

# Unannounced Care Inspection Report 11 October 2018



## Glencarn House

**Domiciliary Care Agency**  
**388 Antrim Road, Glengormley, Belfast, BT36 5EJ**  
**Tel No: 02890879191**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://www.rqia.org.uk)

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**

Glencarn House is a supported living type domiciliary care agency provided by Threshold Care Services. The agency provides personal, domestic, social and financial support to service users with enduring mental ill-health issues. The support focuses upon the promotion of good mental health and independence, with the aim of each individual moving towards independent living.

The agency is developed around the model of a therapeutic community; service users are supported by the agency for an initial period of two years. With support from staff, service users are encouraged to live as independently as possible.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Threshold (Richmond Fellowship NI Ltd) | <b>Registered Manager:</b><br>Nicola Faloona     |
| <b>Responsible Individual:</b><br>Dr Raman Kapur                                   |  |
| <b>Person in charge at the time of inspection:</b><br>Nicola Faloona               | <b>Date manager registered:</b><br>26 March 2018 |

### 4.0 Inspection summary

An unannounced inspection took place on 11 October 2018 from 10.30 to 16.00.

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 any 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:

- engagement with service users and relevant stakeholders
- staff supervision and appraisal
- provision of care in an individualised manner
- supporting service users to develop new skills
- promotion of independence
- quality monitoring process.

One area for improvement was identified during the inspection in relation to the agency's staff training.

The comments of service users and staff have been included within the report.

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.

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

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with the Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 9 October 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 October 2017.

#### **5.0 How we inspect**

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

- previous inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection.

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

- discussion with the registered manager
- examination of records
- consultation with staff and service users
- evaluation and feedback.

During the inspection the inspector met with the manager, four service users and two staff member.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- minutes of service user weekly community meetings
- minutes of weekly staff meetings
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose
- Service User Guide.

A number of policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display 'Have we missed you' card within the premises; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 9 October 2017**

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

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 9 October 2017**

| <b>Areas for improvement from the last care inspection</b>   |  |                                 |
|--|--|---------------------------------|
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>                                   |  | <b>Validation of compliance</b> |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 11.1<br><b>Stated:</b> Second time<br><b>To be completed by:</b><br>9 January 2018 | The registered provider should ensure that the agency's Recruitment Policy includes a full list of pre-employment checks required to be completed prior to an offer of employment.   | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br><br>It was noted that the agency's Recruitment policy had been reviewed and updated to include a full list of pre-employment checks required to be completed prior to an offer of |                                 |

|   |  |            |
|---|--|------------|
|   | employment.  |            |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 13.2<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>9 January 2018 | The registered person shall ensure that the agency's policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.   | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>It was noted that the agency's Supervision and Appraisal Policies had been reviewed and updated to include details of the arrangements for and frequency of supervision and staff appraisal.  |            |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 9.5<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>9 January 2018  | The registered person shall ensure that policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>Policies and procedures viewed with the exception of the Complaints policy were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards. The agency are currently reviewing the complaints policy. |            |

### 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 inspection reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's Human Resources (HR) department co-ordinates the recruitment process and includes input from the manager.

The manager stated that they review the application information in conjunction with the HR department. It was noted that confirmation is received by the manager indicating that all pre-employment checks have been satisfactorily completed for any new staff. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

It was identified that the agency has in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3. It was noted that this is retained by the HR department; following the inspection the inspector viewed copies of record retained.

The inspector reviewed staff induction records for three staff; those viewed indicated that the induction is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment.

The agency retains details of induction provided; staff could describe the details of the corporate and local induction provided; they indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. One staff member stated that they had requested that their initial induction was extended to support them in feeling confident in completing overnight shifts.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles and appropriate induction. It was identified that the agency is currently accessing staff from another domiciliary care agency; staff profiles were viewed. The inspector discussed with the manager the rationale for requesting information in relation to registration status of staff with regulatory body; following the inspection the inspector was informed that this information could not be accessed due to GDPR regulations. Following discussions with the senior inspector the HR manager was informed that registered managers must ensure that a process is introduced to insure that they confirm relief staff's registration status each time they are supplied to work with service users and a record maintained.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users. There are currently two staff vacancies; recruitment is ongoing and one new staff member is due to commence employment as soon as pre-employment checks have been completed.

The agency's staff rota information was viewed and reflected staffing levels as described by the manager. Staff indicated that they had enough staff to meet the assessed needs of the service users. The manager is in the process of updating the alphabetical index of staff following recent changes in staffing.

The agency's supervision and appraisal policies have been updated to include details of the timescales and processes to be followed. The agency retains a record of staff supervision and appraisal; records reviewed relating to three staff indicated that they had received supervision and appraisal in accordance with the agency's policies.

The agency has an electronic system for recording training completed by staff; records viewed indicated that the majority of staff had received appropriate training.

The manager and staff could describe the procedure for identifying and ensuring that training updates are completed as required in conjunction with the organisation's training officer.

Staff are required to complete training in a range of mandatory areas and in addition a wide range of training specific to the individual needs of service users and the ethos of therapeutic communities. Following training staff are required to complete a course evaluation. It was identified that some staff were due to complete training in a number of areas. An area for improvement was identified.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored in conjunction with the HR department; they stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of their responsibility for ensuring that they remain appropriately registered; records viewed indicated that staff were appropriately registered. The agency retains copies of staff NISCC registration certificates.

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

Staff could describe the process for reporting adult safeguarding concerns. Training records viewed provided evidence that all staff had received safeguarding adults training. It was noted that staff are required to complete safeguarding training during their induction programme and two yearly updates thereafter. Service users knew how to raise concerns in relation to their safety or the care they received. It was good to note that service users had been provided with information in relation to keeping themselves safe during the community meeting.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the manager and records viewed evidenced that the agency has a process for recording details of referrals made to the Health and Social Care Trust (HSCT) adult protection team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that referrals made by the agency had been managed in accordance with policy and procedures and that detailed records of actions and outcomes were retained.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in the development of their individual care and support plans and in six monthly reviews involving their HSCT keyworkers and other members of the multi-disciplinary team. The inspector viewed a range of risk assessments in place relating to individual service users. It was noted that prior to receiving care the agency receives a range of multi-disciplinary assessments. Staff record daily the care and support provided to service users and keyworker sessions completed. The inspector viewed information relating to a practice deemed to be restrictive; it indicated that a risk assessment had been completed; the inspector discussed with the manager the need to ensure that the documentation is signed by service users to indicate that they have agreed to the restriction. Assurances were provided that this would be discussed and actioned at the next community meeting.

The agency's office is located in the same building as the home of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

**Comments received during inspection.**

**Service users’ comments**

- “I am ok; I go out to meet my girlfriend.”
- “I am happy here; I was in hospital for a long time; this place is great.”
- “Staff are brilliant; they really care about you.”
- “I am very happy here; I need the support.”

**Staff comments**

- “I love working here; I am very thankful and happy.”
- “I feel supported, that manager is great.”
- “I requested additional support during induction and it was facilitated.”
- “Training is good.”
- “Service users are safe; we enable the service users to do the best they can.”
- “Supervision is good.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff, supervision, appraisal, and management of identified adult protection concerns.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the staff training.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

**6.5 Is care effective?**

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

The inspection reviewed the agency’s arrangements for responding to, assessing and appropriately meeting the needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s record keeping policy outlines the process for the creation, storage, retention and disposal of records. Staff have received training relating to record keeping and confidentiality. Records viewed during the inspection were noted to be organised and retained securely in accordance with legislation, standards and the organisational policy.

Discussions with staff indicated that staff support service users to be involved in risk assessment and care planning processes. It was noted that risk assessments and care plans are reviewed eight weekly or sooner if required.

The agency has processes for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users; it includes monthly monitoring visits by a manager from another of the organisation’s registered services.

The quality monitoring reports viewed indicated that the process supports the agency in identifying areas for improvement; an action plan is developed. The reports included comments from service users, staff, and where appropriate service user representatives. The reports included details of the review of complaints, accidents and incidents; including those reportable to RQIA. In addition safeguarding matters, staffing arrangements, training, care records are reviewed as part of the process.

The agency's systems to promote effective communication between service users, staff, relatives and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate respectfully and effectively with service users. Service users stated that they can speak to staff at any time.

Staff can support service users to access support from an independent advocate if required. The agency's Service User Handbook and welcome information includes details of information relating to advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. It was noted that due to the complex needs of service users there is continual liaison with HSCT keyworkers.

The agency facilitates weekly service user community meetings and individual keyworker meetings. It was noted that service users are encouraged to meet weekly to agree activities that they wish to participate in; menu plan and discuss any issues or concerns they have.

Staff are required to attend weekly group clinical supervision facilitated by a psychologist and a weekly staff meeting; they stated that they are provided with the opportunity to discuss areas of concern in relation the care and support being provided. Staff attend a weekly staff dynamics meeting; they can discuss issues in relation to the staff team and discuss ways of better working.

## **Comments received during inspection.**

### **Service users' comments**

- "I love living here; I couldn't cope without the support of staff."
- "Staff listen to me when I am worried."

### **Staff comments**

- "Staff go the extra mile."
- "We support service users to be as independent as possible."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and other relevant 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.**

The agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive was assessed. Staff had received training in relation to confidentiality and human rights.

Staff had a clear understanding of the need to provide care and support to services users in a person centred manner. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences. Service users could describe how the meet weekly to discuss matters in relation to shared living and any concerns they had. Service users stated that they are involved in decisions relating to the care and support they receive.

Discussions with staff and service users and observations made indicated that staff provide care and support in a person centred manner; it was noted that a range of methods are used to support service users in making informed choices. Staff support service users to be involved in discussions relating to their care, support and individual daily routines; the inspector observed service users making decisions and choices about their everyday lives.

The inspector discussed with the manager the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst identifying and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. Staff training in the therapeutic model of care has equipped them with knowledge and skills to engage with a diverse range of service users.

It was noted that service users had been provided with information relating to the agency's complaints process and advocacy services.

Observations made and discussions with the service users and staff highlighted evidence that supports the service users' equal opportunities, regardless of their abilities, their background or their previous or current lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- individualised risk assessment processes.
- equity of provision of care and support
- provision of care in a person centred manner

Records viewed by the inspector provided evidence that the agency has systems for recording comments made by service users and where appropriate their representatives. Records of weekly service user community meetings included evidence of engagement with service users and where appropriate relevant stakeholders.

Engagement with service users is maintained through the agency's weekly community meetings, complaints process, keyworker meetings and care review meetings. During the inspection the inspector noted that service users are encouraged to make choices regarding their daily routines and activities. Service users were supported by staff to be as independent as possible and to carry out their daily activities with the least support required. Staff encourage and support service users to develop new skills within their home environment and in the local community.

The inspector discussed with the manager the need to ensure that service users are supported to be as independent as possible in relation to medication administration. It was noted that a small number of service users currently self-medicate and that their medications are stored securely in their rooms. The medication of the remaining service users is retained in a room within the same building as the home of the service users and administered by staff. The inspector discussed with the manager the need to review this arrangement to ensure it is as individualised as possible and in keeping with the ethos of supported living and ensuring dignity, privacy and respect.

### **Comments received during inspection.**

#### **Service users' comments**

- "My keyworker is very good."
- "I love living here."
- "I go out with my keyworker."
- "I have no issues."

#### **Staff comments**

- "Service users have choice."
- "Service users can do what they want."
- "I want to develop a new group for service users to support them in dealing with their emotions."
- "There is a good culture here; we have a good staff team."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant stakeholders. It was positive to note that service users are encouraged to make their own decisions in relation to their daily routines, meal choices and any activities they wish to attend.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <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.**

The inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users.

The agency is managed on a day to day basis by the manager. Staff indicated that the manager is approachable and supportive and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained in a paper format and retained in the agency's office. The majority of policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was identified that the complaints policy is currently being reviewed and updated in conjunction with service users involved in the service user group.

The agency's current complaints policy details the processes for managing complaints. Staff receive complaints awareness training during their induction programme; staff had a clear understanding of the actions to be taken in the event of a complaint being received. Service users knew how to raise concerns and stated that they felt the concerns raised were listened to.

The agency maintains a record of complaints received, actions taken and outcomes of investigation are clearly recorded. It was identified from records viewed that complaints received since the previous inspection had been managed in accordance with the agency's policy and procedures.

The agency retains details of compliments received.

Compliments recorded:

- "Staff are amazing in the way they build relationships."
- "\*\*\*\* had a lovely manner; sets clear boundaries. Respectful of individuals."

The agency retains detailed information of all accidents, the actions taken and outcomes. Records viewed were noted to be comprehensive and are reviewed monthly by the person completing the monthly quality monitoring visit. Incidents were reported to RQIA as required.

The agency has processes for monitoring the quality of the service; these include arrangements for the monthly review and audit of staffing arrangements, incidents, accidents, safeguarding referrals and complaints.

There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives and relatives as appropriate. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff demonstrated that they had a good understanding of the responsibilities of their job roles.

On the date of inspection the RQIA certificate was displayed appropriately.

### Comments received during inspection.

#### Service user comments

- “The enjoy working here; the manager is good.”
- “The team are very supportive.”
- “Training is good.”
- “Staff are empathetic and patient.”

#### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the effective management of complaints, accidents and incidents and liaison with HSCT representatives.

#### 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Faloon, registered manager, 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 and/or Domiciliary Care Agencies Minimum Standards, 2011.

## 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.

| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 12.3<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Ongoing from the date of inspection. | The registered person shall ensure that mandatory training requirements are met.<br><br>Ref: 6.4<br><br><b>Response by registered person detailing the actions taken:</b><br>The registered manager shall ensure that staff mandatory training is kept up to date and requirements are met. |

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



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