



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

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| Name of Establishment: | Glen Caring Services (Strabane) |
| Establishment ID No: | 10751 |
| Date of Inspection: | 9 June 2014 |
| Inspector's Name: | Amanda Jackson |
| Inspection No: | 16591 |

The Regulation And Quality Improvement Authority
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General Information

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| Name of agency: | Glen Caring Services |
| Address: | Unit 36, Orchard Road Industrial Estate Orchard road Strabane BT82 9FR |
| Telephone Number: | (028) 7188 5155 |
| E mail Address: | glen.caring@btconnect.com |
| Registered Organisation / Registered Provider: | Glen Caring Services / Mrs Linda Florence Beckett |
| Registered Manager: | Mrs Linda Florence Beckett |
| Person in Charge of the agency at the time of inspection: | Sharon McIlwaine (area manager) and Elaine White (office based operations personnel) |
| Number of service users: | Approximately 1400 (covering the three areas Omagh, Strabane and Limavady) 702 Service users in the Strabane area (approximate increase of 160 service users since the previous inspection) |
| Date and type of previous inspection: | Primary Announced Inspection 23 September 2013 |
| Date and time of inspection: | Primary Unannounced Inspection 09 June 2014 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

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

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| Service users | 5 |
| Staff | 9 |
| Relatives | 9 |
| Other Professionals | 0 |

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 | 40 | 37 |

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

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 Omagh and a third office in Limavady. The agency had previously commenced a service user in the Enniskillen area (managed from the Omagh office) and discussed the opening of a fourth locality office in Londonderry. This has since been decided not to take place at present.

Services are provided to 702 services users (an increase of 160 service users since the previous inspection) living in their own homes in the Strabane area with service users from various programmes of care including Older People, Children and Young People, Physically Disability and Adults with Learning Disabilities and Mental Health. Service is provided by a team of 166 staff (an increase of 23 staff since the previous inspection). The geographical areas covered by the Strabane office are Castlederg, Sionmills, Strabane, Ballymagory, Londonderry and Artygarvin

Glen Caring (Strabane) had three recommendations made during the agency's previous inspection on 23 September 2013. All recommendations were found to be 'compliant'. This outcome from last year's inspection is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Glen Caring (Strabane) was carried out on 09 June 2014 between the hours of 09.00 hours and 16.30 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report. The registered person and manager Linda Beckett, Sharon McIlwaine (area manager) and Elaine White (office based operations personnel) provided assistance to the inspector throughout the day.

Visits to service users were carried out prior to this inspection by the RQIA User consultation officer (UCO), and a summary report is contained within this report. Findings following these home visits were discussed with Linda Beckett (registered person and manager), Sharon McIlwaine (area manager) and Elaine White (office based operations personnel) during the inspection.

The inspector had the opportunity to meet with nine 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.

40 staff surveys were issued and 37 received which was an excellent response:

A sample of the staff comments included on returned surveys are as follows:

"Only been working for the company for a month, felt the training was good, supervisors and manager very attentive and always willing to help"

"Training was a great help and the trainers were very helpful and patient. My supervisor is always by her phone and very helpful, my manager is always there as well and I feel I can go to her about anything"

“I enjoyed my training in learning my role as a carer. I am enjoying my role and I am looking forward to learning more and whatever challenges come my way”.

“I feel that it is a great agency that give both great support to clients and support and training for staff as well”

“Very happy with the service, everyone is helpful and friendly”

“Enjoy working with the company, have a good relationship with all staff including line manager and all office staff”

“Excellent management and supervision, always available for advice”

“Think we should be allowed to swap”

“I feel a good level of training is given and I enjoy working for the company. I have good support from my supervisor XXX and from my manager XXX”

“I feel training is very good and is always kept up to date. I also have great support from XXX my manager”

Three requirements have been made in respect of the outcomes of this inspection.

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with five service users and nine relatives between 22 May and 5 June 2014 to obtain their views of the service being provided by Glen Caring Domiciliary Care Agency in the Strabane vicinity. The service users interviewed have been using the agency for a period of time ranging from approximately four months to ten years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Housework

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. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. The majority of the people interviewed stated 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 Glen Caring’s staff. All of the people interviewed were aware of whom they should contact if they have any issues regarding the service. Two service users and one relative advised that they had made a complaint regarding the attitude of one carer and they were satisfied with the outcome.

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

- “Very happy with every one of them.”
- “Couldn’t ask for nicer girls.”
- “I have two carers and they are both very good.”
- “Quite happy with how things are going.”
- “I’m trying to keep as such independence as I can; the carers respect my wish but help when I need it.”
- “Never had any cause to complain.”
- “12 out of 10”.

The majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service and that observation of staff had taken place in their home; this is good practice.

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 seven service users. During the home visits, the UCO noted that one service user was experiencing restraint in the form of a bed rail however there was no risk assessment available for review to determine if the use of such was appropriate. The matter was discussed with the area manager Sharon McIlwaine who has been requested to ensure a risk assessment is made available in the identified service user’s file and that the use of restraint is documented accordingly. The inspector further discussed with Sharon McIlwaine the requirement to include risk assessment details on all service user files as appropriate during the forthcoming reviews/quality monitoring for service users. Before the close of the inspection day Sharon McIlwaine provided email evidence to the inspector regarding her contact with the Health and Social Care Trust requesting updated care plan or risk assessment information for all current and future new service user’s.

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. Sharon McIlwaine (area manager) stated financial assistance would occur in very rare occasions and in such situations the social worker arranges the recording provision. Review of one such situation during inspection (as detailed within theme two, criteria two of this report) evidenced appropriate processes in place in monitoring staff practice in financial assistance cases.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers from Glen Caring; however one medication log was not being completed consistently and one was being recorded on the log sheets. The above matters were discussed with Sharon McIlwaine (area manager) who has been requested to ensure that the matters are addressed accordingly. Discussion during inspection between the inspector and Office/operations manager Sharon McIlwaine confirmed one identified service user was no longer in receipt of medication administration, Sharon agreed to ensure the care plan was updated appropriately.

All visits by carers are to be recorded on log sheets which are held in the service user’s home, however on review it was noted that the carers are not always recording the time that calls are completed. The UCO also noted that three files did not contain a risk assessment, two files had no care plan and two files contained out of date care plans; the above matters were discussed with Sharon McIlwaine (area manager) and are to be addressed. Sharon McIlwaine confirmed during inspection that all matters are currently being addressed but did however

highlight that the agency often have issues with service user home file information going missing. The inspector recommended where this is the case for certain service users then a record could be maintained at the agency office to support when information has been placed in the service users home.

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 **Compliant** in relation to this theme.

Discussions with the registered person and manager Linda Beckett and Sharon McIlwaine (area manager) during inspection and review of records for both managers supported a process in place for mandatory training (as appropriate) consistent with the RQIA mandatory training guidelines 2012 with exception to fire safety training and reference to challenging behaviour training on the agency training and development plan. Review of recording and reporting training has also been required to ensure consistency across sites.

A staff competency process has been developed by the agency and operational for the management staff and this was reviewed during inspection as compliant.

Review of appropriate supervision and appraisal processes were reviewed during inspection in line with the size and structure of the agency.

Monthly monitoring processes are currently in place and operational inclusive of any staff competence matters as appropriate.

Records regarding medication incidents were reviewed and found to have been appropriately recorded and reported within RQIA timeframes.

One requirement has been made in relation to this theme and relates to training in the area of fire safety in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and inclusion of the challenging behaviour/restraint training on the agency training and development plan. Review of recording and reporting training has also been required to ensure consistency across sites.

Theme 2 - Records management

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

The agency has policies and procedures in place on 'Recording and reporting care practices' and 'Safe handling of money' which contain guidance for staff on these subjects.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on 'Restraint' which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not adequate. The agency is recommended to expand the individual care plans and risk assessments to include specific management plans relating to the area of restraint.

One requirement has been made in relation to this theme and relates to review of the restraint information available for all service users (Regulation 15(10)).

Theme 3 – Recruitment

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 with exception to confirmation of staff NOK details and a statement by the registered person and manager regarding staff fitness.

One requirement has been made in relation to this area.

The Inspector and User Consultation Officer (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. | Minimum Standard Reference | Recommendation | Action Taken - As Confirmed During This Inspection | Number of Times Stated | Inspector's Validation of Compliance |
|-----|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
| 1 | Standard 5.2 Standard 5.6 | It is recommended that the registered manager ensures all service user home files are maintained in compliance with Standard 5.2 and 5.6 | <p>As per user consultation officer (UCO) feedback, this matter requires on-going attention despite concerted efforts by the agency to address this matter with staff members.</p> <p>Review of three records within the office during inspection evidenced good recording by staff. The inspector discussed this matter for on-going attention and review by the agency to ensure good recording across all staff teams and locality areas.</p> | Twice | Compliant |
| 2 | Standard 5.5 | It is recommended that the registered manager requests a protocol for the exchange of information between agencies from the referring Health and Social Care Trust. | Maureen Christodoulou (operations manager) evidenced receipt of the Western trust draft protocol received from the trust in April 2014. This document has to date not been finalised hence it has not been shared with the Strabane and Limavady offices. Maureen also confirmed the agency has provided feedback to the trust regarding the complexity of the document. | | Compliant |

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| 3 | Standard 8.3 | It is recommended that the registered manager ensures that all staff are familiar with, and work in line with the agency's policies and procedures (Appendix 1), regarding the 'management of records' and 'recording and reporting practices' and any revision thereof. | As detailed under recommendation one above. | | Compliant |
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| 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. | |
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| <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>The Registered manager Linda Beckett has been with the company since its establishment in 1995, and has vast hands on experience and competency. She has carried out every role and responsibility within the company and undertaken appropriate training to ensure she has the necessary skills for managing the company, according to the requirements of Domiciliary Care Agencies Regulations and RQIA guidelines. Evidence of training is maintained for inspection</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The statement of purpose dated 12/06/14 and the policy on Management of control and monitoring of the agency dated 16 September 2013 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person and manager Linda Beckett and all other staff including management and care staff within each of the three agency offices.</p> | <p>Compliant</p> |
| <p>Training records for the registered person and manager Linda Beckett are detailed as the QCF level five and were</p> | <p>Compliant</p> |

reviewed during inspection dated September 2013. Linda does not currently undertake the range of mandatory training in line with RQIA mandatory training guidelines (September 2012) as the role of each area manager is detailed within the management structure in terms of line managing care staff. Linda also had evidence of completing training in the areas of supervision and appraisal as part of the QCF level five award.

It was discussed and reviewed during inspection that the registered person and manager Linda Beckett is currently registered with NISCC from 2013 to 2016.

Compliant

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| <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>Monthly Reports from all offices are produced and audited to ensure compliance with company policies and procedures- this includes monitoring of clients and staff, accidents and incidents, complaints and commendations, feedback from clients, representatives and commissioners, and medication errors. The registered manager audits reports and where action is necessary, ensures it is taken. Staff are monitored through spot checking and supervision regularly for compliance with policies and procedures. All staff have appraisals with their line managers to review their performance against their job description and follow through on training needs is sorted</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The agency Supervision and appraisal policy and procedure dated 20 June 2012 and further updated during the inspection process (dated 16 June 2014) to present clear guidance regarding management supervision procedures was clearly referenced regarding practices for care and management staff. The registered person/manager is not reflected within this procedure due to the size and structure of the agency.</p> <p>Supervision and appraisal for the registered person and manager does not currently take place due to the size and structure of the agency. Linda Beckett discussed informal supervision with one of the company directors on an on-going basis but this is not formally recorded.</p> | <p>Compliant</p> <p>Not applicable</p> |

Monthly monitoring reports are completed initially by Elaine White (office based operations personnel for Strabane) and then forwarded to Maureen Christodoulou (operations manager - Omagh office (headquarters) where a composite central report is compiled for all three services and signed off by the registered manager Linda Beckett. Reports reviewed during the inspection for February, March and April 2014 in the Strabane office were found to be completed on the RQIA template and were found to be detailed, concise and compliant.

Compliant

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| <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 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 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 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p> | |
| <p>Provider's Self-Assessment:</p> | |
| <p>All care workers are trained before commencing work in the community, and are shadowed by a senior care worker on entering the work field. The care workers are all trained in medication which covers- eye drops, ear drops, transdermal patches, application of creams, nebulisers, buccal medazolam administration by a competent qualified nurse- all training evidence is available for inspection.</p> <p>All office staff/managers/senior staff currently employed by the company are suitably qualified in different aspects of Health Care depending on their roles and responsibilities- all evidence is available for inspection</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>A Staff training and development policy and procedure dated 20 June 2012 was found to be concise yet detailed and referenced an on-going programme of training and development inclusive of additional mandatory training in the form of NVQ level 2 for care staff, NVQ level 3 for senior carers and office staff together with additional training in the area of first aid provided by the local southwest college.</p> <p>The agency also holds an overall training and development plan for the three locality offices. Review of this plan during the Omagh inspection (16 June) referenced all staff and all mandatory training with exception to Fire safety</p> | <p>Compliant</p> <p>Substantially compliant</p> |

training and the area of Challenging behaviour/dementia/restraint which is not reflected on the plan but was reviewed within two staff files during inspection.

To be completed six months from the date of inspection

Training records for Sharon McIlwaine (area manager) were found to be in place regarding all mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012). Records maintained detail the staff training log together with the staff competency assessments. A separate training content file is maintained by the agency for all training areas which had been reviewed during previous inspections. All competency assessments were signed and dated on the approved certificate for the course.

Compliant

Sharon McIlwaine (area manager) has also undertaken a level three management qualification completed through the local college and awarded by the Department of education and learning (DEL) in January 2013 which incorporates management skills required for general staff management matters such as conflict, communication, problem solving, supervision and appraisal.

Compliant

Training records for both trainers within Glen Caring Sharon Colhoun (Medication trainer in respect of ear, eye drops, nebulisers etc) and Valerie Lynsey (Medication, dementia, and vulnerable adults training etc) evidenced train the trainer records/certificates in respect of the training completed to permit them to undertake the training for others.

Compliant

| <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> |
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| <p>Provider's Self-Assessment:</p> | |
| <p>Monitoring of staff ensures that work practices are consistent with policies and procedures and action is taken as necessary- feedback from spot checks and monitoring of quality in the community for carers/senior carers and supervision of coordinators in the office. Medication errors and incidents are reported to social workers and Rqia. The effect of training on practices and procedures is evaluated as part of quality improvement- through surveys taken by clients and representatives where they can give us their views and opinions on the quality of care they are receiving, auditing monthly reports and the feedback we get from them and the monitoring of staff in the community. We ensure that all staff are appraised annually by their line manager and that action is taken to ensure personal development is followed up</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The agency Supervision and appraisal policy and procedure dated 20 June 2012 and further updated during the inspection process (dated 16 June 2014) to present clear guidance regarding management supervision procedures was clearly referenced regarding practices for care and management staff. The registered person/manager is not reflected within this procedure due to the size and structure of the agency.</p> <p>Supervision for the office managers (i.e. operations manager Maureen Christodoulou, area managers Sharon McIlwaine (Strabane), Edel McHugh and Leah McCaffrey (Omagh) and Eleanor Faith (Limavady) is detailed within</p> | <p>Compliant</p> <p>Compliant</p> |

the Supervision and appraisal policy as taking place once a month in terms of an on-site group meetings with a member of senior management staff. Sharon confirmed that monthly meetings take place with Linda Beckett (registered person and manager) however records are not maintained regarding such discussions. Quarterly group supervision meetings are also held with the registered person and manager Linda Beckett, operations manager Maureen Christodoulou and all area managers. Minutes of these meetings were reviewed during the Omagh inspection.

Appraisal for Sharon McIlwaine (area manager) was reviewed during inspection for 2013 and 2014 as detailed within the Supervision and appraisal policy annually. The appraisal document was clearly detailed regarding the staff's assessment of their own work during the previous year and proposed areas for development over the coming year and was signed off by the registered person and manager Linda Beckett. The inspector recommended inclusion of a validating statement by Linda Beckett (registered person and manager) in concluding her assessment of the staff members practice and proposed development. This recommendation was taken on board following the initial inspection in Strabane and detailed within the managers appraisal files for Omagh and Limavady inspections.

The inspector reviewed the agency incident log from September 2013 (date of previous inspection) and reviewed two medication incidents notified to RQIA. Appropriate incident notifications had been sent to RQIA and notified within the appropriate timeframes. No vulnerable adult incidents have occurred since the previous inspection.

Compliant

Compliant

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| PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Provider to complete |

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|------------------------------------------------------------------------------------------------------|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

COMPLIANCE LEVEL

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.

- Service user spot check template does not include records management as this is detailed within the staff spot checking process (referenced above).

All templates were reviewed as appropriate for their purpose.

Review of three staff spot monitoring records during inspection confirmed staff adherence to records management as detailed within the staff spot check/supervision record for 2014 with one staff competence issue arising regarding recording. Appropriate training and follow up spot check/competency check was completed for this staff member and reviewed during inspection.

Staff training records reviewed for the three staff members were found to be compliant with the RQIA Mandatory training guidelines 2012 with exception to Fire Safety. The agency training and development plan/database did not reference restraint training however this was referenced within staff files reviewed in hard copy. Managing service users monies was not reference as this is not an area covered by the agency. The inspector also reviewed a mixed approach to staff training in the area of recording and reporting with some staff files reviewed evidencing coverage during induction, others had covered this as part of update training and most files reviewed contained a competency assessment regarding the area of recording and reporting. This has been required for review alongside the other areas of training discussed within this criteria of the report.

Sharon McIlwaine (office/operations manager) discussed records management as a regular topic for discussion during staff spot checks and staff meetings. Review of staff meeting records for 2014 confirmed compliance in this area. Records reflected discussion with staff members across three of the five locality areas which covered the areas of Donamana & Magheramason, Cityside and Strabane.

Review of three service user files (within the office) during inspection confirmed appropriate recording in the general notes and medication records (appropriate for two service users) with exception to the inspector recommendation regarding staff to detail the number of tablets given as good practice. Review of service user files during RQIA UCO visits identified some gaps still present in staff recording and this was discussed during inspection for attention.

Review of service user records during the RQIA UCO visits and discussions with Linda Beckett (registered person and manager) and Sharon McIlwaine (area manager) during inspection confirmed restraint is in place for a number of service users in respect of bedrails and lapstraps however these details are not specified on the care plan or risk assessment at present. The inspector further discussed with Sharon McIlwaine the requirement to include risk assessment details on all service user files as appropriate during the forthcoming reviews/quality monitoring for

Compliant

Substantially compliant

To be completed six months from the date of inspection

Compliant

Compliant

Moving towards compliance

To be completed six months from the date of inspection

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| service users. Before the close of the inspection day Sharon McIlwaine provided email evidence to the inspector regarding her contact with the Health and Social Care Trust requesting updated care plan or risk assessment information for all current and future new service user's across all three sites. | |
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| <p>Criteria Assessed 2: 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>All staff are trained in Safe Handling of Money, at induction stage and to follow our policies and procedures regarding this matter. We do not promote the handling of cash, except in exceptional circumstances- and staff are aware of the importance of reporting back to the office regarding disclosing of gifts and all concerns regarding money issues.</p> <p>All financial transactions , payments for services etc are kept available for inspection</p> | <p>Provider to complete</p> |
| <p>Inspection Findings:</p> | |
| <p>As detailed within the provider self-assessment, the agency do not manage service user monies in general however there is currently one service user who receives this service once per week. Review during inspection of this service user records for 2014 quality monitoring validated a quality monitoring process regarding management of service user monies.</p> | <p>Compliant</p> |

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| PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Provider to complete |

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

| THEME 3 Regulation 13 - Recruitment | |
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| 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. | |

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| Provider's Self-Assessment: | |
| <p>All staff follows a strict recruitment, interview and Access NI checking process</p> <p>. We follow all the above standards and all documentation and evidence is available for inspection in each employee's individual personnel file.</p> | Compliant |
| Inspection Findings: | |
| <p>Review of the staff recruitment policy dated 20 June 2012 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of three 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to NOK details and a statement by registered person regarding fitness to undertake the job, for all staff.</p> <p>Car insurance reviewed at point of employment was available for review during inspection for all appropriate staff members.</p> <p>Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p> | <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed two months from the date of inspection</p> <p>Compliant</p> <p>Compliant</p> |

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| PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Provider to complete |

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|------------------------------------------------------------------------------------------------------|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | 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. The agency has received a number of complaints since the agency's previous inspection. Review of three complaints during inspection confirmed compliance in this area.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **the registered person and manager Linda Beckett, Sharon McIlwaine (area manager) and Elaine White (office based operations personnel)**, 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



Quality Improvement Plan

Unannounced Primary Inspection

Glen Caring Services (Strabane)

09 June 2014

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 the registered person and manager Linda Beckett, Sharon McIlwaine (area manager) and Elaine White (office based operations personnel)** during the inspection visit.

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.

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 13(b) | <p>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 behaviour/restraint. Review of recording and reporting training across all sites is required to ensure consistency.</p> <p>(Minimum standard 12.3)</p> <p>As discussed under theme one, criteria three of the report.</p> | Once | <p>We will ensure that future annual refresher training includes Fire Safety Awareness as good practice for all caring staff. This will be implemented immediately.</p> <p>We will ensure that the twelve monthly tool will include Challenging Behaviour and Restraint- in all 3 offices effective immediately</p> | To be completed six months from the date of inspection |
| 2 | Regulation 21(2) | <p>The registered person and manager are required to ensure appropriate risk assessment and care plan information is provided by the HSC Trust.</p> <p>(Minimum standard 3.2)</p> <p>As discussed under theme two, criteria one of the report.</p> | Once | <p>We have already sent an email requesting that greater detail regarding restraint, use of bed rails and lap bands is included in the risk assessments carried out by the Trust and forwarded onto us</p> <p>We will ensure that all information regarding the use of restraint is documented in the care plans.</p> | To be completed six months from the date of inspection |
| 3 | Regulation 13 and Schedule 3 | <p>The registered person and manager are required to ensure staff recruitment records are compliant with Regulation 13 and</p> | Once | <p>We have already set in motion the inclusion of NOK details in our application forms and</p> | To be completed two months from |

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| | | <p>Schedule 3.</p> <p>(Minimum standard 11.2)</p> <p>As discussed under theme three, criteria one of the report.</p> | | <p>mental and physical fitness statements in our interview forms to comply with this requirement- effective immediately</p> | <p>the date of inspection</p> |
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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 | Linda Beckett |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Linda Beckett |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---------------------------------------------------------------|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | A.Jackson | 18/07/14 |
| Further information requested from provider | | | |