

Inspection Report

Name of Service: Glencarn House

Provider: Threshold (Richmond Fellowship NI Ltd)

Date of Inspection: 8 April 2025

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1.0 Service information

Organisation/Registered Provider:	Threshold (Richmond Fellowship NI Ltd)
Responsible Individual/Responsible Person:	Ms. Fiona McCabe
Registered Manager:	Ms. Haley Goodacre
Service Profile –	
<p>Glencarn House is a domiciliary care agency, supported living type provided by Threshold Care Services. The agency is developed around the model of a therapeutic community; up to 14 service users, who are living with enduring mental ill health, are encouraged to live as independently as possible, receiving personal, domestic, social and financial support for an initial period of two years. The support focuses on the promotion of good mental health and independence, with the aim of each individual moving towards independent living.</p> <p>Support is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT).</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 April 2025, between 9.40 am and 2.30 pm. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 30 June 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Glencarn House was a good experience.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trusts.

Throughout the inspection process inspectors will seek the views of those living and working within the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of living within and working within the agency. We also spoke with one service user's HSCT key worker.

Service users told us that they felt lucky to live in the agency and that they had never felt so well. They praised the therapeutic approach taken and outlined how they felt the benefits of the weekly sessions in place with their designated key worker.

Staff spoke very positively about the agency. They described how they and the service users are really taken care of, empowered and listened to. Staff were very positive about the therapeutic approach used and described the agency as 'a lovely place to work'.

The HSCT key worker described the service provided by Glencarn as 'excellent'. They commended staff on their excellent communication and commented that they would not hesitate to refer further services users to the agency.

The information provided indicated that there were no concerns in relation to the service.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

There was evidence of robust systems in place to manage staffing. Observations and review of the staff duty rotas evidenced that sufficient staff were on duty to support the service users. The rotas also documented the presence of the manager within the agency,

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role. All newly appointed staff were issued with a Staff Handbook.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that they received sufficient training for their roles. Service user specific training had also been provided to staff. For example, where a service user had a particular diagnosis, all staff had been provided with the required training.

Service users commented on how well trained the staff were. They also commented how comfortably some recent new staff had settled into their role.

3.3.2 Care Delivery

It was apparent that service users were comfortable with staff as they appeared relaxed and at ease in their surroundings and interactions. Staff interactions with service users were observed to be friendly and supportive.

One service user commented how well the staff supported them with shopping, cooking and their medication. Service users also told us that have their own key to the front door of the agency and can come and go as they please.

There was a range of weekly and monthly meetings in place within the agency which enabled the service users to discuss the provisions of their care.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The manager informed us that none of the service users had swallowing difficulties. All staff had been trained how to respond to choking incidents.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own support and the details of care plans were shared with service users 'relatives, if this was appropriate.

It was also good to note that the care records evidenced detailed consideration of the Human Rights of individual service users.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms. Haley Goodacre has been the manager since 12 July 2022. Service users and staff commented very positively about the manager and described her as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a range to compliments since the last inspection. We noted one from a HSCT key worker:

- 'Staff go above and beyond for the service users.'

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and actions taken to prevent reoccurrence.

4.0 Quality Improvement Plan/Areas for Improvement

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



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