

Inspection Report

28 September 2021



Glen Caring Services

Type of service: Domiciliary Care Agency
Address: Unit 21, Acorn Business Centre, Ballymoney, BT53 7LH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Glen Caring Services Ltd	Registered Manager: Mrs Linda Florence Beckett
Responsible Individual: Mrs Linda Florence Beckett	Date registered: 31 May 2013
Person in charge at the time of inspection: Mrs Linda Florence Beckett	
Brief description of the accommodation/how the service operates: Glen Caring Services, located in Ballymoney is a domiciliary care agency which provides personal care, practical and social support to 91 people living in their own homes in the County Antrim area of Northern Ireland. The Northern Health and Social Care Trust commission the majority of their services.	

2.0 Inspection summary

An announced remote care inspection was undertaken on 28 September 2021, between 11.30 a.m. and 2.20 p.m.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The relatives and service user said that they were very satisfied with the standard of the care workers being supplied and the responsiveness of the agency to any issues that may occur.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and any 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 video technology, with the manager and the operations manager.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) professionals and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided. This included an electronic survey to enable staff, relatives and service users to feedback to the RQIA. One relative and one staff member returned questionnaires. The relative indicated that they were very satisfied that care was safe, effective, compassionate and well led. One staff comment was shared with the operations manager following the inspection for further consideration and action, as appropriate.

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

4.0 What people told us about the service

We spoke with one service user, four relatives and three staff following the inspection. The following is a sample of comments made:

Comments from a service user included:

- "Hand on my heart Glen Caring is a very good service."
- "Staff always wear their full PPE."
- "Good carers and they treat me so well."
- "The staff always turn up on time."
- "I have no complaints about Glen Caring."

Comments from service users' representatives included:

- “Great bunch of girls and they are always pleasant in their approach.”
- “They treat my mother well and with great kindness.”
- “Very civil and obliging staff and they often go above and beyond.”
- “The girls always wash their hands and are very particular about wearing their PPE.”
- “We have contact details for the office and out of hours in the communication book if we need to contact Glen Caring.”
- “First class, excellent service.”
- “No missed calls and if something happens that staff are going to be late they will ring and let us know.”

Comments from staff included:

- “I enjoy my job and Glen Caring are a good agency to work for.”
- “There is a good supply of PPE and if you need any more there is never a bother getting it. Hand sanitiser available too.”
- “The communication is very good; we are always informed of any changes as soon as possible.”
- “I have one client with dysphagia and the Speech and Language Therapist’s recommendations are in the care plan. I know the importance of ensuring that these are followed.”
- “I have had supervision but if I have any problems I can lift the phone and ring the office. There is also an out of hours number where a senior is available if needed.”
- “I got a very good induction and lots of training which was really helpful. I spent three days shadowing staff which also was helpful.”
- “Lots of training provided by the agency, all relevant.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Glen Caring Services was undertaken on 2 May 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The manager confirmed that the organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the agency had prepared an Adult Safeguarding Position Report.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. There had been no concerns raised to the manager under the whistleblowing procedures.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. Staff could describe the process for reporting concerns outside of normal business hours.

The agency had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection and that the referral had been managed appropriately.

The service user who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager also told us that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual service users' monies or valuables.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Is there a system in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that

agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective. It was positive to note all staff had undertaken dysphagia awareness training.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's quality manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports included details of accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls and NISCC registration. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had received one complaint since the last inspection and managed in accordance with the agency's policy and procedures.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff, service user and relatives RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

There were no areas for improvement identified during this inspection.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Linda Beckett, manager and the operations manager, as part of the inspection process and can be found in the main body of the report.



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