

Unannounced Care Inspection Report 9 July 2018



Glen Caring Services

Type of service: Domiciliary Care Agency
**Address: Unit 21, Acorn Business Centre,
Ballymoney, BT53 7LH**
Tel no: 028 77722591
Inspector: Caroline Rix
User Consultation Officer (UCO): Clair McConnell

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

Glen Caring Services is a domiciliary care agency which provides personal care, practical and social support to 119 people living in their own homes in the County Antrim area of Northern Ireland. Service users have a range of needs including physical disability, learning disability, dementia and palliative care. The Northern Health and Social Care Trust (HSC trust) commission majority of their services, with a number funded privately or via direct payments. The agency's registered premises had relocated from Limavady to Ballymoney in February 2018 and include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

3.0 Service details

Registered organization/registered person: Glen Caring Services/Linda Florence Beckett	Registered manager: Linda Florence Beckett
Person in charge of the agency at the time of inspection: Care coordinator	Date manager registered: 31 May 2013

4.0 Inspection summary

An unannounced inspection took place on 9 July 2018 from 09.30 to 14.30 hours.

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 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 quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

Service users and relatives spoken with by the User Consultation Officer (UCO) provided very positive feedback regarding the service provided by Glen Caring Services in regards to safe, effective, compassionate and well led care.

Areas requiring improvement were identified relating to their recruitment procedure and statement of purpose needing updated.

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
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with the care coordinator, 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 21 December 2017

No further actions were required to be taken following the most recent inspection on 21 December 2017.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communication with the agency.

During the inspection the inspector met with the care coordinator and three staff members.

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and six relatives, either in their own home or by telephone, on 4 July 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service.

The UCO also reviewed the agency's documentation relating to three service users.

The care coordinator was also asked to display a staff poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback from staff was received by RQIA at the time of writing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records.
- Three staff induction and supervision records.
- Two staff appraisal records.
- Three staff training records.
- Staff training matrix.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of Purpose.
- Service User Guide.

- Three service users' records regarding referral, assessment, care plans and quality monitoring.
- Four monthly monitoring reports.
- Annual quality report for 2017.
- Communication records with HSCT professionals.
- Complaints log.
- Compliments log.

The findings of the inspection were provided to the care coordinator at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 December 2017

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

6.2 Review of areas for improvement from the last care inspection dated 21 December 2017

There were no areas for improvement made as a result of the last care inspection.

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.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found the induction and training policies to be up to date and compliant with related regulations and standards. However, the recruitment procedure did not provide clear information in relation to obtaining two written references for prospective employees. This area was discussed with the care coordinator and the registered person/manager and an area for improvement has been made in relating to updating their recruitment procedure in line with regulation 13.

The agency's staff recruitment process was reviewed. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks had been completed in line with required regulations.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered, or have applied to be registered, with The Northern Ireland Social Care Council (NISCC). The care coordinator discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The training officer and manager had signed all records to confirm that the staff members had been deemed competent at the end of their probationary period.

The inspector reviewed the agency's training plan and training records maintained for all staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staffs attend a range of training necessary to meet the individual needs of service users. The agency has a system of requiring staff to complete annual update training in key subject areas. The organisation has a training officer to assist managers to ensure that learning objectives have been met, and to identify and plan future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the senior care workers and care coordinator as 'useful process for keeping up to date and discussing different matters'. Staff confirmed senior staff were approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding Adults' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The care coordinator demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. The registered person/manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The agency's whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

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.

The UCO was advised by all of the service users and relatives spoken with 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, use of equipment and infection control. All of the service users and relatives interviewed confirmed that they could approach the 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:

- “Nothing to complain about.”
- “Great team.”
- “First class.”

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 of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training and adult safeguarding.

Areas for improvement

One area for improvement has been identified in relating to updating their recruitment procedure in line with Regulation 13.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. However, the coordinator indicated that full information is not always provided to the agency at the initial referral stage, with examples of significant information missing. The care coordinator confirmed that this matter has been discussed with the HSC trust at their contracts review meeting in March 2018. The agency care plans and risk assessments completed by staff during their initial service visits contained detailed information and evidenced that service users' and/or relatives' views had been obtained and where possible, incorporated. The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex care needs involving the well-being and safety of service users.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone and during monitoring visits. The care coordinator confirmed that they are usually invited to attend or contribute in writing to the trust arranged

care review meetings with service users/relatives. The records evidenced that an amendment form from the trust detailing any agreed change to the original care plan had been provided. 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 comment received during inspection:

- “We have very good communication and are kept up to date with every change to our service user’s needs.”

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has 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, relatives and staff from Glen Caring were raised with the UCO. Some of the service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service; or that they had received a questionnaire from the agency.

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

- “Very professional.”
- “XXX (area manager) sorts any issues.”
- “It gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong.”

As part of the home visits the UCO reviewed the agency's documentation in relation to three service users. One service user was only able to provide the agency's log sheets; however, the care coordinator confirmed the full home file was in place.

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

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

All of the service users and relatives spoken with by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their 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:

- "Couldn't get nicer girls."
- "More than happy. We get on so well."
- "They're like family."

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'We have nothing but high praise for the Glen Caring care workers who come to xxx.'(Telephone feedback from a HSC trusts social worker following a service user meeting).
- 'Heartfelt appreciation for the high standard of care provided to my relative.'(Letter from MLA who added 'it is heartening to hear such positive news volunteered by a constituent for services provided').
- 'I would like to thank the care coordinator for her support and partnership with us to try and resolve a high risk situation. Pass on our thanks for the excellent professional service from the staff who demonstrated patience, resilience, courtesy and respect at all times to the service user.'(Email from HSC trust senior community manager).

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect.

Staff comments received during inspection:

- “I really love my job, getting to know each service user, their family and how they want things done. I enjoy building their trust and giving them their own choices.”
- “I believe we do a valuable job. People can stay at home with help now, and I know we help them feel safe and comfortable. I love learning their special likes and the personalities of each service user. It is rewarding when they are pleased to see me when I arrive and we get a wee laugh together.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Discussions with staff and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability. However this document contains details of former employees and did not contain updated information regarding the Northern Ireland Public Services Ombudsman. This area was discussed with the registered person/manager as needing to be reviewed and an area for improvement has been made in this regard.

The care coordinator confirmed that the relocation of the agency office to their new premises had been an improvement in relation to ease of access for staff calling into the office for discussions, documentation or supplies.

Discussion with the care coordinator and staff indicated they understood the organisational structure within the agency and their role and responsibilities.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system, and procedure manuals in a paper format are retained in the office accessible to all staff.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review in 2017. The inspector noted that the information collated during the annual review was available to be shared with service users, staff and others via their website, social media links and paper copies on request since March 2018, the care coordinator stated no requests had been received to date.

Monthly quality monitoring reports were viewed for February to May 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken. Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation and training.

The agency implements and maintains a policy relating to complaints and compliments. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, with matters resolved. Records indicated some concerns regarding staff practice are currently being investigated, with appropriate measures in place to address these matters with relevant staff, as confirmed by the care coordinator.

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.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There have been no incidents to be notified to RQIA since the last inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered provider/manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to reviewing of their Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	1	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 Linda Beckett registered provider/manager and the care coordinator, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 7 (a) Stated: First time To be completed by: 1 October 2018	<p>The registered person shall keep under review and where appropriate revise the statement of purpose and the service user's guide.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The service users guide is under review and will be published in October 2018</p>
Area for improvement 2 Ref: Regulation 13 Schedule 3 (4) Stated: First time To be completed by: 30 August 2018	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The recruitment policy has been updated to reflect full and satisfactory information is available in relation to potential employees in respect of each of the matters specified in schedule 3</p>

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



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