

Glorylilly Care Limited

# Glorylilly Care Limited

## 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

### About the service

Glorylilly Care Limited is a domiciliary care agency providing personal care. The service provides support to older people and people with a physical disability. At the time of our inspection there were 14 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe. Staff received training in safeguarding and people received information about how to raise concerns. Risk assessments were in place, and accidents and incidents were recorded so action could be taken to reduce future risks.

People's needs were assessed before staff provided care to them. People received support, where necessary to contact healthcare professionals and their medicines were managed safely.

People's care plans described their needs and preferences and how staff should meet these. They also detailed how to help maintain people's independence. Information was available about how to communicate with each person. This helped ensure their views were heard.

Staff were recruited safely. Staff received training for their role and had various opportunities to discuss best practice. People told us they were treated well by staff.

People and staff were provided with opportunities to share their views of the service. Concerns and complaints were acted upon. Audits were completed and any identified improvements were acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 27 August 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead

used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Glorylilly Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the process.

### What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people using the service, staff and the registered manager; and electronic file sharing to enable us to review documentation. Inspection activity started on 21 October 2022 and ended on 31 October 2022.

We spoke with four people, two relatives, four staff members and the registered manager. We reviewed two people's care records as well as other records related to the running of the service such as audits and meeting minutes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and knew who to contact internally and externally with any concerns.
- Staff told us if people became upset, anxious or emotional, they were able to seek advice from the registered manager to help ensure they were responding in the most supportive way.
- The registered manager ensured people and their relatives had access to information about safeguarding and how to stay safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place and detailed what staff could do to reduce risks to people.
- Staff had a good understanding of how to keep people safe and were confident asking for advice if they had any queries about people's safety. People confirmed they felt safe when being supported by staff.
- When staff had concerns about people's safety, appropriate professionals had been contacted and where necessary calls increased.
- There was information in place describing what action each person and staff should take in an emergency to keep them both safe.

Staffing and recruitment

- People were supported by suitable staff. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- Staff told us there were enough staff and people confirmed they were not rushed during their calls.
- People confirmed the correct number of staff attended calls and they were asked if they preferred being supported by a male or female staff member.

Using medicines safely

- Some people required assistance from staff to take their medicines. Staff had received training to manage medicines safely and received an assessment of their competency.
- Staff completed medicines administration records (MARs) detailing when they had administered people's medicines. These were then checked by the registered manager to help ensure any problems were identified.
- Staff understood the importance of managing people's medicines safely. When someone had been prescribed a new medicine, staff had sought clarification on when it should be taken to help ensure it was

effective.

#### Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control and food hygiene training.
- The registered manager completed an infection control audit to help ensure staff were following current guidance.

#### Learning lessons when things go wrong

- Staff understood how to report and record accidents and incidents. They confirmed that action was taken following these to help ensure the likelihood of reoccurrence was reduced.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff told us the registered manager was responsive to any problems that arose and that this helped ensure people received care that reflected best practice.
- Team meetings were used to update staff about people's needs and discuss best practice.
- When people were living with dementia, extra information such as their preferences and what caused them anxiety, was recorded to guide staff in case people were unable to communicate them.

Staff support: induction, training, skills and experience

- New staff completed an induction which included shadowing until they felt confident to work alone.
- Staff also received an observed assessment of their competence to deliver care tasks, before they were able to support people.
- Staff completed a range of training related to their role and people's needs. They confirmed they received the right training and could ask for anything further they needed. A relative added, "I think from general conversation that the manager is very keen to ensure they get the support and training they need."
- One person's needs had recently changed, and staff had been allocated training to help ensure they understood how to promote the person's safety.
- Staff told us they had supervisions regularly and found these useful. They said they were able to discuss people's needs, training, what was going well and any concerns they had.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support from staff with their meals. People's care plans described what support each person needed as well as their preferences for food and drink.
- Staff were aware of any individual dietary needs or risks and understood how to meet these needs and keep people safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service contacted relevant professionals on behalf of people to help ensure their health and wellbeing was maintained.
- Staff worked closely with people and their relatives to help ensure people received the correct support and advice to maintain their health.
- Staff confirmed that any advice provided by health professionals was shared promptly so they could ensure they provided the correct care.

- People had care plans in place describing what support they needed with their oral health.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People using the service had the capacity to make their own decisions. Staff understood that people had the right to make decisions others might deem to be 'unwise'.
- The registered manager had sought people's consent to record and share information as necessary regarding people's health and care needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were aware of people's mental health needs and supported them with compassion. One person sometimes felt anxious or lonely, so staff and the registered manager visited the person whenever possible outside of planned calls, to offer reassurance and company.
- Staff had completed equality and diversity training and understood that providing the right care and support depended on each individual's unique needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans guided staff to ask people what their preferences were at each call. This helped staff tailor the care they provided to each person on each call. Feedback to the service from a relative included, "Mum was always asked what she would like and was able to make decisions about her day to day care."
- Staff knew people's individual communication skills, abilities and preferences. This helped ensure people's views and opinions were heard.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they worked together to provide care in a consistent way, which helped people maintain or increase their independence.
- The registered manager checked records written by staff to help ensure language used was always respectful. They shared any required improvements with staff.
- Staff understood the importance of treating people's homes and belongings with respect and how to maintain confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that clearly explained how they would like to receive their care, treatment and support.
- People were involved in planning their own care and making decisions about how their needs were met.
- Team meetings were used to discuss people's needs to help ensure care was tailored to each individual and reflected any changes.
- Staff completed notes of each visit. These were shared electronically so other staff remained up to date with people's needs.
- Staff told us communication from the registered manager was good and this helped them stay up to date with any new information they needed to know.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided to people in a format that met their needs and was described in people's care plans.
- One person was partially sighted, so staff wrote out cooking instructions for them in large writing so they could continue to cook their own meals. The service had also provided them with an electric magnifier which helped them read letters and information and reduced their reliance on staff.

Improving care quality in response to complaints or concerns

- Action was taken to address any concerns raised by people or their relatives.
- Complaints were recorded along with actions taken to resolve them.

End of life care and support

- When people were near the end of their life, a clear care plan was put in place to help ensure they received compassionate care that met their needs and wishes.
- Staff had received training to care for people at the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the registered manager prioritised achieving good outcomes for people. They commented, "[Registered manager] is amazing to work with. If there's anything anyone needs, the manager is there."
- Feedback surveys shared by the service showed people were happy with the service. Comments included, "Care was exemplary" and "Care was always first class. [Registered manager] went above and beyond at points, offered constructive help and advice, and was deeply caring and empathetic to our situation. I cannot thank her enough."
- The registered manager completed an equality and diversity audit. This had identified the need for an equality and diversity champion in the staff team. The registered manager told us they intended to discuss this at an upcoming team meeting.
- The registered manager visited people frequently and provided care for them. This helped ensure they understood people's needs well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they felt well supported by the registered manager and were encouraged to share any opinions and ideas. A relative told us, "The manager is very keen to provide a good environment for staff, so they seem able to retain staff."
- There was an effective quality assurance system in place to drive continuous improvement within the service. Where areas for improvement were identified, action was taken promptly.
- The registered manager had a clear action plan detailing areas they wanted to improve within the service. Staff confirmed the registered manager was focused on improving the service.
- The registered manager valued and acted on feedback. People and those important to them had opportunities to feedback their views about the quality of the service they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and

#### regulatory requirements

- People and their relatives were positive about the registered manager. Feedback received by the service from a relative included, "Discussions with [the registered manager] about the service were always open and positive. Their knowledge and care were excellent."
- The registered manager was keen to develop staff skills so they could take on more responsibility within the service.
- Staff were positive about how the service was run. One staff member told us, "I love working here. It's the best job I've had for a long time."
- People, relatives and staff described the registered manager as approachable and supportive.

#### Working in partnership with others

- The service had developed a supportive relationship with another local domiciliary agency, which would help them access training for staff that was difficult to find.
- The service worked successfully with key people involved in each individual's life, such as family members and health and social care professionals.