Glenavon Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 6 and 8 December 2016 and was announced.

Glenavon Care is a domiciliary care service that provides personal care to people living in their own homes. They predominantly provide a service for older adults, some of whom may be living with dementia or may have a physical disability. The service does not provide nursing care. At the time of our inspection there were approximately 86 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The director of the company was the registered manager and there was also a general manager.

When we last visited the service we found staff did not have enough information to keep people safe and meet their individual needs. There were insufficient measures in place to check people were receiving a good quality care service. At this inspection we found people received a much improved service and there were systems in place to help ensure people's needs were met in a safe and effective manner.

People were supported to remain safe in their own homes. Staff knew what to do if they were concerned a person was not safe. Individual risk assessments had been carried out and measures put in place to minimise potential harm. In response to a growing service, the manager was improving systems to manage risk within the organisation. People received their medicines safely and as prescribed. Staff had sufficient time to meet people's needs safely and in a personalised way. The provider had a robust recruitment process which helped protect people from the risk of avoidable harm.

Staff received good quality training which enabled them to meet people's needs effectively. People were given choices when receiving care and the service was meeting its responsibilities under the Mental Capacity Act. People were supported to consume food and drink of their choice. Staff worked well with people to help them maintain good health and to access health care professionals, where necessary.

People were treated with compassion and respect by staff. Care plans were in place which outlined people's needs in a detailed way, which enabled staff to provide an individualised service. When people made a complaint senior staff were dedicated to providing a personalised response and avoiding future errors.

There was a visible owner and manager who were committed to providing a good quality service and continually driving improvements. There were thorough measures in place to check the quality of the service people received. The management team worked well together and supported staff to be motivated and dedicated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

People felt they were safe when receiving care and support from staff.

Staff supported people to take their medicines, as prescribed.

There were sufficient, safely recruited staff to meet people's needs.

Staff supported people to minimise risk and stay safe.

Is the service effective?

Good

The service was Effective

People were supported by skilled staff who had received relevant training.

People were supported to make their own choices about the care they received. The service met their responsibilities under the Mental Capacity Act.

Staff supported people have sufficient to eat and drink and to access health and social care services, as required.

Is the service caring?

Good

The service was caring.

Staff were provided with sufficient information to treat people as individuals.

People were respected and their dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Support was flexible and responded to individual needs.

Care plans were personalised and comprehensive.

People's needs were reviewed regularly and they were enabled to give their views about the service they received.

Concerns were responded to in a personalised way.

Is the service well-led?

Good

The service was well led.

The owner and manager were committed and fully involved in the service.

They were dedicated to driving through improvements and continually strengthening the management of the service.

Staff were well supported by the registered manager and owner.

There were systems in place to check the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 and 8 December 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of two inspectors and one expert by experience, who contacted people and/or their relatives by telephone to seek their views on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the agency's office and spoke with the owner, the registered manager, the deputy manager and the finance director. We also met office staff and six care staff. We visited the homes of two people who used the service and met with them and their families plus the staff supporting them on that day. We spoke on the phone to 10 people who used the service and three family members.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at six people's care records and eight staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "They know what they are doing, so I feel very safe with them." A relative told us, "We think (family member) is safe with them, they use a hoist to lift them and there is never a problem."

Staff told us they had received training in safeguarding and we saw confirmation of this in the training records we looked at. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and knew how to report their concerns to keep people safe. One staff member said, "If I saw something untoward I would phone the office straight away."

The staff we spoke to told us there was an open culture but were not specifically aware of a policy around whistleblowing. The deputy manager told us whistleblowing was covered during staff induction as part of safeguarding training. They agreed to speak with staff to reinforce the guidance in this area and after our inspection we were notified that this had been done.

Staff were aware of risks to people and how to manage these to help keep people safe. One worker said, "[Person] uses a frame to walk, I always make sure there is nothing in the way to trip them over." People's daily notes demonstrated that staff were taking the necessary steps to keep people safe. For example, staff ensured people were wearing their alarm pendants so they could call for assistance if needed once staff had left.

We found that the recruitment of staff was generally robust. Checks on the recruitment files evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We noted some application forms had gaps in the employment history. We fed this back to the manager who demonstrated they knew the applicants well and were able to describe the reasons for the gaps. On the day after our inspection visit we received a revised application form from the manager which ensured all relevant information was captured in accordance with legislative requirements.

We looked at staff rotas and saw that there were sufficient staff employed to meet people's needs and keep them safe. Staff told us they didn't feel rushed by management and had enough time to spend with people. One worker said, "I am never rushed, there is always enough time to do everything so people are kept safe." People told us rotas were well planned and though visit times might vary, staff attended in line with agreed timings. A member of staff told us all their visits were in one area which helped them be on time for visits. The manager told us they turned down referrals when they felt they could not meet the person's needs.

Prior to our visit, we were notified there had been a missed call and a person had not received the care they needed. When we spoke to the manager and the owner we observed the distress they felt about what had

happened and their commitment to avoid future missed visits. They had already introduced improved processes and were planning to introduce an electronic system which would enable them to track whether people were being visited as planned.

People received support to take their medicines as required. A relative told us, "(Person) has help with her medication. There have not been any problems." Staff have received medicine training when they started supporting people and subsequent refresher training, as required.

Staff were required to complete medicine administration record sheets (MARS) to record when they had supported people to take their medicines. When we spoke to staff they were knowledgeable regarding how to complete the MARS. For example, a staff member said, "I will always wait to see if they [people] have taken their medicine before I write it on the MAR" and another told us, "With PRN (medication taken as and when required) I log it on the MAR and if a person refuses I also write it in the notes so that the next worker can check whether the person needs it at the next visit."

The deputy said staff were trained to audit each other, and if they noticed a gap in recording they were required to report it to the office. Staff confirmed this, one member of staff said, "If I a saw a missed visit or missed medication I would ring the office immediately, I always read what the person before me has done."

When we visited one person in their home we saw a small number of gaps where a member of staff should have signed the MAR records. We noted however, there was a record in the diary that the medicine had been given. In addition, the medicines were kept in a blister pack so other staff and family members were able to see what had been administered. We discussed our findings with the manager who assured us staff would be reminded to ensure the MARS were completed fully. The manager told us quality checks were carried out on the MARS by senior staff but advised us these would be reviewed to make them more robust.

People were clear what staff were responsible for when administering medicines. For example, when people consented to receive support with medicines, they were given a form which stated staff would not administer crushed medicines, unless this was formally agreed. We noted there was written agreement from a GP when a person required crushed medication.

Where the administration of medicines posed a risk, staff supported people to minimise the risks to their safety. For example, one care plan stated, "Do not leave any medication alone with [Person]."

Good

Is the service effective?

Our findings

At our last inspection, a significant number of people told us they were unhappy with the skills of the staff who supported them, in particular when their usual carer was not present. The manager had not put measures in place to check staff had the necessary skills and knowledge to meet people's needs.

At this inspection people told us they received effective care from staff that had the skills required to meet their individual needs. A relative told us, "Yes, they are trained very well and are very good when using equipment."

A structured induction process was in place for new staff which included mandatory training in health and safety topics as well as medication awareness and safeguarding vulnerable adults. Staff told us that the induction process had prepared them for their role in supporting people. One staff member said, "We went through everything, policies, job role, how to treat people as well as specialist training in stoma care and how to use manual handling equipment, it was very thorough."

New staff were required to shadow existing staff until they were deemed competent to work alone. A person told us all the new staff had shadowed existing staff before coming to visit on their own. On the one occasion this had not happened the member of staff had ensured they had the right information to provide support. They told us, "We once had a new member of staff on a Saturday and they spent time having a good look at the care plan."

Staff were positive about the regular training which they received to support them in their role. The registered manager kept records showing what training had been completed as well as scheduled refresher training to ensure that all staff skills were maintained. Staff said they received classroom based training which was of good quality and covered mandatory health and safety topics as well as subjects which reflected the needs of people who they supported. They told us the training was relevant to their work, for example, it included how to support people living with dementia. One worker said, "I feel that I know everything I need to know to do my job."
The service encouraged staff to take further qualifications in health and social care to develop their skills and knowledge.

Moving and handling equipment such as a hoist was available at the office base to provide practical training to staff as needed. Staff told us they had been given training with the equipment before supporting people who used these aids, to enable them to move and position people safely. Staff received training from an occupational therapist to enable them to support a person who used a stand aid hoist. The deputy manager told us, "We can't send anyone (staff) there who is not fully trained."

People were cared for by staff who were well supported by the management team. They had access to continuous support through the 'on-call' system. Staff told us if they were unsure about any element of their practice they could ring and ask for help from a senior member of staff who could offer advice or provide additional training if required. For example, one member of staff told us, "I was unsure about medication so

I asked [senior] to help me understand how to do it right." Another staff member said, "I feel like I've been given more than enough help and support, people are available 24/7 by phone or they will come out if I need them."

Staff had received regular staff reviews which gave them an opportunity to talk about their training needs and any issues around their daily practice to enable them to develop professionally and care for people effectively. Staff told us that they regularly had unannounced 'spot checks' which were an opportunity for the management team to visit staff at work to assess their skills, knowledge and attitudes to ensure people were treated with dignity and respect. We saw records which demonstrated that staff had been regularly monitored and provided with written feedback on their performance.

At the time of inspection, staff had not received an annual appraisal or a formal opportunity for staff to sit down with the management team, discuss their performance, and agree any goals to support them to develop professionally. The service had already recognised this and provided us with paperwork which they had been developing to implement an appraisal system in the near future.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us they had received training in the MCA and training records confirmed this. They were able to demonstrate how they applied the principles of the act in their daily practice to support people who had difficulty making decisions by giving them choices. They demonstrated they had the skills to communicating in ways that helped people to understand what was being asked of them. One staff member said, "I give people a choice and will ask them what they would prefer, it's their choice at the end of the day."

Care plans demonstrated an understanding of issues around capacity and restraint. Where a bed rail was used for a person with capacity their care plan stated, "Side rails are not used as a restraint but only to ensure your health and safety is maintained."

Staff told us that when people needed help with preparing their meals and drinks, they did this in the person's preferred way. Staff kept records of the support they gave, which described the level of help people received with meals and drinks. The records showed people were encouraged to choose their own meals and were supported to maintain a balanced diet and sufficient fluids, to reduce the risks related to dehydration and malnutrition.

Some people received nutrition and medicines via a percutaneous endoscopic gastrostomy (PEG) directly into their stomach. Care plans contained detailed information for staff to enable them to safely and effectively provide the necessary support. Staff completed charts, such as how much a person had ate or drunk and told us these were used to help them and other professionals to monitor the person's wellbeing. Only staff who were trained to use PEG attended to people who needed this support.

People's health care needs were documented as part of their care plan. Care staff told us if they had any concerns about people's health they would share this information with the management team and family as appropriate to ensure people got the help they needed in a timely fashion. The service worked closely with the local health authority and there were clear records of joint work carried out with outside professionals, such as occupational therapists and district nurses. During our visit to people's houses we saw examples

where this joint work had enabled people to maximise their independence and prevent admission to hospital. For example, we saw staff and district nurses had worked collaboratively to closely monitor a person's wellbeing and to prevent deterioration in their health.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness. They said, "They are a nice bunch of girls, very kind" and "They are very nice. They have a chat and ask if I am ok."
We found staff had a kind and caring attitude towards the people they supported. For example, one staff member told us, "[Person] gets very anxious, I sit and talk to them, they have shaking hands, I rub them 'til they stop shaking." Another member of staff told us, "I like this company, they give you time which gives you time to care."

People's daily notes were written sensitively and demonstrated a kind and caring attitude by staff who had time to spend with people. For example, we saw one entry which stated, '[Person] said they are very frightened when I leave, so I sat with them until they had finished their coffee as I didn't want them to spill their drink."

Staff took pride in their work. A senior member of staff spoke with enthusiasm when describing how they helped people with complex needs be discharged home from hospital, and the difference this made to people's lives and to their families.

People were enabled to retain their independence. There was clear guidance in care plans to assist staff. For example, one person's plan broke down the stages in teeth brushing and told staff exactly which parts the person could carry out independently. One member of staff told us, "We encourage people to do things with us but only if they want to, it's their choice."

Although the organisation was relatively new, staff were knowledgeable about the people they supported and they were able to provide detailed information about people's needs and how they liked their care and support to be delivered. For example, one staff member told us, "[Person] likes things done in a certain way, when I make them tea they like a spoon so they can put in their own sweetener."

Care plans offered a level of detail which helped staff to have a personalised conversation with people. For example, one care plan stated, "Always remember I am a West Ham supporter when you speak to me about football." Where a person's health condition impaired their speech, this was sensitively worded to enable staff to understand how best to communicate with the person. One person's care plan said, "Allow [Person] time to answer, sometimes they find it difficult to get the words out."

People were treated with dignity and respect. Staff were able to give practical examples of supporting people in personal care tasks such as closing curtains or doors to make sure that people's privacy was maintained. They also told us that they would knock on the door of people's homes and await an invitation to come in. Staff had the skills to support people in difficult situations whilst maintaining their dignity. For example, one family member explained how their relative grabbed things involuntarily and staff solved this by asking the person to hold something for them while they provided support.

Care plans emphasised the importance of people's right to privacy and offered guidance to staff to enable

them to minimise the impact of their visits. One person's care records instructed staff, "[Person] will be in bed on arrival, staff to call up and wait for [person] to tell you to come up." Where appropriate, during personal care staff were instructed to leave people alone at specific times to afford them greater privacy.

Prior to receiving care, people had been asked their consent for staff to have spot checks in their house. This demonstrated a respect for people's privacy and an acknowledgment that this process might feel intrusive to some people.

Good

Is the service responsive?

Our findings

At our last inspection we found staff did not have enough information to enable them to meet people's needs in a responsive way. The manager had not put in place adequate measures to review the care people receive and to respond and manage complaints about the service. At this inspection we found the manager had put effective systems in place and resolved our concerns.

Feedback from people was largely positive. A family member told us, "Going with this agency was the best thing we've ever done." People received consistent care and support from regular workers who knew them well. One staff member told us, "The best thing about working here is the clients; I do a regular round so I know my people really well."

The service was flexible and was not limited by pre-arranged contracts. People felt they could contact the office if they needed unplanned assistance. One family member told us their relative had slipped down their chair and they needed to be hoisted, they said, "We rang the office and they came straight out." People told us staff supported them to take part in important activities and occasions. We were given an example where a person attended a special family event and the manager had visited them at midnight to help them get ready for bed. We were told how special this had been for the whole family and how much they appreciated the support they had received.

Senior staff carried out assessments of people's needs and care plans outlined the support to be provided. Plans were written in a clear and practical way, so staff knew what they had to do at each visit. We saw that where a person's needs were extremely complex, there were detailed photos and diagrams to show staff what they needed to do. For example, there was a diagram to show exactly where a pillow needed to be placed to support the person's neck.

After people had received an assessment of their needs a senior member of staff carried out a post-assessment checklist. This helped them consider with their person and their families whether all issues had been covered. This included checking they whether times for visits had been set up well and whether they had received a user guide.

The support people received had been reviewed regularly and they had been asked their views on all aspects of their care. We noted there was no overall log of the reviews being carried out. When we discussed this with the manager they acknowledged this was needed to assist them in ensuring there were no gaps in the review programme.

The manager described how they explained to people that there had to be flexibility around visit times, for example to accommodate emergencies or as a result of traffic. Whilst we had feedback from two people that staff were not always punctual, most people and family members told us visits usually took place within agreed timings. For example, one person said, "They are more or less on time though the times can vary."

The deputy manager was able to describe the people in the service who needed 'time-critical' visits and how

rotas were set up to ensure these visits were prioritised. This meant that people who needed to be visited at a particular time, such as to have support with taking certain medicines were receiving visits at times to meet their needs.

The service included a provision for emergency placements. We saw that these only took place when the manager felt there was sufficient capacity in the staff team. An emergency referral was received during our visit and the manager told us they, or the deputy manager would be visiting the person to carry out an assessment of need within 24 hours. This meant the staff would have access to information to enable them to care for people safely and to be aware of their specific needs and preferences. The manager also showed us the detailed information which had been sent with the referral. Despite the complexity of the person's needs and the swiftness of the placement we were assured the manager had put effective measures in place when accepting the referral.

As part of the post-assessment meetings senior staff checked people knew how to make a complaint. In addition to regular reviews, telephone surveys also took place to find out people's views on the service. A person said, "The office have rung up twice to see if I am ok." People told us they felt able to complain if they had any concerns and staff said they were extremely sorry and anxious to put things right. One person told us, "I complained last week because the carer turned up at 7 am. The office were very apologetic and made sure they turned up later after that."

Complaints and compliments were logged and complaints were dealt with and responded to appropriately and in timely fashion. Where people raised concerns we saw that action was taken, for example visit times had been changed to accommodate a person's specific needs around medication. Feedback from compliments included; "superb", "service has been admirable" and "carers are bright, smiling and chatty and very professional".

Good

Is the service well-led?

Our findings

When we last visited the service it had been running for less than a year and we found the manager had not developed robust processes to monitor the quality of the care people received. At this visit we found the manager and owner had actively addressed the concerns we had raised. All areas of concerns had been improved upon, such as care planning, training and quality monitoring.

The service had moved offices and grown in size since our last visit. The manager and owner had developed the service effectively, bringing in additional staff and promoting existing staff of a good calibre. We were told about improvements being introduced over the next 12 months such as a new computer system to help manage the deployment of staff and increased phone lines into the office.

Staff felt well supported by senior staff. They told us the registered manager was accessible and visible. They had created a staff team who were positive and motivated. One staff member said, "[Manager] is a good leader, very approachable, listens to us, you can go to anyone actually it's such a good team, no-one is out for themselves, we all help each other."

Staff said communication between the management team and care staff was good. One member of staff said, "They treat us as equals, it's really nice, this is the best company I have ever worked for, everyone is friendly and helpful and very professional." Whilst there was no formal team meetings staff were encouraged to drop into the office on Fridays and senior staff were available throughout the day.

The manager told us that by being involved in the day to day running of the service, including carrying out assessments and care visits, they knew what was going on in the service. They meant they were able to address concerns swiftly. For example, they told us, "Maldon staff were a bit unhappy and the deputy and I were right out there." The owner also carried out occasional visits. A family member told us, "He come and does calls, which is amazing."

The manager was striving to maintain the personal culture which was at the heart of the organisation. It was important to them that people and their families would be greeted on the phone by staff they knew. The manager and owner knew the people staff were supporting, and visited many people at home to check everything was going well.

There were systems in place to check the quality of the service people received, with regular reviews and surveys. The manager and owner assured themselves of the quality of the care through auditing care records, unannounced checks and in their pro-active contact with people and staff. These systems had been introduced since our last visit and we saw examples where the manager had been alerted to issues with quality, as a result of the changes. The monitoring of medicine administration records highlighted that whilst the quality checks were in place, there was not a structured system to show which records had been checked and by which senior member of staff. The manager demonstrated however, that the service was introducing more structured systems which would also support them to measure trends and learn from mistakes over time.

The manager acknowledged they personally held a great deal of information about the service. For example, when we asked which visits would be prioritised in an emergency, such as flooding, the manager told us, "It's all in my head." We discussed the risks in this current arrangements and immediately after our visit the manager notified us that plans were being put in place for a Severe Weather Procedure with visits rated according to priority. New systems were being put in place to ensure the service was sustainable over time and would function effectively in the absence of the manager.

There were many areas of the service which the manager had held on to, or worked jointly with their deputy. We discussed with the manager and owner how they were negotiating roles within the expanding management team to ensure there was no duplication or gaps. They explained that they all worked together closely, meeting most days and this worked to ensure everyone knew what was happening. Shortly after our visit we were advised that once a month one of these informal meetings would be recorded to provide more structured governance as the service continued to develop.