

# Unannounced Care Inspection Report 9 October 2017



## Glencarn House

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

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

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

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> Threshold (Richmond Fellowship NI Ltd)	<b>Registered Manager:</b> Mrs Charlotte Fiona Simpson
<b>Responsible Individual:</b> Dr Raman Kapur	
<b>Person in charge at the time of inspection:</b> Mrs Charlotte Fiona Simpson	<b>Date manager registered:</b> 2 October 2015

### 4.0 Inspection summary

An unannounced inspection took place on 9 October 2017 from 10.15 to 15.45.

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 service user engagement, staff recruitment, communication with Health and Social Care Trust (HSCT) representatives, engagement with service users and the agency's quality monitoring process.

Areas for improvement were identified in relation to the agency's policies and procedures; one area of improvement identified during the previous care inspection was assessed as not met and will be stated for a second time.

Comments made by service users during the inspection and from completed questionnaires are included within the report.

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

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	3

Details of the Quality Improvement Plan (QIP) were discussed with the registered 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 January 2017**

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

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

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

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

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

The following records were viewed prior to and during the inspection:

- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Assessment and Support Planning Policy
- Safeguarding Vulnerable Adults Policy
- Out of Hours Emergency Arrangements Policy
- Whistleblowing Policy
- Equality and Diversity Policy
- Complaints Policy
- Information Governance and Data Protection Policy

- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisations' Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report. Following the inspection questionnaires were provided for completion by staff and service users; five staff and two service user questionnaires were returned to RQIA.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 January 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 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's recruitment policy and noted that it did not include a full list of pre-employment checks required to be completed prior to an offer of employment.	

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

The agency's staff recruitment system is managed by the organisation's Human Resources (HR) department. The inspector visited the HR department on 23 January 2017 and reviewed a number of the agency's individual staff personnel records; records viewed were noted to include details of the recruitment processes and evidence of pre-employment checks completed. Records viewed and discussions with HR personnel indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy details the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; it was identified that the policy is required to be updated to reflect checks as outlined within the minimum standards. This had been identified as an area for improvement during the previous inspection and a recommendation made; it was assessed that the required improvement had not been made. Staff personnel records held at the agency's head office were noted to be retained securely.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete a 10 week induction programme. Staff are required to complete an induction workbook; it was identified that the agency maintains a record of staff induction. Discussions with staff provided assurances that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

Staff who spoke to the inspector indicated that their induction and training programmes had provided them with the necessary knowledge and skills for their individual job roles; they could describe the process for requesting additional training if required.

The registered manager stated that relief staff are accessed from another registered domiciliary care agency; they described the process for ensuring that any staff provided at short notice have the appropriate knowledge and skills to fulfil the requirements of the role. The inspector viewed staff profiles for relief staff and noted that they contained information in relation to the individuals training, experience, induction and the status of registration with the NISCC.

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager and staff. Service users who spoke to the inspector indicated that there is enough staff to meet their needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed; it was noted that the supervision policy contains conflicting information in relation to the timescales for the completion of staff supervision. The agency maintains a record of staff supervision and appraisal; records viewed indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. The agency facilitates staff meetings, clinical supervision sessions and therapeutic group supervision on a weekly basis; staff could describe the benefits of these processes in supporting them in their roles.

The agency has a system in place for recording staff training; the registered manager could describe the process for identifying training needs. Staff are required to complete training in a number of mandatory areas and in addition a range of training specific to the needs of individual service users and the organisation's therapeutic care model. It was noted that staff are required to complete a written evaluation following training received. Staff were aware of their individual responsibility for ensuring that required training updates are completed as appropriate. The person completing the agency's monthly quality monitoring visit and the organisation's training officer review staff training. It was noted that an audit of training had been completed in February 2017 and an action plan completed.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC.

Discussions with staff demonstrated that they had an understanding of adult safeguarding matters and the procedure for reporting concerns. It was identified from discussions with the registered manager and training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency retains details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the registered manager indicated that the agency has made one referral to the HSCT adult safeguarding team in relation to adult safeguarding since the previous care inspection.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The inspector viewed records held in relation to agreed restrictive practices in place; it was identified that they were reviewed and updated regularly and service users indicated that they had agreed to the restrictions in place.

It was identified that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users are encouraged and supported to participate in the development of their individualised care and support plans and in a six monthly review involving their HSCT keyworker.



It was identified from discussions with staff and from records viewed that care and support plans are reviewed as required; staff record daily the care and support provided to service users.

The agency’s registered premises are located in the same building as the service users’ home; the office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Five staff and two service user questionnaires were returned to RQIA; they indicated that both staff and service users were very satisfied or satisfied that care provided is safe.

**Comments received during inspection.**

**Service users’ comments**

- ‘I have found the staff very supportive and caring; they go out of their way to make sure that my needs are met to the best of their ability.’

**Staff comments**

- ‘We are under staffed at present but current staff work above and beyond to meet the needs of residents.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, supervision and appraisal, and adult safeguarding.

**Areas for improvement**

One area for improvement which was identified during the previous inspection in relation to the agency’s recruitment policy was assessed as not met and has been restated. In addition it was identified that the agency’s supervision policy needs to accurately detail the timescales for supervision.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

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

The inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed 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 data protection policy outlines the systems for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. It was identified that staff personnel records viewed at the organisation’s head office prior to the



inspection were retained in an organised, secured manner; records held in the agency's office were noted to be retained securely and PC's were password protected.

Staff could describe the ways in which they support service users to effectively engage in the care planning process and therapeutic model. Service users stated that staff support them to be involved in the development of their individual care plans and in making decisions about their care and support. It was identified that service users are provided with a copy of their individual care and support plans.

The inspector reviewed the agency's arrangements for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The agency receives monthly quality monitoring visits; it was noted that the person completing the monitoring visit seeks to obtain feedback from service users and were appropriate relevant stakeholders in relation to the quality of care and support provided.

The inspector viewed the records of monthly quality monitoring visits completed and the action plans developed; records viewed indicated that the process assists the agency in identifying areas for improvement. Records viewed were noted to include comments made by service users, relatives and HSCT representatives. The record included details of the review of accidents, incidents, safeguarding referrals, restrictive practices, complaints, staff training and staffing arrangements.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the staff and service users, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately and respectfully with service users.

Staff indicated that they were knowledgeable about the needs and preferences of individual service users. Information relating to advocacy services is detailed in the agency's organisational policy.

The agency facilitates weekly community meetings for service users and staff; a record of the areas discussed is retained. The agency encourages daily contact with service users in the form of a morning meeting to discuss support required by individual service users and areas of concerns.

Staff could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

Five staff and two service user questionnaires were returned to RQIA; they indicated that both staff and service users were very satisfied or satisfied that care provided is effective.

## **Comments received during inspection.**

### **Service users' comments**

- 'I feel that I receive excellent care; I am not forced to open up or have to explain myself. But I am encouraged to talk and if I have any issues they are met accordingly.'

### **Staff comments**

- 'I would like training in housing issues.'

- ‘Care is based on assessed needs of residents.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and ongoing effective communication with service users and relevant stakeholders were appropriate.

**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 inspector reviewed the agency’s ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff could describe the importance of promoting the confidentiality of service user information. Discussions with service users and staff, and observations of staff interactions with service user indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation. Service users could describe how staff support them when making decisions about the care and support they receive; they stated that they can make their own choices. Staff could describe the processes used for supporting service users to make informed choices and for endeavouring to provide care and support in a person centred manner.

Discussions with service users, staff and information viewed indicated that the agency has a range of systems in place to support them in effectively engaging with service users; and for recording comments made by them and were appropriate their representatives. Records of weekly community meetings, one to one keyworker meetings, service user care review meetings and reports of quality monitoring visits indicated that the agency endeavours to engage with service users and where appropriate their representatives.

There are systems in place to facilitate effective engagement with service users and for responding to the comments made by them; they include the agency’s quality monitoring process; compliments and complaints processes; annual care review meetings and weekly community meetings. It was noted the service users are encouraged to attend a daily meeting to discuss concerns or support they require. The agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The registered manager stated that the agency can provide information in an alternative format if required, to support service users to be effectively engaged in decisions about their care. It

was noted that the agency has supported one service users in obtaining a piece of assistive technology in relation to fire safety.

Five staff and two service user questionnaires were returned to RQIA; they indicated that both staff and service users were very satisfied or satisfied that care provided is compassionate.

**Comments received during the inspection process.**

**Service users’ comments**

- ‘Any decisions made about my care and any concerns I had were met with dignity and respect.’

**Staff comments**

- ‘Residents are always treated with respect.’

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for effectively engaging with service users and relevant stakeholders and in endeavouring to provide care and support in a person centred manner.

**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.**

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by the registered manager and a number of project workers. Staff had a clear understanding of the process for obtaining support and guidance if required.

It was identified that the agency has a range of policies and procedures that are retained in a paper format stored within the agency’s office; staff indicated that they can access policies at any time. During the inspection the inspector viewed a number of the organisation’s policies; it was identified the recruitment and supervision policies are required to be reviewed and update in accordance with the minimum standards. In addition it was noted that the agency’s complaints and confidentiality policies are required to be reviewed and updated in accordance with timescales outlined within the minimum standards.

The inspector reviewed the agency's processes in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments and care plans relating to individual service users. It was noted from records viewed and discussions with the registered manager that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA by the person completing the quality monitoring visit.

The agency's complaints policy and procedure outlines the process for managing complaints; staff had an understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to handling complaints during their induction programme. Service users indicated that they knew who to speak to if they had a complaint or concern.

The agency retains a record of compliments and complaints received; it was noted from discussions with the registered manager and records viewed that the agency has received no complaints since the previous inspection.

Documentation viewed and discussions with the registered manager evidenced that the agency has governance systems in place to monitor and promote improvements in the quality of the service provided. The systems include arrangements for the monthly monitoring of staffing arrangements, incidents, accidents, safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

Staff had a clear understanding of their individual job roles and responsibilities; it was noted that the organisation provides opportunity on a weekly basis for staff to discuss concerns or issues in the form of a staff dynamics meeting. Staff demonstrated that they had a clear understanding of the process for raising concerns and had knowledge of the agency's whistleblowing policy.

Staff stated that the manager is supportive and approachable; they could describe the procedure for obtaining additional support if required. Service users were aware of different staff roles and knew how to get help, advice and support from staff.

There was evidence of ongoing, effective collaborative working with relevant stakeholders, including HSCT representatives.

The agency required that all staff are registered with NISCC or other appropriate regulatory body; the registered manager stated that a record is maintained by the agency's HR department and a copy of individual staff certificates are retained by the agency in individual staff training record. Discussions with the registered manager provided assurances that the organisation has a process for ensuring that staff will not be supplied for work if they are not registered appropriately.

One area for improvement identified following the previous care inspection was assessed as not met and will be stated for a second time. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Five staff and two service user questionnaires were returned to RQIA; they indicated that both staff and service users were very satisfied or satisfied that the service is well led.

### Comments received during inspection.

#### Service users' comments

- 'I moved to Glencarn from another service and I feel comfortable; I haven't had any concerns but when I struggled with things I felt I was listened to.'

#### Staff comments

- 'Yes current staffing levels do meet the service users' needs; but more staff needed.'

#### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements; management of complaints and incidents and monitoring of registration with appropriate regulatory body.

#### Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's policies and procedures.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Charlotte Fiona Simpson, 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 the 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>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 9 January 2018	<p>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.</p> <p>Ref:6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The recruitment policy has been updated (December 2017) and further amended (January 2018) to include a full list of pre employment checks and is ready for inspection.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.2  <b>Stated:</b> First time  <b>To be completed by:</b> 9 January 2018	<p>The registered person shall ensure that the agency's policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.</p> <p>Ref:6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The supervision and appraisal policy has been amended (December 2017) to detail the arrangements and frequency of supervision and staff appraisal. This is ready for inspection.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time  <b>To be completed by:</b> 9 January 2018	<p>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.</p> <p>Ref:6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has ratified all policies and procedures, (December 2017) this is ready for inspection.</p>

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





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