016 highlighting the importance of accurate record keeping. Minutes of staff meetings viewed for April to July 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. 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 evidence that service users’ and/or representatives’ views had been obtained and where possible, incorporated.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Service user records evidenced that the agency carried out monitoring visits with service users three to six monthly, and telephone contacts six monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The inspector reviewed the agency's procedure on 'management of missed calls' and reviewed the records in respect of one missed call in May 2016. The inspector found appropriate action had been taken in respect of this matter and records evidenced a process was in place to reduce the risk of any service user not receiving their planned call.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed and demonstrated a clear understanding of their reporting processes if running late or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Staff supervision processes (spot check, supervision and appraisal) were reviewed for four staff members and found to be in compliance with the agency policy timeframes. However, the staff appraisal procedure of May 2015 specified a 2 yearly timeframe which is not in line with best practice of an annual process. This was discussed with the registered manager and human resources manager who provided satisfactory assurances in relation to a timely update of the agency's procedure.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect; however one relative felt that care, on occasions, can be rushed.

Service users and relatives reported that, as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Glen Caring. Examples of some of the comments made by service users or their relatives are listed below:

- "Happy enough with the service."
- "Office staff are very helpful and approachable."
- "Good communication with the office."

The agency had requested the views of service users/relatives and staff on the services being provided via their annual satisfaction questionnaires. The inspector reviewed evidence that the commissioning trust views had been sought as part of their annual quality of services review for 2016.

The agency had completed an annual quality review report for 2015/16, with a summary report of findings and the improvements they planned to implement. The registered manager confirmed the improvements identified following their review were being introduced and all service users had been provided with a copy of the annual report during April 2016.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector some minor staff practice issues were identified for improvement e.g. wearing nail varnish; records confirmed any minor issues had been rectified immediately. It was good to note positive comments from service users had been recorded on their monitoring records e.g. 'their work is excellent' and 'they are perfect, on time, helpful and thoughtful'.

The agency's commendation records were viewed; these contained extremely positive feedback from service users/relatives and social workers which had been shared with staff individually and at team meetings.

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff confirmed that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Linda Beckett, the human resources manager and senior staff, a team of care workers provides domiciliary care and support to 308 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager, human resources manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats.

The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented with all of the policies sampled reviewed in January 2016.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that a complaint had been made regarding consistency of carers and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards however should be updated to include the contact details of the Northern Ireland Public Services Ombudsman. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure and indicated that this revised information would be shared with service users during upcoming review visits.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 01 April 2015 to inspection date 08 August 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and where possible, resolution of each complaint. Records evidenced effective liaison with the trust to resolve matters.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for April to June 2016. These reports were found to be comprehensive and evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

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@rqi.org.uk

Web www.rqi.org.uk

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care