

Inspection Report

26 November 2021



Glen Caring Services

Type of service: Domiciliary Care Agency
Address: Unit 36, Orchard Road Industrial Estate, Orchard Road,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Glen Caring Services Ltd	Registered Manager: Mrs Linda Florence Beckett
Responsible Individual: Mrs Linda Florence Beckett	Date registered: 28 January 2009
Person in charge at the time of inspection: Mrs Linda Florence Beckett	
Brief description of the accommodation/how the service operates: 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 in the geographical areas of Strabane, Omagh, Castlederg and Londonderry. The service users have input from a range of Health and Social Care 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 184 staff. The majority of the services are commissioned by the Western Health and Social Care Trust, with a number funded privately or via direct payments.	

2.0 Inspection summary

An unannounced care inspection took place on 26 November 2021 from 9.40 a.m. to 3.45 p.m.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Service users and relatives said that they were very satisfied with the standard of care and support provided.

Two areas requiring improvement were identified in relation to record keeping and staff recruitment.

Good practice was identified in relation to staff training and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and quality improvement plan (QIP) and written and verbal communication received since the last care inspection.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) professionals and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

Two areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met and partially met.

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

4.0 What people told us about the service

No questionnaires or electronic feedback was received prior to the issue of the report.

We spoke with three service users, three relatives, two HSC professionals and four staff following the inspection. The following is a sample of comments made:

Comments from service users' included:

- "I am very well looked after and the girls are respectful to me."
- "The girls are very particular about washing their hands and wearing their PPE."
- "The carers are courteous and respectful."
- "My records are in the house and the carers write their notes after every visit."
- "The girls are friendly and will always take time to talk to you."
- "The carers always turn up when they are supposed and never let me down."
- "I find the girls very good and very helpful."

Comments from service users’ representatives included:

- “I feel safe with the staff coming in as they are particular about wearing their PPE.”
- “The carers always turn up and never let us down.”
- “The staff are great and you couldn’t get better.”
- “Great service and my brother is well looked after.”
- “The girls are always pleasant and greet us as soon as they come in to the house.”
- “My brother is full of praise for the girls and the good care he gets.”

Comments from HSC professionals included:

- “If the agency have a concern or note deterioration in the service user they will inform me immediately.”
- “I have not received any complaints from service users or their families about the service delivery.”
- “I have a good working relationship with the agency.”
- “The agency is very proactive and there is timely reporting.”

Comments from staff included:

- “I got a very detailed induction, several days training and three days shadowing.”
- “We have adequate time in line with the call time and we always stay our time.”
- “Great support from seniors and they are always at the end of the phone.”
- “We wear PPE in line with Table 4.”
- “Good communication from the senior staff, if anything changes in relation to the service users’ care we are told right away.”
- “I have done lots of training including my dysphagia training.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Glen Caring Services was undertaken on 4 February 2021 by a care inspector; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 4 February 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:- (a) he is of integrity and good character; (d) full and satisfactory information is available	Partially met

	in relation to him in respect of each of the matters specified in Schedule 3.	
<p>Area for Improvement 2</p> <p>Ref: Regulation 23 (1) (4)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: We reviewed two staff recruitment records. We noted a significant improvement in the overall management of recruitment records from the last inspection. However, we noted gaps in the applicants' employment history which were not explored. This area for improvement was stated for a second time.</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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. We reviewed a sample of monthly quality monitoring reports and these reports were found to be satisfactory.</p>	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns outside of normal business hours.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection and that the referral had been managed appropriately.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of incident records identified a number of shortfalls in recording practices. Details of dates of contact, persons contacted and outcomes of contact were not always recorded. An area for improvement was made in this regard.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager also told us that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual monies belonging to the service users.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Is there a system in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health

and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

It was positive to note that staff had undertaken dysphagia training.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

We reviewed two staff recruitment records. We noted a significant improvement in the overall management of recruitment records from the last inspection. Review identified that not all gaps in employment had been explored. An area for improvement in this regard was stated for a second time.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed a sample of these reports. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had received one complaint since the last inspection and the complaint was managed in accordance with the agency's policy and procedures.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff, service users, HSC professionals and relatives RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

Two areas requiring improvement were identified in relation to record keeping and staff recruitment.

The inspector would like to thank the manager, HSC professionals, relatives, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/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 and the Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	*1	1

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Linda Florence Beckett, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:- (a) he is of integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 5.2.3 Response by registered person detailing the actions taken: The gaps in employment section has been expanded for further discussion and detail, the section will include full dates moving forward.
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 10.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the information held on record is accurate, up-to-date and necessary. Ref: 5.2.1 Response by registered person detailing the actions taken: This has been discussed with the team and the importance of recording all information correctly with full details dates, times, who was involved clear follow up etc. This will continued to be monitored monthly.

Please ensure this document is completed in full and returned via Web Portal



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