

# Unannounced Care Inspection Report 15 August 2017



## Glen Caring Services

**Type of Service: Domiciliary Care Agency**  
**Address: Unit 36, Orchard Road Industrial Estate, Orchard Road,  
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**Tel No: 02871885155**  
**Inspector: Caroline Rix**  
**User Consultation Officer: Clair McConnell**

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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 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 Ltd 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 474 service users living in their own homes in the geographical areas of Strabane, Donemana, Castlederg and Londonderry cityside. These service users are from various programmes of care including older people, children and young people, physical disability and adults with learning disabilities and mental health conditions. Service is provided by a team of 170 staff. The majority of 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

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

### 4.0 Inspection summary

An unannounced inspection took place on 15 August 2017 from 10.30 to 15.00hours.

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

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

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

No areas requiring improvement were noted.

Service users and relatives spoken with by the User Consultation Officer (UCO) provided very positive feedback regarding the service provided by Glen Caring Services in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the office 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.

## 5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2016/2017
- Records of complaints notified to the agency

As part of the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, either by telephone or in their own home, between 3 and 15 August 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

During the inspection the inspector met four care staff 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 office 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. Ten completed staff questionnaires were returned to RQIA and findings are included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Four service user records of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Four staff quality monitoring records
- Staff meeting minutes from March to July 2017
- Complaints log and records
- Compliments log and records received during 2016/2017
- Record of incidents reportable to RQIA in 2016/2017
- Annual Quality review report 2016
- Monthly monitoring reports for March to June 2017
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, and complaints

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 July 2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 7 July 2016

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

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 are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and 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 given included manual handling, use of equipment and management of medication. 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:

- "Consistency has been a bit of an issue lately. XXX can be agitated when new carers are on."
- "XXX has complex needs. The carers are well trained in the care needed and they let me know if anything is concerning."
- "Lots of new faces recently."

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

The agency's staff recruitment process was reviewed. The inspector examined four individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed in line with required regulations.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The majority of staff is registered with The Northern Ireland Social Care Council (NISCC). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates. The office manager discussed the system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

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

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

The agency's whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm. One included the comment; 'care is safe, hazards always identified and risk assessments are carried out.'

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or missed calls. Service users are usually introduced to new carers by a regular carer and observation of staff by a supervisor has taken place.

Some of the service users and relatives confirmed that home visits and phone calls have taken place to obtain their views on the service as well as receiving a questionnaire. Two relatives advised the UCO that they felt that, on occasion, care can be rushed and communication from the agency could be improved.

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

- "Very good girls. They stay over their time if necessary."
- "Do a great job."
- "Everything's going well. No complaints whatsoever."

During the home visits the UCO reviewed the agency's documentation in relation to three service users and two care plans required to be updated. The office manager confirmed that these records had subsequently been updated following inspection feedback.

Service user records viewed on the day of inspection 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 detailed information and evidenced that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The registered person/manager confirmed that they are usually invited to attend or contribute in writing to the trust arranged

care review meetings with service users/relatives. The records evidenced that an amendment form from the trust detailing any agreed change to the original care plan had been provided.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

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.

The agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no practice issues identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs were identified. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit 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 questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 Is care compassionate?

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

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 two relatives felt that care can be rushed on occasion.

Views of service users and relatives have been sought through home visits, phone calls and 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:



- “Never talk about any of the other clients.”
- “The girls make me feel better.”
- “XXX and the carers get on great together.”
- “They have become good friends.”

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users’ families.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed through records viewed in the agency office and discussions with staff. Records highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the office manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users’ relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘I would like to thank all the care workers most sincerely for their care, love and support to my xxx over the years. Their dedication was greatly appreciated by xxx and family.’ (Thank you phone message from relative of a service user).
- ‘Thank you for arranging the extra service to assist xxx to attend a family wedding, it went really well and meant a lot to xxx and us.’ (Thank you letter from family of a service user).
- ‘I would highly praise the care provided to xxx in his last few days of life. The carers built a relationship with family and xxx instantly and were so caring. I am very thankful the care was available and delivered to a very high standard which was greatly appreciated.’ (Phone message from family of late service user).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

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

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. No complaints about the service or management were raised with UCO.

The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability.

Discussion with the office manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

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

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

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

The complaints log was viewed for the period 1 April 2016 to inspection date 15 August 2017 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint.

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

Monthly monitoring reports were viewed for March to June 2017. These reports evidenced that the registered person/manager had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and feedback; and evidenced how any issues arising had been managed.

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

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 questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

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



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