

# Announced Care Inspection Report 12 November 2020



## Glencarn House

**Type of Service: Domiciliary Care Agency**  
**Address: Glencarn House, 388 Antrim Road, Glengormley,  
Belfast, BT36 5EJ**  
**Tel No: 02890879191**  
**Inspector: Aveen Donnelly**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

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 up to 14 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 service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT).

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> Threshold (Richmond Fellowship NI Ltd)	<b>Registered Manager:</b> Not applicable
<b>Responsible Individual:</b> Dr Raman Kapur	
<b>Person in charge at the time of inspection:</b> Manager	<b>Date manager registered:</b> Not applicable

### 4.0 Inspection summary

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

The last care inspection was undertaken on 11 October 2018. An inspection was not undertaken in the 2019-2020 inspection year, due to the risks associated with the spread of Covid-19. Since the date of the last care inspection, RQIA was notified of a number of notifiable incidents. A small number of other correspondences, had been received in respect of the agency.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risks to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to Covid-19 transmission.

An announced inspection took place on 12 November 2020 from 10.00 to 13.00 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

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

The inspection also assessed progress with the area for improvement identified during the last care inspection.

Evidence of good practice was found in relation to the recruitment practices and staff registration with NISCC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

No areas for improvement were made.

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

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

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

#### 4.1 Inspection outcome

	Regulations	Standards
<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 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 11 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 October 2018.

#### 5.0 How we inspect

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

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and health and social care' (HSC) representatives to find out their views on the service.

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

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

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no complaints received since the date of the last inspection. We discussed safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 11 October 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.3  <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staff training matrix confirmed that staff training requirements had been met. A training audit is also provided monthly or bi monthly by the training manager.	

## 6.1 What people told us about this agency

The information received shows that people were satisfied with the current care and support. During the inspection we spoke with two service users and three staff members using technology. We also spoke with four relatives, by telephone. All those spoken with indicated that that they were very happy with the care and support provided by Glencarn House. Comments are detailed below:

### Service users

- “The staff are terrific, I can’t say a bad word about them. Anything you need they help you with, they help us all to cook meals and things like that. If I had any complaints, I know to fill out a (complaints) form, but I never have any need to.”
- “I am treated very well and with respect definitely. There is nothing they could do better.”

### Service users’ representatives

- “(My relative) is happy and the staff are smashing.”

- “(My relative) has come on leaps and bounds from being there, the key worker arrangement is very good and has helped address any issues. It is so good to know that they can live as normal a life as possible. (My relative) told me they feel more secure now because of the key working arrangements but also from the mutual support they all get from each other. The impression I get, is that they are excellent. One of the other residents told me that living there is the best thing that ever happened to them.”
- “I have no concerns at the minute.”
- “The place seems to be helping them.”

## Staff

- “I am happy enough, we are doing the best that we can. I have always been happy to come to work and the residents are part of the reason for that. Everything is centred around them. We can gauge what they want/need, but we can only do that with their input.”
- “I have no concerns, I like the way the residents are interacted with the keyworker system. They are all supported to be independent in as much as possible.”

The review of the monthly quality monitoring reports also noted that the review focused on the therapeutic alliance between service users and their keyworkers. This included asking the service users whether or not their keyworker understands how they think and feel, that they are reliable and consistent; maintain professional boundaries; and that they allow the residents to dislike them when things feel bad. This is good practice.

Two staff members provided feedback via the electronic survey. Both respondents indicated that they felt ‘very satisfied’ that the care was safe, effective and compassionate and that the service was well-led. Written comments are detailed below:

- “In Glencarn I have found that all the care that is provided throughout the service is of a high standard.”
- “I feel really privileged working in such a compassionate organisation who really care about the welfare of everyone, staff and residents.”

One questionnaire was returned within the timescale for inclusion within the report. Although the response did not indicate whether it had been completed by a service user or a relative, the responses indicated that the respondent felt ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well-led.

## 6.2 Inspection findings

### Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members started work.

A review of the staff records confirmed that all staff are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff’ registrations. Staff are not permitted to work if their professional registration lapses.

## Covid-19

Discussion with the manager identified that she had a good understanding of the procedure to follow in the event of service users or staff were diagnosed with Covid-19.

Service users had been supported to keep a distance of 2 metres from other people and seating in communal areas had been spaced in a way to make this easier to comply with. Meal times were also staggered to ensure that the service users maintained the 2 metre distance from each other. Changes were also made to the agency's service users' meetings to reduce the risk of having too many people gathering together.

The manager described the availability of hand sanitisers which is accessible throughout the building for service users, staff and visitors to use to ensure good hand hygiene. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

Service users spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19.

Visiting protocols were in place, which ensured that all visiting was time-limited and planned in advance, to ensure social distancing could be adhered to.

There was a system in place to ensure that staff and service users had their temperatures checked twice daily. Everyone who entered the building was also asked if they had an elevated temperature, a persistent cough, loss of or change in sense of smell or taste.

Staff had been completed training in relation to infection, prevention and control. This included training on the donning (putting on) and doffing (taking off) of PPE.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information on:

- Protocol for dealing with positive cases for service users and for the whole service.
- Consent forms for sharing the service users' Covid-19 status with relevant others
- Temperature checks
- Cleaning and handwashing information
- General risk assessment and control measures; including risk assessments for managing new referrals
- Visiting risk assessment and protocols
- Covid-19 Information/resources
- Staff Training Information
- Infection Prevention and Control environmental risk assessment
- Signage for visitors
- Procedures for daily status updates to the relevant health and social care trusts
- Public Health Agency (PHA) Managing Covid-19 in care homes and other facilities – Outbreak pack
- Business Continuity Plan

## Governance and management oversight

We discussed complaints and safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

The acting management arrangements were discussed. When received, RQIA will review the application for registration in this regard.

## Areas of good practice

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 use of PPE guidelines.

## Areas for improvement

No areas for improvement were identified during this 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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