



Unannounced Care Inspection Report

04 February 2021



Glen Caring Services

Type of Service: Domiciliary Care Agency

**Address: Unit 36, Orchard Road Industrial Estate, Orchard Road,
Strabane, BT82 9FR**

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Inspector: Angela Graham

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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 provider 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, Strabane is a domiciliary care agency which provides personal care, social support and sitting services to people in their own homes.

Services are currently provided to 290 service users living the geographical areas of Strabane, Omagh, Castlederg and Londonderry. The service users have input from a range of HSC Trust programmes of care including older people, physical disability and adults with learning disabilities and mental health conditions. The service is provided by a team of 153 staff. The majority of the services are commissioned by the Western Health and Social Care Trust (HSC trust), with a number funded privately or via direct payments.

3.0 Service details

Organisation/Registered Provider: Glen Caring Services Ltd Responsible Individual: Mrs Linda Beckett	Registered Manager: Mrs Linda Beckett
Person in charge at the time of inspection: Care Coordinator The Operations Manager also supported the inspection process via telephone.	Date manager registered: 28 January 2009

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 25 April 2019, RQIA were notified of a small number of notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Glen Caring Services a decision was made to undertake an on-site inspection adhering to social distancing guidance.

An unannounced inspection took place on 04 February 2021 from 10.45 to 17.15 hours.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with the operations manager, service users and service users' representatives. We also reviewed the list of all Covid-19 related information, disseminated to staff and verified staff understanding in the context of staff discussions during and post inspection.

Two areas for improvement were identified in relation to recruitment practices and monthly quality monitoring.

Evidence of good practice was found in relation to staff registrations with NISCC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

All those spoken with indicated that they were happy with the care and support provided.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011

and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the operations manager and the care coordinator, as part of the inspection process. The timescales for completion commence from the date of inspection. The findings of the inspection were also discussed with Mrs Linda Beckett, Registered Manager, on 08 February 2021.

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

4.2 Action/enforcement taken following the most recent care inspection dated 25 April 2019

No further actions were required to be taken following the most recent inspection on 25 April 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and written and verbal communications received since the previous care inspection.

Following our inspection we focused on contacting the service users, service users' representatives, staff and Health and Social Care (HSC) professionals to obtain their views on the service. We spoke with three service users, three service users' representatives and four staff post inspection. We also obtained the views of three HSC professionals.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated December 2020).

We discussed any complaints and incidents during the inspection with the operations manager and we also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received.

We would like to thank the operations manager, HSC professionals, service users, service users' representatives and staff for their support and co-operation throughout the inspection process.

6.0 What people told us about this agency

The information received shows that people were satisfied with the current care and support.

During the inspection we spoke with the operations manager, the care coordinator and a supervisor. We also spoke with service users' representatives; service users and staff post inspection and obtained views from HSC professionals. All those spoken with indicated that that they were very happy with the care and support provided by the agency. Comments are detailed below:

Comments from staff included:

- "I was happy with the induction, there was lots of training and I also shadowed the senior."
- "I have done IPC training and we have had lots of information regarding Covid-19, training was provided by zoom. Our training included donning and doffing."
- "It has been reinforced by the trainer the importance of wearing our PPE in line with table 4."
- "All care plans and risk assessment are always available to us when we get a new client that comes on to the run."
- "I am well supported by the seniors and the manager."
- "We are sent updates regarding Covid if there are any changes that we need to know."
- "The care we provide is very good, we always take time with the service users and listen to their views."
- "I have had adult safeguarding training and I am very clear about the types of abuse and what to do if I suspected anything."
- "We have communication books in the service users' homes that we record everything in."

Comments from service users' included:

- "Carers are great and are always pleasant and helpful."
- "No suggestions for improvement to the service as I am very happy with the service and don't see how you could make it better."
- "Staff treat me well and meet my needs."
- "The carers are not a 100% but 103%, best you will ever get."
- "I have no complaints only praise and good things to say about the carers."
- "The carers have never missed a call and turn up every time they are meant to."
- "I feel content that the carers wear aprons, gloves and masks when they come into the house."

Comments from service users' representatives included:

- "The girls have a lovely way with them and my mother enjoys them coming in."
- "The staff are very conscientious about hand washing and wearing their PPE given Covid."
- "The carers are excellent and I refer to them as four angels that have come into our lives."
- "They treat my mother with respect and great care. They also treat myself and my father with great respect and are warm and kind towards us."
- "Carers are meticulous in their approach to hand hygiene and the wearing of PPE."

- “Carers are great and I am happy with the care and so is my mother.”
- “I feel my mother is well cared for.”

Comments from HSC professionals included:

- “A good service provider and I have no concerns regarding the service delivery.”
- “Clients and relatives are very happy with the service and I have not received any complaints.”
- “Staff always let me know if there is any change in the client.”
- “I have confidence in the service and they are always keen to support the clients any way they can.”
- “Staff have supported me recently with a complex client and addressing matters.”
- “Clients report staff are accommodating and flexible.”

6.1 Inspection findings

Recruitment

The operations manager confirmed that the agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. We reviewed four recruitment records. We noted that only one reference had been obtained for an applicant, an application form was not available for a staff member however; all other recruitment information was available for the staff member. One of the four records reviewed also identified a gap in employment that had not been explored. An area for improvement has been made in this regard.

The process for the recruitment of staff was inadequate and there was insufficient evidence of robust recruitment practices. The operations manager forwarded a detailed action plan to RQIA on 06 February 2021 outlining the action to be taken including timeframes to address this matter.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the training manager. The operations manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC.

Covid-19

We spoke with the operations manager, the care coordinator, a supervisor and to four staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE. The staff members spoken with reported that there was an appropriate supply of PPE and PPE was of a good quality.

Service users and service users' representatives spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection prevention and control and Covid-19 awareness training. This included training on the donning and doffing of PPE. All those consulted with described how their training included the correct donning and doffing procedures. The operations manager further described how a range of other Covid-19 related information was available for staff to read.

It was positive to note that unannounced spot checks were undertaken to ensure staff were compliant with Covid-19 PPE guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Governance and Management Arrangements

A complaints and compliments record was maintained in the agency. The operations manager confirmed that a number of complaints were received since the date of the last inspection. We discussed the complaints that the agency had received and deemed that they had been managed appropriately. The operations manager confirmed that local resolution had been achieved in relation to these complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Regulation 23 quality monitoring visits had been undertaken monthly by the manager. We reviewed a sample of reports from October to December 2020. Review identified that these reports need to be expanded upon to include comments from service users, service users' representatives and staff; a review of recruitment practices, NISCC registrations and missed/late calls. An area for improvement has been made in this regard.

The operations manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with operations manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The operations manager advised that one adult safeguarding referral was made since the previous inspection and discussion confirmed this referral was managed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including infection prevention and control measures.

Areas for improvement

Two areas for improvement were identified in relation to recruitment practices and monthly quality monitoring.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the operations manager and the care coordinator, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:-</p> <p>(a) he is of integrity and good character;</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Staff files will be transferred to a new online system this process has begun, this will ensure immediate upload of paperwork to files rather than transferring paperwork between offices. A more robust monthly monitoring report has been developed which will ensure increased governance on staff files.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1) (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The report shall contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>This refers specifically to the completion of the quality monitoring visits.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The monthly monitoring report has now been changed to ensure a more robust evaluation on the quality of services is completed every month.</p>



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