

Glee Care Ltd

# Glee Care Ltd-Nuneaton

## 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 site visit took place on 6 December 2017 and was announced. This service is a domiciliary care agency. It provides personal care to adults living in homes. Three people were receiving the regulated activity of 'personal care' at the time of our inspection visit.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Following our inspection in November 2016, the service was rated as inadequate and placed in Special Measures. When we inspected the service in June 2017, we found some improvements had been made, but further improvements were required. The provider and registered manager had not been communicating openly with people and their relatives in a consistent and transparent way. This had led to misleading information being shared with one person about which registered service was providing a person's care and support, which was in breach of the Regulations. The service remained in Special Measures, because the lack of transparency reported under the key line of enquiry, well-led, had an impact on the ratings across all the key lines of enquiry.

The provider had not displayed their inspection rating from their November 2016 inspection, which was also a breach of the regulations. This was a continued breach of the governance of the service. The service remained in special measures because 'well-led' remained rated as 'inadequate'.

The lack of transparency had meant there were breaches of the Regulations related to safety and consent, which resulted in ratings of requires improvement in safe, effective, caring and responsive. The provider had not conducted risk assessments for one person, had not obtained their consent to care, had not demonstrated a caring attitude, through their lack of transparency, and had not explained their terms and conditions, including how to make a complaint. This had resulted in ratings of requires improvement in safe, effective, caring, and responsive.

At this inspection we found the provider had taken action to improve. The provider had checked that everyone who used the service knew who their provider was. They had issued contracts to everyone and people or their representatives had signed their consent to receive care and support from this provider. They had implemented regular checks with everyone who used the service, to make sure they were happy with the how their care was delivered. They had regular meetings with everyone who used the service and invited them to feedback about any changes needed, or any concerns with the quality of the service. The provider had displayed their ratings at their office and on their website. The service is no longer in breach of the regulations and the rating for well-led is now good. The service has been taken out of special measures.

The registered manager had been registered with us since June 2016. 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.

People were protected from the risks of harm or abuse because staff were trained in safeguarding and understood their responsibilities to raise any concerns with the registered manager. The registered manager had recruited enough suitably skilled, qualified and experienced staff to support people safely and effectively.

People and their relatives were included in planning how they were cared for and supported. Risks to people's individual health and wellbeing were assessed and their care was planned to minimise the risks. People were supported to maintain their health.

The manager ensured staff had the necessary skills and experience to support people safely and effectively. They observed staff's practice, arranged for them to attend regular training and supported them to obtain nationally recognised qualifications in health and social care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

People and relatives had no complaints about the service. People and relatives knew the provider and registered manager well and were confident to share their views of the service through conversation and meetings with either of them.

The provider checked the quality of the service to make sure people's needs were met safely and effectively. They understood that their personal, professional development enabled them to improve and develop the service.

Further information is in the detailed findings below.

## 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. The provider had improved how they assessed and managed risks to people's safety. They completed individual health and wellbeing risk assessments for everyone that used the service and the care plans explained how to minimise the risks. Staff understood their responsibilities to protect people from the risk of harm. The provider checked staff were suitable to deliver care and support to people in their own homes.

### Is the service effective?

Good ●

The service was effective. The provider had improved their process for obtaining people's consent to care. Everyone's care plan was signed by the person or their representative to demonstrate their consent to receiving the service. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. Staff were skilled and trained to meet people's needs effectively. People were supported to maintain their health.

### Is the service caring?

Good ●

The service was caring. Improvements made in obtaining people's consent and in being transparent with people, demonstrated improvements in the provider's understanding of caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive. Improvements in obtaining people's consent and in being transparent with people about the name of their registered provider, resulted in people knowing who to raise any concerns or complaints with. People told us they were confident to raise any concerns or complaints about the service with the provider or registered manager. People decided how they were cared for and supported and staff respected their decisions.

## Is the service well-led?

The service was well-led. The provider had learned that being open and transparent with people is a fundamental requirement of the Regulations. The provider now demonstrated they understood the legal obligations of being a registered person. The provider had met with everyone who used the service and issued contracts that explained exactly what the service could deliver. People's individual risks were regularly reassessed and they had consented to their care and support plans. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Staff were supported to carry out their work safely and felt supported by the management team. The provider had displayed their rating at their office and on their website. The provider's quality monitoring system included checking people received the care and support they needed.

# Glee Care Ltd-Nuneaton

## 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.

Glee Care Ltd – Nuneaton is a domiciliary care agency which provides personal care to adults living in their own homes. The CQC only inspects the personal care service provided to people, such as help with tasks related to personal hygiene and eating. Where they provide personal care we also take into account any wider social care provided.

The inspection site visit was conducted by one inspector. The provider had already submitted a Provider Information Return (PIR) within the previous 12 months, so we did not ask them to resubmit this information. We require providers to send us the PIR information at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service.

This inspection site visit took place on 6 December 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a small service and the registered manager is often out of the office, providing care. We needed to be sure that they would be available.

Three people were receiving the regulated activity of personal care at the time of the inspection visit. We spoke with one person and two relatives about the service by telephone, before our visit to the office.

During our visit to the office, we spoke with the registered manager and reviewed care records, staff recruitment and training records, policies and procedures and the provider's quality assurance checks. We spoke with two members of care staff, by telephone after our visit to the office.

# Is the service safe?

## Our findings

One person and two relatives told us they had confidence in staff's skills to support them, or their relations, safely. People were supported by the same regular member of care staff, who arrived when they were expected and stayed as long as they had agreed in their care plan. They told us their care staff were punctual. Care staff told us they always had enough time to support each person safely and never felt rushed.

At our previous inspection we found the provider was in breach of the Regulation for safe care and treatment. They had not assessed one person's individual risks and had not written a care plan that minimised the risks to the person's health and well-being. They had adopted and worked with a care plan written by the person's previous provider. At this inspection we found the required improvements had been made. The service was no longer in breach of the Regulation.

The registered manager had assessed risks to each person's health and wellbeing and written a care plan that minimised the risks. Each person's care plan included risk assessments related to their individual needs and abilities. The care plans described the equipment needed and the actions staff should take to support each person safely, while promoting their independence. Care staff told us they found the care plans were detailed enough to be confident in their practice and said the care plans were always available in the person's home, if they needed to check anything.

The needs assessment included an assessment of risks related to using equipment and risks related to the person's home. These included instructions for staff about how to enter the person's home, how to make sure the person was safe when they finished their call and the actions they should take in an emergency. Care staff told us they had training in health and safety, moving and handling and basic first aid and were confident they knew what to do in an emergency.

The registered manager and staff understood their responsibilities to protect people from the risks of harm or abuse. Staff were told about the provider's policies for safeguarding and whistleblowing during their induction to the service. Staff told us they had training in safeguarding and would report any concerns about a person's physical or emotional wellbeing to the manager. The registered manager understood their responsibility to refer any concerns to the local safeguarding authority.

Daily records clearly showed how each person was supported by care staff at each visit, which matched their care plan. Records showed when one person's level of independence had improved over time, their care plan was reviewed and changes to their care plan had been agreed to match the person's needs.

There were enough suitably skilled and trained staff to ensure continuity of care for each person. One person and both relatives told us they had the same staff regularly. Staff told us they had explained their availability to the registered manager and they were only asked to work at the times they had said they would be available. The registered manager always conducted the initial care calls themselves as part of the needs assessment, which meant they were able to cover any unanticipated staff absences safely at short

notice.

The registered manager checked that staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The staff recruitment records included the dates and results of the checks. The registered manager requested personal references and checked their suitability with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

The provider's policies and staff training minimised the risks related to medicines management and administration. People who were currently receiving the service did not need regular support with their medicines. However, care staff had training in medicines management, to make sure they would be able to support people safely, if people's needs changed.

Records showed staff had administered medicines safely and effectively when one person needed support for a short course of medicines. The registered manager had created a medicines administration record (MAR) which described the medicine and how and when it should be administered. Staff had signed the record each time they administered it, and the record was clearly marked to show when the course of treatment was ended.

Care staff had training in infection prevention and control and understood the need to protect people and themselves from the risks of infection. Records showed that one relative had asked the registered manager to make sure staff had their own supply of gloves and aprons, as they did not want a supply kept at their house. Staff told us they always had a supply of gloves and aprons available to them. Relatives told us staff always left their home clean and tidy.

The registered manager analysed accidents and incidents and shared their learning with staff. Records showed that when one person had fallen at their home, the registered manager had reviewed and changed the person's care plan. The person and their relatives had agreed to install a number coded safe to make the key available to staff. This enabled staff to enter independently, which meant the person did not have to get up and walk to the door to let them in.



## Is the service effective?

### Our findings

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. People receiving the service at the time of our inspection had the capacity to make their own decision, or had a legal representative to make decisions in their best interests. The principles of the Act include obtaining people's consent to care.

At our previous inspection we found the provider was in breach in the Regulation for obtaining people's consent. We found one person and their relative were unaware that Glee Care Ltd – Nuneaton was providing their care, because this had been transferred by one registered care provider to Glee Care Ltd – Nuneaton without the person's consent. During this inspection we found the required improvements had been made. The service was no longer in breach of the Regulation.

One person and two relatives told us they had agreed they wanted to receive the service from Glee Care Ltd – Nuneaton. They told us they had agreed their care plans in discussion with the registered manager. They told us they knew they could stop using the service and use a different provider if they wanted to. Records showed each service user, or their representative, had signed their care plan, which demonstrated they had read and agreed it.

One person told us their care staff had the right skills and experience to care for them in the way they wanted. They told us they were, "Very pleased" with their care and support. A relative told us care staff were, "Very methodical, practical and patient" and understood their relation's needs and abilities well. They said care staff treated their relation as an individual and enabled them to take the lead in how they were cared for and supported, which promoted their independence. They told us the care staff had promoted their relation's independence to the point that they only needed one member of staff to support them, when they had previously needed two staff.

Staff told us they received training in subjects that were relevant to people's needs, and were shown exactly what to do for each person by the registered manager. A member of staff told us the registered manager was, "Very specific. I have no doubts about what I need to do." Staff told us they felt well prepared to work with people, before they worked independently with them. They told us people's care plans were up to date and always available, so they could refer to them at any time.

Records showed staff's training was in line with the fundamental standards of care and included the MCA 2005, moving people safely, pressure sore prevention and food hygiene. Staff attended training at the start of their employment with the service, to make sure they understood the responsibilities of their role, and had annual training to refresh their skills and knowledge. Staff were encouraged and supported to obtain nationally recognised qualifications in health and social care.

People who received the service were supported by their relatives when they needed to access healthcare services. Daily records showed staff noted how the person was at each visit, so their relative could read and know of changes in their appetite or mood, which could be a sign they needed advice from a healthcare professional. People's care plans included details of their medical history and healthcare professionals that were supporting them, such as their GP or community nurse. This meant staff had the information available to ask for healthcare support on the person's behalf or in an emergency.

People who received the service were supported by their relatives to maintain a balanced diet of their choice. Where staff were responsible for making people's drinks, their care plan explained how they liked their hot drinks and whether they preferred or needed a drink before or after getting dressed.

# Is the service caring?

## Our findings

During our previous inspection, we found improvements were required in the key question of caring because the provider and registered manager had not always been transparent about which care provider was delivering the service. At this inspection, we found the required improvements had been made.

All the people and relatives we spoke with knew who their provider was. They all told us they had agreed to receive the service from Glee Care Ltd – Nuneaton and had signed their care plans to show their agreement and understanding. They all told us they were confident they could change providers if they wished. Records showed everyone was given a service user guide, which explained what the service could deliver and how people could give feedback and make changes to their care plan.

The person and relatives we spoke with told us all the staff were kind and caring. One relative said, "We like this one. It is small and family run. They are incredibly kind and very hands-on." A relative told us changing to this provider was, "The best thing we ever did. It's so lovely."

Care staff told us they liked working for the service because they regularly supported the same people, so they knew them well. Staff told us everyone was friendly. Staff felt confident that they shared the same values and ethics as the provider. Staff told us they were pleased that 'putting the person at the centre of care' matched their own reasons for working in health and social care.

People were treated with dignity and respect and staff promoted people's independence. A relative told us staff were very 'well mannered' and respectful of their relation's needs. People's care plans were written in a way that promoted their self-respect and independence. For example, they described exactly what each person could do to maintain their personal hygiene and what they needed support or assistance to do. Staff were instructed to listen for the person to 'tell them' when they were ready, to enable the person to take the lead in being supported.

A relative told us their relation's abilities had improved because staff had encouraged the person to do as much for themselves as possible. The person no longer needed two care staff for each visit, and had begun to go out with a member of the care team, which enabled them to have a more independent life.

The provider and registered manager understood the importance of keeping people's personal information confidential. People told us they had their care plans in their own homes. Copies of people's care plans were kept in a locked cabinet in the office, to make sure they were only accessible to people who had the authority to see them.

## Is the service responsive?

### Our findings

At our previous inspection we have found improvements were required in sharing information with people that enabled them to make changes to their care and support. At this inspection we found the required improvements had been made. The person and relatives we spoke with all told us they were involved in all aspects of planning their care, making changes to their care plans and coordinating any variations to the days and times of their calls. They told us the service user guide contained the information they needed to contact the office or the registered manager.

Records showed the registered manager assessed people's physical, mental, emotional and social needs. Care plans clearly described how care staff should support each person to maintain their preferred routines and preferences, and to respond according to the person's decisions at each call.

People told us their care plans were regularly reviewed and updated when their needs changed. One relative told us they were considering requesting changes to their care plan. Another relative said, "They are very proactive with paperwork. We have a review every couple of months." The relative told us the provider had asked if they could check the care plan with them and make sure they were happy with everything. The relative told us changes had been agreed and the care staff now arrived slightly earlier, in line with the person's wishes. Another person told us they had just had a review of their care, and their scheduled had been altered in accordance with their needs and wishes.

Records showed the provider took this same approach with everyone who used the service. They regularly visited people in their home to talk about their care plans and took the opportunity to ask for feedback about the quality of the service. Records showed people were happy with the quality of the service. People had commented, "No concerns. I am satisfied with everything" and "Your employees are so friendly, you are already doing a good job."

The service user guide included information about the provider's complaints process. The process invited people to complain to staff, by telephone, email or in writing. The service user guide explained that complaints would be investigated by the provider if people were not happy with the immediate efforts to resolve them. Relatives told us they had a copy of the service user guide at their home. Relatives told us they would be confident to make a complaint if they had any concerns and knew which external agencies would support them to make a complaint when needed.

The registered manager told us all staff had training in end of life care, to make sure they would recognise the signs and understand the symptoms if a person they supported was at the end of their life. The registered manager told us they checked staff's empathy and understanding during the recruitment process to make sure they had the ability to support people according to their wishes and cultural traditions and values. Staff's training included guidance in how to support people to be as physically and emotionally comfortable as possible at the end of their life. A member of care staff told us they had watched a video about caring for a person at the end of their life and felt better prepared for that eventuality.

## Is the service well-led?

### Our findings

At our previous inspection we found the provider was in breach of the Regulation for governance of the service, which was a continuing breach since our inspection in November 2016. The provider had not been open and transparent in letting people know the name of the registered provider that was delivering their care. The provider had not been displaying their rating at their office or on their website, which was a breach of the Regulation for displaying their performance assessment. We rated the key line of enquiry for well-led as inadequate.

At this inspection we found the required improvements had been made. The service was no longer in breach of the Regulations.

The provider was now displaying their previous rating and a copy of the report at their office. The provider had provided a link to their previous report on their website, but the link did not display their rating or provide a link to the CQC website and all their previous reports. When we pointed this out to the provider, they took immediate action to display their rating 'conspicuously' and 'legibly' on their own website and provided a link to CQC's website.

People thought the service was well-led and well managed. Everyone told us they had discussed and agreed their care plan with the provider or registered manager in person. They said they trusted the registered manager, because they had met with them at the initial assessment and the registered manager had delivered care at the start of the contract. One relative who had changed from a previous provider told us, "We are really impressed with the care. It's honestly the best decision we have ever made." The registered manager had made sure staff were competent and understood their relation's needs, before allowing staff to work independently with their relation.

The provider and the registered manager conducted the assessments of care, so they could be confident that the service was able to meet people's needs before agreeing a package of care and support. Both the provider and registered manager delivered care, so they had regular opportunities to check whether people's needs had changed, and to ask whether people wanted to make changes to their care plans.

The provider had included their mission statement in the service user guide, which was given to each person that used the service. The mission statement explained their vision and values, as "Quality and respect that give joy." This statement is in line with the fundamental standards of care and demonstrates the provider's intention to deliver a service that people will be happy with.

The provider's quality assurance system was effective. It included monitoring staff's practice through unannounced visits to people's homes to check they were happy with the service. The provider's observation checklist included checking whether staff used the personal protective equipment appropriately, that the equipment people needed was available and safe to use and whether people were supported at their own pace and not rushed. They checked whether staff kept accurate and legible records of the care and support they gave. The reviews we read confirmed people were happy with the service and

that the provider made changes to people's care plans in line with their needs and wishes. People had commented, "The care is brilliant" and "Very happy and feel free to make any comments, big or small."

After their observations of staff's practice, the provider invited staff to one-to-one meetings to give them feedback and to discuss any development needs. Records showed staff attended regular team meetings, when they discussed items such as health and safety, staff dress code and reminders about recording visit times and reading people's care plans for any changes. Staff signed people's care plans when they were updated, to show they had read and understood any changes that had been agreed with the person.

Staff told us they were able to give feedback about the service and about how they were managed and supported through regular staff surveys. Staff told us they felt supported by the provider and registered manager, because they answered the phone promptly when staff needed advice and kept them informed. Staff told us, "There are no problems with the management" and "They always observe and listen and respond to us."

The registered manager told us they wanted to continuously learn, improve and be innovative in delivering the service. The registered manager had obtained a leadership and management qualification in health and social care. At the time of our inspection, the provider was studying for the same level five qualification. Records showed they had used their learning to create their quality assurance policy and procedures. They had learnt about good staff management techniques, which they applied to their own practice, to encourage and motivate staff, which improved people's experience of the service.