

## Glory House Care Services Ltd

# Glory House

### 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

Glory House is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the service was providing the regulated activity personal care to 14 people. CQC only inspects the service being received by people provided with 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

Quality monitoring systems and checks had not always been completed to provide effective management oversight of the service. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions. Staff felt supported by the management team. The provider worked well in partnership with other organisations.

We have made a recommendation about the formalising of care plan audits.

People and their relatives told us they felt safe and were protected from the risk of abuse. The service had safeguarding procedures in place and staff received regular training. Staff knew how to safeguard people from abuse and the processes that should be followed where concerns arose.

Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised. There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

People spoke positively about the service and medicines were administered safely, by staff trained in medicine management.

People had confidence in the ability of staff to provide effective care. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date to provide effective care. People had access to healthcare professionals to ensure their ongoing healthcare needs were met.

People received person centred care and developed positive relationships with staff, who had a good understanding of their care and support needs. People's right to dignity and privacy were respected and their independence was promoted.

People and relatives were involved in their care plans to ensure they reflected people's preferences, religious and cultural beliefs and values. People knew how to make a complaint and feedback on the service was encouraged and used to drive forward improvements and learn lessons.

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

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 19 January 2021 and this is the first inspection.

#### Why we inspected

The inspection was conducted based on the date of registration.

#### Follow up

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

# Glory House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The Inspection activity started on 15 June 2022 and ended on 21 June 2022. We visited the location's office on 15 June 2022.

#### What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2021. 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

We spoke with two people using the service and two relatives via telephone. We spoke with the registered manager and a member of care staff. We reviewed records including three care plans and risk assessments, staff files and recruitment. We requested additional information in relation to staffing, auditing and governance.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits and analysis and policies and procedures.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk from abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings and individual staff development meetings. All staff confirmed they had received training and they had regular updates.
- Relatives told us they felt people were safe using the service. Comments included, "I have no concerns at all. [Person] is very safe with the staff, they are very professional."
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- The provider had assessed possible risks to people's safety and wellbeing. Risk assessments included information relating to people's mobility, medical conditions, medicines and skin integrity. The falls risk assessment included a review of the person's prescribed medicines to identify if they increased the risk of a fall. Care workers were provided with guidance on how they could reduce possible risks.
- The provider also carried out an assessment of the person's home environment including any equipment used to support the person.

Staffing and recruitment

- The provider had a robust recruitment procedure which enabled them to ensure new care staff had the required skills and knowledge for the role.
- We reviewed the recruitment records for three care staff. These included two references, checks on the applicant's right to work in the United Kingdom and a Disclosure and Barring Service check for any criminal record. This information helps employers make safer recruitment decisions.
- Relatives we spoke with told us care workers usually arrived on time. However one person said, "The care staff usually arrive on time but they only call if they are going to be later than planned about 50% of the time."
- Care staff confirmed they had enough time during the care visits to complete all the required support tasks, as well as having enough time to travel between visits, so they arrived on time.

Using medicines safely

- Staff managed people's medicines in a safe way. For people that needed support with taking their medicines, assessments were undertaken, and care plans put in place. This helped ensure this was done safely and that people received their medicines as prescribed and at the right time.
- Staff were trained in the administration of medicines and had their competency checked. One staff member told us, "We have A refresher course and our practice observed by the manager to ensure we

continue to provide medication safely."

- We saw audits of medicines were regularly carried out by the registered manager to identify and address any issues.

#### Preventing and controlling infection

- The provider had an infection control process in place and had developed risk assessments in relation to COVID-19 for both people receiving support and care staff. Training records indicated care staff had completed training on infection control and COVID-19.
- Care staff confirmed they had access to sufficient supplies of personal protective equipment (PPE).
- Relatives we spoke with told us care staff wore PPE when they were providing care.

#### Learning lessons when things go wrong

- The provider had a system for responding to and recording incidents and accidents.
- The registered manager noted there had been no reported incident when providing care to a person. However, they explained their process for recording and reviewing incidents and identifying learning from when things might go wrong so as to improve the service.



# 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

- An initial assessment of people's needs was carried out together with the people and their relatives before agreeing a package of care. The information obtained through the assessment process helped the provider plan and deliver support to people, taking into consideration their health needs and the goals they wished to achieve.
- The registered manager regularly reviewed people's changing needs with people and their relatives and updated care plans and risk assessments accordingly.

Staff support: induction, training, skills and experience

- People using the service and relatives told us staff were trained and competent in their roles. One person said, "[Staff name] is exceptional."
- Staff received a comprehensive induction, mandatory training, shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were required to undertake regular refresher training once their initial induction was completed. Records confirmed this.

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

- For people requiring dietary support to remain healthy and well, care plans were in place for staff to follow.
- Staff had a good understanding of people's dietary needs and spoke about the importance of offering healthy choices, when supporting people with their meals.

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

- Staff told us people's care plans were helpful in providing all the information they needed about people's healthcare needs and how best to meet them. The care plans we reviewed evidenced the expected outcomes which were agreed with people. This meant staff were able to support people to lead healthier lives.
- Staff worked closely with external health professionals to ensure people's needs and wishes were met.

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 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 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 confirmed staff worked within the principles of MCA. One person told us, "The [staff] always ask me, what I need before helping me, they never assume."
- Staff ensured people were involved in decisions about their care, by having regular discussions with them.

# 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

- People were treated well and had their support needs met. People and relatives we spoke with told us the care staff were respectful, kind and caring. One relative told us, "They [staff] are always so patient and caring." A person said, "The staff are always very good when they are here, they do a good job."
- The registered manager explained they tried to match the character of staff and people. One relative said, "We didn't get on with one of the staff. We told the manager and they were swapped to someone we really liked."
- The care plan identified the person religious and cultural preferences including their preferred language.

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

- People were supported to express their views and were fully involved in making decisions about their care. The registered manager told us they carried out monitoring visits to speak with people and their relatives to find out their views on the quality of their care and if any changes were required, they were made. One person told us, "They [staff] are very kind and polite. They listen to me and respect my decisions."
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink. Staff told us, "Care plans are detailed and clear, so we know exactly what to do when we arrive. We always ask people if they need anything else or if they have any particular preferences on the day."

Respecting and promoting people's privacy, dignity and independence

- We asked people and their families if staff treated them with dignity when providing care and support. People agreed that their privacy and dignity was upheld. One person said, "Yes, they are respectful. Yes, they uphold my dignity."
- People and their families told us that care staff were always polite and spoke to them in an appropriate way.
- Staff promoted people's independence. One person told us, "Staff are supportive and give me the time to do things for myself, my independence is important to me."

# 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's care was personalised, met their needs and identified how they wanted their care provided. The care plans included information on how the person wanted their care provided, their personal history and any specific information related to their care. However, the service used an electronic care plan system which prevented a copy of the care plan to be left at a person's home. A relative said, "Whilst we feel involved, we do not have a copy of the plan, because it comes and goes with the staff on their phone." We fed this back to the registered manager who told us a printed, up to date, copy would be given to people immediately.
- Care workers completed records of the care provided during each visit which included a description of the care provided as well as how the person was and their experience of the support they received. The records we reviewed showed multiple duplicate entries for the same visit by staff, often at different times to the visit. We have addressed this in the well led section of this report.
- People and relatives confirmed staff provided the support required. One relative said, "They [staff] do everything required. I really can't knock them for anything."
- Staff confirmed they read people's care plans at the start of each visit with one staff member telling us, "I read the support plan before starting any visit, particularly after any time away, to see if there has been any incidents or important report from previous staff."

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.

- Any communication needs were identified during the initial assessment and information would be provided to people in their preferred format. For example, large text or other language.
- People's communication needs had been assessed and were documented within care plans. Care plans described how people communicated for staff to follow.

Improving care quality in response to complaints or concerns

- People told us they could speak to staff or the office if they had any concerns.
- The provider had a complaints policy and procedure which people were aware of. Records showed complaints were dealt with appropriately in line with the provider's policy and procedure.

#### End of life care and support

- People were not receiving end of life care at the time of our inspection. The registered manager explained how they would work with a person's family and healthcare professionals to review their care to meet the person's needs and understand their wishes.

# 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.

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

- Although some systems and audits were in place to drive improvements within the service, no care plan audits had been completed. Whilst we did not identify this placed people at risk it meant the issues regarding the notes documenting staff visits had gone unnoticed. It was therefore not clear if the times and care tasks documented were accurate.

We recommend the provider consider formalising their care plan auditing. The registered manager acknowledged this and committed to improve this aspect of managerial oversight of the service immediately.

- Staff spoke positively of the registered manager and the support they received to carry out their roles. One staff member said, "The registered manager is very supportive."
- The provider had notified CQC of any incidents in line with the regulations.

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

- Most people said the agency communicated well with them and made regular checks to monitor the quality of the care and support being provided. However, one relative said, "Most things are fine but we have been requesting a rota for weeks, so we know who is coming but are still waiting for it."
- People and their relatives said the support and care they received resulted in good outcomes that met their needs.
- Regular reviews helped to ensure the care provided met people's changing needs.

Continuous learning and improving care

- The registered manager acknowledged governance and quality assurance processes had not always been completed and committed to address this. We will check this at our next inspection.
- Throughout our inspection visit the registered manager was open and honest. They welcomed our inspection feedback and took swift action to address the issues identified.

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 understood their responsibility in relation to the duty of candour and the need to

report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for feedback on the service they received and anything which could be improved on. This included reviews, spot checks and telephone monitoring.
- Spot checks of staff and the support being provided were undertaken. Written records were kept of these checks and a process in place to action any changes required to improve the quality of service.

Working in partnership with others

- The service worked in conjunction with people using the service, local authority staff, and other healthcare professionals to support the person's physical health and wellbeing.