

# Unannounced Care Inspection Report 7 July 2016



## 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**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Glen Caring Services took place on 7 July 2016 from 10.00 to 15.45 hours.

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

### **Is care safe?**

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

### **Is care effective?**

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

### **Is care compassionate?**

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

### **Is the service well led?**

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

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 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

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the responsible manager and office manager
- Consultation with five care workers
- Examination of records
- File audits
- Evaluation and feedback

As part of the inspection the UCO spoke with two service users and nine relatives, either in their own home or by telephone, between 18 and 22 July 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals. The UCO also reviewed the agency's documentation relating to three service users.

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

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Ten completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

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

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 28 January 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.10 <b>Stated:</b> First time	It is recommended that the registered person/manager ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary (regarding staff spot checks).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence that a system has been implemented regarding monitoring of working practices. Records verified that the organisation's quarterly auditing schedule was being followed which included staff spot checks.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time	The quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process (regarding trust commissioner involvement).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed evidence that the commissioning trust views had been sought as part of their annual quality of services review for 2016. Feedback from the quality review was summarised with very positive comments noted and will be included as part of their 2016 annual quality review report.	

<b>Recommendation 3</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards (regarding registered person completion of the report).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that the responsible person had carried out monthly monitoring of the quality of services provided. The inspector reviewed monthly monitoring reports for March to May 2016 which were found to be appropriately detailed and were in line with the Minimum Standard 8.11.	

#### 4.2 Is care safe?

The agency currently provides services to 786 service users living in their own homes.

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

Three staff files were sampled relating to recruitment of care workers which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. One of the five care staff interviewed, who had commenced employment within the last nine months, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Glen Caring. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and use of equipment. All of the service users and relatives interviewed confirmed that they could approach both 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:

- "Trust them implicitly."
- "Very patient with my XXX."
- "XXX has become familiar with them. Consistency is good."

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

The agency's whistleblowing policy and procedure was found to be satisfactory.

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

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

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

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

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care had been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

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

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

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

- "I get on ok with them."
- "Don't know what I would do without them."
- "Very reliable."

During the home visits, the UCO reviewed the agency's documentation in relation to three service users. It was noted that one care plan contained out of date information which was discussed with the manager, the inspector was satisfied with the assurance given that this would be addressed immediately.

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

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

The registered manager confirmed ongoing discussion of records management during team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of staff meetings viewed for March and June 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible, incorporated.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.



Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

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

The inspector reviewed the agency's procedure on 'management of missed calls' and reviewed the records in respect of one missed call since December 2015. The inspector found appropriate action had been taken in respect of this matter and records evidenced a process was in place to reduce the risk of any service user not receiving their planned call.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. 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 supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for three staff members and found to be in compliance with the agency policy timeframes.

Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO indicated that they felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users and relatives reported that, as far as possible, they were given choice in regards to meals and personal care.

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

- "Fortunate with our girls."
- "Very, very good to her."
- "Really nice. Really attentive."

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires with responses currently being collated. The inspector reviewed evidence that the commissioning trust views had been sought as part of their annual quality of services review for 2016. The registered manager confirmed the annual quality report would also include staff views. The agency had completed an annual quality review report for 2014/15, with a summary report of findings and the improvements they planned to implement.

The registered manager confirmed the improvements identified following their 2014/15 review had been introduced. The registered manager confirmed all service users had been provided with this summary report.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis.

From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage along with a variety of other tasks. It was good to note positive comments from service users had been recorded on their monitoring records.

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

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

The staff interviewed and staff questionnaires returned 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 indicated that they were satisfied their current staffing arrangements met their service users' needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Linda Beckett, the office manager and senior staff, a team of care workers provides domiciliary care and support to 786 people living in their own homes.

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

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

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

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

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

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

The complaints log was viewed for the period 1 April 2015 to inspection date 7 July 2016 with a range of complaints recorded. The inspector reviewed a sample of five complaints records which supported appropriate management, review and where possible, resolution of each complaint. Records evidenced effective liaison with the trust to resolve matters.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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