



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Establishment:</b>	<b>Glen Caring Services (Limavady)</b>
<b>Establishment ID No:</b>	<b>12087</b>
<b>Date of Inspection:</b>	<b>17 June 2014</b>
<b>Inspector's Name:</b>	<b>Amanda Jackson</b>
<b>Inspection No:</b>	<b>16592</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**General Information**

<b>Name of agency:</b>	Glen Caring Services
<b>Address:</b>	Unit 13, Aghanloo Industrial Estate Limavady BT49 0HE
<b>Telephone Number:</b>	(028) 7772 2591
<b>E mail Address:</b>	<a href="mailto:limavady@glencaring.co.uk">limavady@glencaring.co.uk</a>
<b>Registered Organisation / Registered Provider:</b>	Glen Caring Services / Mrs Linda Florence Beckett
<b>Registered Manager:</b>	Mrs Linda Florence Beckett
<b>Person in Charge of the agency at the time of inspection:</b>	Eleanor Faith
<b>Number of service users:</b>	Approximately 1400 (covering the three areas Omagh, Strabane and Limavady)  135 Service users in the Limavady area (approximate increase of 35 service users since the previous inspection)
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 30 September 2013
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 17 June 2014 09.00 to 15.00 hours
<b>Name of inspector:</b>	Amanda Jackson

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	3
Staff	
Relatives	3
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	6 1 received late beyond the return date)

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## Profile of Service

Glen Caring Services is part of Hillview Lodge Ltd, which is a group of five care homes and domiciliary services across three locality sites in Omagh, Strabane and Limavady. Mrs Linda Beckett is the Responsible Person and Registered Manager. The Agency has a second office in Omagh and a third office in Strabane. The agency had previously commenced a service user in the Enniskillen area (managed from the Omagh office) and discussed the opening of a fourth locality office in Londonderry. This has since been decided not to take place at present.

Services are provided to 135 services users (an increase of 35 service users since the previous inspection) in the Limavady area with service users from various programmes of care including Older People, Physical Disability and Adults with Learning Disabilities and Mental Health. Service is provided by a team of 35 (an increase of 5 since the previous inspection). The geographical areas covered by the Limavady office are Limavady town, Ballykelly, Dungiven and Feeny, Greysteele, Magilligan and Claudy.

Glen Caring (Limavady) had three requirements and two recommendations made during the agency's previous inspection on 30 September 2013. One requirement was 'compliant' while the remaining two requirements were 'not applicable' as no incidents have occurred. One recommendation was found to be 'compliant' and the second recommendation 'not compliant' and has been carried forward to this QIP.

## Summary of Inspection

### Detail of inspection process

The annual unannounced inspection for Glen Caring (Limavady) was carried out on 17 June 2014 between the hours of 09.00 hours and 15.00 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report. The registered person and manager Linda Beckett and area manager Eleanor Faith provided assistance to the inspector throughout the day.

Visits to service users were carried out prior to this inspection by the RQIA User consultation officer (UCO), and a summary report is contained within this report. Findings following these home visits were discussed with Linda Beckett (registered person and manager) and Eleanor Faith (area manager).

The inspector had the opportunity to meet with six staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report.

25 staff surveys were issued and 6 received which was a reasonable response:

Staff comments included on returned surveys:

"New change of office management has helped a great deal and is very fair compared to the last one"

"Office management is a lot better now than before".

**Four requirements and one recommendation have been made in respect of the outcomes of this inspection. One requirement and one recommendation relate to the previous inspection and QIP.**

### Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with three service users and three relatives on 19 May 2014 to obtain their views of the service being provided by Glen Caring Domiciliary Care Agency in the Limavady vicinity. The service users interviewed have been using the agency for a period of time ranging from approximately one month to two years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals

The UCO was informed that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed advised that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted if their carer had been significantly delayed, this is good practice.

It was good to note that none of the people interviewed had made a complaint about the agency or had any concerns about the quality of service, however all were aware of whom they should contact if any issues arise. Examples of some of the comments made by service users or their relatives are listed below:

- "Very nice girls. I am trying to keep my independence and do what I can; the carers respect that but help me when necessary."
- "I enjoy their visits; they don't rush and take the time to talk to me."
- "Absolutely no issues; couldn't say a bad word about them."
- "It's a great service. I'm happy with the care they are providing."

The majority of the people interviewed were unable to confirm that management from the agency visit to ensure their satisfaction with the service. This was discussed with Eleanor Faith (area manager) during inspection and confirmed as not currently in full compliance with the policy timeframes of quarterly. This has been required for attention. The majority of the people interviewed were unable to confirm that observation of staff practice had taken place; the matter was discussed with the Eleanor as part of the inspection and reviewed for three randomly selected staff spot checks as compliant.

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of three service users. The matter of restraint was discussed with the area manager Eleanor Faith who has

been requested that any use of restraint is documented accordingly for all service users. The inspector further discussed with Eleanor the requirement to include risk assessment details on all service user files as appropriate during the forthcoming reviews/quality monitoring for service users. Before the close of the inspection day during the Strabane office inspection for Glen Caring Sharon McIlwaine (area manager) provided email evidence to the inspector regarding her contact with the Health and Social Care Trust requesting updated care plan or risk assessment information for all current and future new service user's.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. Eleanor Faith (area manager) confirmed financial assistance does not occur in the Limavady area.

During the home visits, the UCO was advised that one service user receives assistance with medication by the carers in the form of topical creams; the medication log was being completed appropriately however such assistance was not documented on the service user's care plan or risk assessment. The matter was discussed with the area manager Eleanor Faith who has been requested to ensure that the matters are addressed accordingly.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, no issues were noted by the UCO however one care plan contained out of date information and is to be replaced. Again this matter was discussed with Eleanor Faith for attention

## Summary

### Theme one - Management and control of operations

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency has achieved a level of **Compliant** in relation to this theme.

Discussions with the registered person and manager Linda Beckett and Maureen Christodoulou (operations manager) during inspection and review of records for all managers supported a process in place for mandatory training (as appropriate) consistent with the RQIA mandatory training guidelines 2012 with exception to fire safety training and reference to challenging behaviour training on the agency training and development plan. Review of recording and reporting training has also been required to ensure consistency across sites.

A staff competency process has been developed by the agency and is operational for the management staff and this was reviewed during inspection as compliant.

Review of appropriate supervision and appraisal processes were evidenced during inspection in line with the size and structure of the agency.

Monthly monitoring processes are currently in place and operational inclusive of any staff competence matters as appropriate.

One requirement has been made in relation to this theme and relates to training in the area of fire safety in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and inclusion of the challenging behaviour/restraint training on the agency training and development plan. Review of recording and reporting training has also been required to ensure consistency across sites.

### Theme 2 - Records management

The agency has achieved a level of **Compliant** in relation to this theme.

The agency has policies and procedures in place on 'Recording and reporting care practices' and 'Safe handling of money' which contain guidance for staff on these subjects.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on 'Restraint' which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not adequate. The agency is recommended to expand the individual care plans and risk assessments to include specific management plans relating to the area of restraint.

One requirement has been made in relation to this theme and relates to review of the restraint information available for all service users (Regulation 15(10)).

### **Theme 3 – Recruitment**

The agency has achieved a level of **Compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 with exception to confirmation of staff NOK details and a statement by the registered person and manager regarding staff fitness.

One requirement has been made in relation to this area.

**The Inspector and User Consultation Officer (UCO) would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Number of Times Stated</b>	<b>Inspector's Validation of Compliance</b>
1	Regulation 16(4)	<p>The registered person and manager are required to ensure staff meeting records are maintained in full compliance across all staff teams and locality areas.</p> <p>(Minimum standard 1.2 and standard 13.3)</p>	<p>Review of the two locality areas which covered the areas of Limavady, Greysteel, Magilligan and Dungiven evidenced staff meetings taking place a minimum of once per quarter in accordance with the agency policy reviewed at the previous inspection.</p>	Twice	Compliant
2	Regulation 15(12)(a)	<p>The registered person and manager are required to ensure all records are maintained for inspection purposes in accordance with Regulation 15(12)(a).</p> <p>(Minimum standard 14.7)</p>	<p>The agency has not had any further vulnerable adult matters since the previous inspection hence this requirement could not be reviewed during inspection.</p>	Once	Not applicable

3	Regulation 23(1) Regulation 23(5)	The registered person and manager are required to ensure staff meeting minutes and the registered persons monthly monitoring reports reflect full and accurate information in respect of future vulnerable adults cases.  (Minimum standard 8.10 and 8.11)	As per requirement two above	Once	Not applicable
---	--------------------------------------	--	------------------------------	------	----------------

No.	Minimum Standard Reference	Recommendation	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Standard 3.6 Standard 4.1	It is recommended that the registered manager ensure the current process used by the agency and timeframes are compliant with standard 3.6. and 4.1	<p>Records reviewed for two new service user (commenced since the previous inspection) continue to fall outside of the timeframes compliant with Standard 3.6 and Standard 4.1.</p> <p>This was discussed with Linda Beckett (registered person and manager) and Eleanor Faith (area manager) for attention.</p>	Twice	<p>Not compliant</p> <p>To be commenced with immediate effect.</p>
2	Standard 5.5	It is recommended that the registered manager requests a protocol for the exchange of information between agencies from the referring Health and Social Care Trust.	Maureen Christodoulou (operations manager) evidenced receipt of the Western trust draft protocol received from the trust in April 2014. This document has to date not been finalised hence it has not been shared with the Strabane and Limavady offices. Maureen also confirmed the agency has provided feedback to the trust regarding the complexity of the document.	Twice	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered manager Linda Beckett has been with the company since its establishment in 1995, and has vast hands on experience and competency. She has carried out every role and responsibility within the company and undertaken appropriate training to ensure she has the necessary skills for managing the company, according to the requirements of Domiciliary Care Agencies Regulations and RQIA guidelines. Evidence of training is maintained for inspection</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 12/06/14 and the policy on Management of control and monitoring of the agency dated 16 September 2013 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person and manager Linda Beckett and all other staff including management and care staff within each of the three agency offices.</p>	<p>Compliant</p>
<p>Training records for the registered person and manager Linda Beckett are detailed as the QCF level five and were reviewed during inspection dated September 2013. Linda does not currently undertake the range of mandatory training in line with RQIA mandatory training guidelines (September 2012) as the role of each area manager is detailed within the management structure in terms of line managing care staff. Linda also had evidence of completing training in the areas of supervision and appraisal as part of the QCF level five award.</p>	<p>Compliant</p>
<p>It was discussed and reviewed during inspection that the registered person and manager Linda Beckett is currently registered with NISCC from 2013 to 2016.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 2: Registered Manager’s competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Monthly Reports from all offices are produced and audited to ensure compliance with company policies and procedures- this includes monitoring of clients and staff, accidents and incidents, complaints and commendations, feedback from clients, representatives and commissioners, and medication errors. The registered manager audits reports and where action is necessary, ensures it is taken. Staff are monitored through spot checking and supervision regularly for compliance with policies and procedures. All staff have appraisals with their line managers to review their performance against their job description and follow through on training needs is sorted.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 20 June 2012 and further updated during the inspection process (dated 16 June 2014) to present clear guidance regarding management supervision procedures was clearly referenced regarding practices for care and management staff. The registered person/manager is not reflected within this procedure due to the size and structure of the agency.</p> <p>Supervision and appraisal for the registered person and manager does not currently take place due to the size and structure of the agency. Linda Beckett discussed informal supervision with one of the company directors on an on-going basis but this is not formally recorded.</p>	<p>Compliant</p> <p>Not applicable</p>

Monthly monitoring reports are completed initially by Eleanor Faith (area manager in Limavady) and then forwarded to Maureen Christodoulou (operations manager - Omagh office (headquarters) where a composite central report is compiled for all three services and signed off by the registered manager Linda Beckett. Reports reviewed during the inspection for February, March and April 2014 in the Limavady office were found to be completed on the RQIA template and were found to be detailed, concise and compliant. The inspector discussed with Eleanor the option of recording service user and staff quality monitoring compliance on this report to allow Eleanor to monitor these areas on-going.

Compliant

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All care workers are trained before commencing work in the community, and are shadowed by a senior care worker on entering the work field. The care workers are all trained in medication which covers- eye drops, ear drops, transdermal patches, application of creams, nebulisers, buccal medazolam administration by a competent qualified nurse- all training evidence is available for inspection.</b></p> <p><b>All office staff/managers/senior staff currently employed by the company are suitably qualified in different aspects of Health Care depending on their roles and responsibilities- all evidence is available for inspection</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A Staff training and development policy and procedure dated 20 June 2012 was found to be concise yet detailed and referenced an on-going programme of training and development inclusive of additional mandatory training in the form of NVQ level 2 for care staff, NVQ level 3 for senior carers and office staff together with additional training in the area of first aid provided by the local southwest college.</p> <p>The agency also holds an overall training and development plan for the three locality offices. Review of this plan during the Omagh inspection (16 June) referenced all staff and all mandatory training with exception to Fire safety</p>	<p>Compliant</p> <p>Substantially compliant</p>

training and the area of Challenging behaviour/dementia/restraint which is not reflected on the plan but was reviewed within three staff files during inspection.

To be completed six months from the date of inspection

Training records for Eleanor Faith (area manager) for the Limavady locality were found to be in place regarding all mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012) together with evidence of training in the areas of supervision and appraisal.

Compliant

Records maintained detail the staff training log together with the staff competency assessments. A separate training content file is maintained by the agency for all training areas which had been reviewed during previous inspections. All competency assessments were signed and dated on the approved certificate for the course.

Eleanor (area manager) has also undertaken an in house induction programme for her role of area manager as she undertook this role in recent months. Evidence of this induction together with separate training in the area of staff appraisal was reviewed in the file which incorporates management skills required for general staff management matters such as communication, problem solving, supervision and appraisal.

Compliant

Training records for both trainers within Glen Caring Sharon Colhoun (Medication trainer in respect of ear, eye drops, nebulisers etc) and Valerie Lynsey (Medication, dementia, and vulnerable adults training etc) evidenced train the trainer records/certificates in respect of the training completed to permit them to undertake the training for others.

Compliant

<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Monitoring of staff ensures that work practices are consistent with policies and procedures and action is taken as necessary- feedback from spot checks and monitoring of quality in the community for carers/senior carers and supervision of coordinators in the office. Medication errors and incidents are reported to social workers and Rqia. The effect of training on practices and procedures is evaluated as part of quality improvement- through surveys taken by clients and representatives where they can give us their views and opinions on the quality of care they are receiving, auditing monthly reports and the feedback we get from them and the monitoring of staff in the community. We ensure that all staff are appraised annually by their line manager and that action is taken to ensure personal development is followed u</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 20 June 2012 and further updated during the inspection process (dated 16 June 2014) to present clear guidance regarding management supervision procedures was clearly referenced regarding practices for care and management staff. The registered person/manager is not reflected within this procedure due to the size and structure of the agency.</p> <p>Supervision for the office managers (i.e. operations manager Maureen Christodoulou, area managers Sharon McIlwaine (Strabane), Edel McHugh and Leah McCaffrey (Omagh) and Eleanor Faith (Limavady) is detailed within</p>	<p>Compliant</p> <p>Compliant</p>

the Supervision and appraisal policy as taking place once a month in terms of an on-site group meetings with a member of senior management staff. Eleanor confirmed that monthly meetings take place with Linda Beckett (registered person and manager) however records are not maintained regarding such discussions. Quarterly group supervision meetings are also held with the registered person and manager Linda Beckett, operations manager Maureen Christodoulou and all area managers. Minutes of these meetings were reviewed during the Omagh inspection.

Appraisal for Eleanor Faith (Limavady) was reviewed during inspection for 2014 as detailed within the Supervision and appraisal policy annually. The appraisal document was clearly detailed regarding the staff’s assessment of their own work during the previous year and proposed areas for development over the coming year and was signed off by the registered person and manager Linda Beckett. The inspector recommended inclusion of a validating statement by Linda Beckett (registered person and manager) in concluding her assessment of the staff members practice and proposed development. This recommendation was taken on board and detailed with Eleanor Faith’s appraisal for 2014 at inspection.

The inspector did not review the agency incident log from September 2013 (date of previous inspection) as no incidents have occurred during this time which where reportable to RQIA. Information and guidance shared by the inspector with Eleanor Faith (area manager) in respect of the requirements for reportable incidents given that Eleanor is recently new into her role as area manager.

Compliant
Not applicable

<b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.



All templates were reviewed as appropriate for their purpose.

Review of three staff spot monitoring records during inspection confirmed staff adherence to records management as detailed within the staff spot check/supervision record for 2014 with no staff competence issue arising within the agency.

Staff training records reviewed for the three staff members were found to be compliant with the RQIA Mandatory training guidelines 2012 with exception to Fire Safety. The agency training and development plan/database did not reference restraint training however this was referenced within staff files reviewed in hard copy.

Managing service user monies was not reference as this is not an area covered by the agency. The inspector also reviewed a mixed approach to staff training in the area of recording and reporting with some staff files reviewed evidencing coverage during induction, others had covered this as part of update training and most files reviewed contained a competency assessment regarding the area of recording and reporting. This has been required for review alongside the other areas of training discussed within this criteria of the report.

Eleanor Faith (area manager) discussed records management as a regular topic for discussion during staff spot checks and staff meetings. Review of staff meeting records for February to May 2014 confirmed compliance in this area. Records reflected discussion with staff members across two locality areas which covered the areas of Limavady, Greysteel, Magilligan and Dungiven.

Review of three service user files (within the office) during inspection confirmed appropriate recording in the general notes and medication records (appropriate for three service users) with exception to the inspector recommendation regarding staff to detail the number of tablets given as good practice. Review of service user files during RQIA UCO visits identified consistent practice in staff recording and this was discussed during inspection.

Review of service user records during the RQIA UCO visits and discussions with Linda Beckett (registered person and manager) and Eleanor Faith (area manager) during inspection confirmed restraint is in place for a number of service users in respect of bedrails and lapstraps however these details are not specified on the care plan or risk assessment at present. The inspector further discussed with Eleanor Faith the requirement to include risk assessment details on all service user files as appropriate during the forthcoming reviews/quality monitoring for service users. Before the close of the Strabane inspection day Sharon McIlwaine (area manager) provided email evidence to the inspector regarding her contact with the Health and Social Care Trust requesting updated care plan or risk assessment information for all current and future new service user's across all three sites.

Compliant

Substantially compliant  
To be completed six months from the date of inspection

Compliant

Compliant

Moving towards compliance  
To be completed six months from the date of inspection

<p><b>Criteria Assessed 2: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—                  (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All staff are trained in Safe Handling of Money, at induction stage and to follow our policies and procedures regarding this matter. We do not promote the handling of cash, except in exceptional circumstances- and staff are aware of the importance of reporting back to the office regarding disclosing of gifts and all concerns regarding money issues.</b></p> <p><b>All financial transactions , payments for services etc are kept available for inspection</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>As the Limavady office do not undertake any financial assistance for service users, the inspector was unable to review this criteria.</p>	<p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Provider to complete</p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

**THEME 3  
Regulation 13 - Recruitment**

**Criteria Assessed 1:**

**COMPLIANCE LEVEL**

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—  
(a) he is of integrity and good character;  
(b) he has the experience and skills necessary for the work that he is to perform;  
(c) he is physically and mentally fit for the purposes of the work which he is to perform; and  
(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Standard 8.21 The registered person has arrangements in place to ensure that:  
• all necessary pre-employment checks are carried out;  
• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and  
• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:  
• the applicant’s identity is confirmed;  
• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;  
• any gaps in an employment record are explored and explanations recorded;  
• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);  
• professional and vocational qualifications are confirmed;  
• registration status with relevant regulatory bodies is confirmed;  
• a pre-employment health assessment is obtained  
• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and  
• current status of work permit/employment visa is confirmed.

<b>Provider's Self-Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Review of the staff recruitment policy dated 20 June 2012 confirmed compliance with regulation 13 and schedule 3.	Compliant
Review of three 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to NOK details and a statement by registered person regarding fitness to undertake the job, for all staff.	Substantially compliant To be completed two months from the date of inspection
Car insurance reviewed at point of employment was available for review during inspection for all appropriate staff members.	Compliant
Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. The agency has received a number of complaints since the agency's previous inspection. Review of three complaints during inspection for 2013 and 2014 confirmed compliance in this area.

### **Additional matters examined**

No additional matters were reviewed as a result of this inspection.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **the registered person and manager Linda Beckett and Eleanor Faith (area manager)**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Amanda Jackson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Glen Caring Services (Limavady)**

**17 June 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **the registered person and manager Linda Beckett and Eleanor Faith (area manager)** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 13(b)	<p>The registered person and manager are required to ensure staff attend fire safety training in compliance with RQIA mandatory training guidelines 2012 and ensure the agency training and development plan evidences staff training in the area of Challenging behaviour/restraint. Review of recording and reporting training across all sites is required to ensure consistency.</p> <p>(Minimum standard 12.3)</p> <p>As discussed under theme one, criteria three of the report.</p>	Once	<p>We will ensure that future annual refresher training includes Fire Safety Awareness as good practice for all caring staff. This will be implemented immediately.</p> <p>We will ensure that the twelve monthly tool will include Challenging Behaviour and Restraint- in all 3 offices effective immediately</p>	To be completed six months from the date of inspection
2	Regulation 21(2)	<p>The registered person and manager are required to ensure appropriate risk assessment and care plan information is provided by the HSC Trust.</p> <p>(Minimum standard 3.2)</p> <p>As discussed under theme two, criteria one of the report.</p>	Once	<p>We have already sent an email requesting that greater detail regarding restraint, use of bed rails and lap bands is included in the risk assessments carried out by the Trust and forwarded onto us</p> <p>We will ensure that all information regarding the use of restraint is documented in the care plans.</p>	To be completed six months from the date of inspection
3	Regulation 13 and Schedule 3	<p>The registered person and manager are required to ensure staff recruitment records are compliant with Regulation 13 and</p>	Once	<p>We have already set in motion the inclusion of NOK details in our application forms and</p>	To be completed two months from

		<p>Schedule 3.</p> <p>(Minimum standard 11.2)</p> <p>As discussed under theme three, criteria one of the report.</p>		<p>mental and physical fitness statements in our interview forms to comply with this requirement- effective immediately</p>	<p>the date of inspection</p>
4	Regulation 23(1)	<p>The registered person and manager are required to ensure service user quality monitoring is maintained in compliance with the agency policy and procedure timeframes.</p> <p>(Minimum standard 8.11)</p> <p>As discussed under the 'Home visits section' of the report.</p>	Once	<p>We will ensure that monitoring is carried out according to our policies and procedures and within the timeframes and logged onto our twelve monthly tool- effective immediately</p>	<p>To be commenced with immediate effect.</p>

**Recommendations**

**These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 3.6 Standard 4.1	It is recommended that the registered manager ensure the current process used by the agency and timeframes are compliant with standard 3.6. and 4.1  As discussed under recommendation one within the follow up section of this report.	Third	We will ensure that time frames are kept to by the office staff at all times	To be commenced with immediate effect.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Linda Beckett
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Linda Beckett

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	A.Jackson	18/07/14
Further information requested from provider			