

# **Announced Care Inspection Report 21 December 2017**



## **Glen Caring Services**

**Type of service: Domiciliary Care Agency**  
**Address: Unit 16E, Anaghanloo Industrial Estate,**  
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**Tel no:028 77722591**  
**Inspector: Caroline Rix**  
**User Consultation Officer: Clair McConnell**

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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 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 74 people living in their own homes. 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 their services. The registered person/manager has notified RQIA that the agency office is moving location from Limavady to Ballymoney early in 2018.

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 21 December 2017 from 09.30 to 13.50 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 a number of areas of service delivery and care records and was supported through review of records at inspection.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of feedback regarding the service provided by Glen Caring Services agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the care coordinator during inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the care coordinator, 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 15 August 2016

No further actions were required to be taken following the most recent inspection on 15 August 2016.

## 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
- Notification of Incidents records
- Correspondence with RQIA
- User Consultation Officer (UCO) report

Prior to the inspection the UCO spoke with one service user and nine relatives, by telephone, between 3 and 10 November 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Meals
- Housework
- Management of medication

During the inspection the inspector spoke with the care coordinator and two care workers.

At the request of the inspector, the coordinator was asked to display a 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 staff feedback was returned.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff member's recruitment and induction records.
- Two long term staff members' supervision and appraisal records.
- Staff training records.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Four service users' records regarding referrals and care planning.
- Four service users' records regarding ongoing review, and quality monitoring.
- Daily logs returned from service users' homes.

- Monthly monitoring reports.
- Annual quality review process.
- Communication records with HSCT professionals.
- A range of compliments records.
- A range of complaints records.
- A range of incident records.

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 15 August 2016**

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 15 August 2016**

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.**

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Glen Caring. Three relatives felt that care was inconsistent due to timekeeping and the standard of care being provided; the UCO was informed that their complaints were ongoing. New carers are usually introduced to the service user by a regular member of staff.

Concerns were raised with the UCO regarding the carers' training in terms of infection control and manual handling. The majority 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:

- "Would recommend them."
- "They're only in for a few minutes with XXX."
- "Glad of the help."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were reviewed relating to recently appointed staff, which confirmed all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. These staff files supported an induction process lasting more than three days as required.

The care coordinator discussed the staffing challenges experienced in the rural areas they provide services within. It was confirmed that timekeeping can at times be inconsistent; however, the trust social worker, service users and relatives are aware of the ongoing recruitment difficulties in particular areas. The care coordinator confirmed they have a number of new care workers due to commence employment in January 2018 which should improve service user call time consistency.

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

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 registered person/manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

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 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.

Staff training records viewed for 2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness. Staff spoken with during the inspection confirmed the availability of ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

The concerns expressed to the UCO regarding the carers' training in terms of infection control and manual handling was discussed with the coordinator. The inspector reviewed records confirming that these matters had been appropriately addressed with the staff involved, all matters have been resolved and ongoing monitoring is in place to ensure continued satisfaction with services.

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. The registered person/manager has notified RQIA that the agency office is moving location from Limavady to Ballymoney early in 2018.

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 found throughout the inspection in relation to staff recruitment, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user's care and support was evident.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. Three relatives advised of concerns which had been raised with the registered manager with two on going. One relative also advised that their family member had experienced a small number of missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from Glen Caring were raised with the UCO. The majority of the service users and relatives were able to confirm that home visits or phone calls have taken place as well as questionnaires from the agency to obtain their views on the service.

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

- "Nothing to complain about."
- "Calls are not at the expected times so XXX doesn't want to eat or go to the bathroom."
- "First class."

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. 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.

A sample of four 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 or 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.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

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.

The agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff. The inspector viewed one example where a staff member recording practice was found to be incomplete and records evidenced that this matter had been appropriately managed. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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; although it was stated that most service user homes have a coded keypad entry system in place. The care coordinator confirmed a small number of calls had been missed, as highlighted during relative's discussion with the UCO. The inspector reviewed records relating to the missed calls and found the matters had been appropriately addressed with the staff involved and feedback given to the service users relative.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between service users and agency staff and other key 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 majority of 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 or 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:

- "Very nice people."
- "XXX loves to see them coming."
- "Would give them 10 out of 10."

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was generally supported during the UCO discussions with service users' families.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed through records viewed in the agency office and discussions with staff. Records highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the care coordinator.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The agency's compliments records were viewed; these contained positive feedback from service users' relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Please pass on the highest praise to the staff; they had been so kind and caring over the last few days.' (Thank you message from relative of a service user).
- 'Thanks you to all the staff for looking after xxx so well in his final days. They were very professional and caring, and his dignity was upheld at all times.' (Phone message from family of a late service user).

### 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. Staff discussions 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
<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's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person/manager, Linda Beckett, one care co-ordinator, a monitoring officer, two senior care workers and a team of care workers provides domiciliary care and support within the Northern HSC trust area. The registered person/manager has submitted appropriate documentation to RQIA regarding their proposed move of registered premises from Limavady to Ballymoney early in 2018.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. The registered person/manager is aware that these documents must be updated with details of their new office. Discussion with the care coordinator and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards.

The majority of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Three relatives advised that they had made ongoing complaints to the agency.

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

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints and incidents log was viewed for the period 1 April 2016 to inspection date 21 December 2017 with a range of complaints and incidents recorded. The inspector reviewed a sample of complaints records which supported appropriate management, review and in most cases resolution of the complaints. The care coordinator confirmed that review meetings have been arranged for early January 2018 with two service users and relatives to discuss their complaints in an effort to resolve these matters to their satisfaction.

Discussion with the care coordinator and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies

appropriately. The agency has had no notifiable events that required to be reported since their last inspection.

Monthly monitoring reports were viewed for September to November 2017. These reports evidenced that the registered person/manager had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of service user and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed.

The annual quality review report for 2016/2017 viewed had been completed with a summary of feedback and an action plan. Records were available to confirm that a summary of this report had been shared with service users in April 2017.

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

### **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

## **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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