

Glorycrown Healthcare Ltd

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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

About the service

Glorycrown Healthcare is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting 14 people with a variety of health needs and some people living with dementia. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support: People were happy with the care and support they received. Continuity of care was promoted as people were supported by a regular team of staff who knew them well. The provider communicated well with people and staff enabled people to access specialist health and social care support when required. 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.

Right Care: People's needs and preferences were assessed prior to receiving the service. People and those important to them were involved in planning their care. Staff understood how to protect people from poor care and abuse. People were supported by a kind and compassionate staff team and had their privacy and dignity respected. There were enough appropriately skilled staff to meet people's needs and keep them safe. Risk assessments identified and reduced any risks to people and staff.

Right Culture: The registered manager and staff team listened and responded to people's views. Quality assurance and monitoring systems were used to identify shortfalls and improve the service for the people who used it. People received good quality care and support because staff could meet their needs and wishes. Staff prepared food and drink to meet people's dietary needs and preferences. The provider ensured staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been previously inspected.

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 well-led.

Details are in our well-led findings below.

Glorycrown Healthcare Ltd

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

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.

Notice of inspection

We gave the service 48 hours' 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 in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the care manager and two care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

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; Learning lessons when things go wrong

- People and their relatives told us they felt safe with the staff supporting them. One person said, "I feel perfectly safe with them." A relative told us, "[Person] is very relaxed when with the carers."
- Staff had received training about safeguarding and knew how to report a concern. One member of staff told us, "First of all I would go to my line manager, if I feel there was nothing being done then I would go to CQC or Local authority." Another member of staff said, "I would report [abuse] to one of the managers. If they didn't do anything, I would contact social services."
- The provider worked closely with the safeguarding authority and was clear about their responsibility to report any evidence of abuse promptly.
- The provider described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support. For example, when concerns had been raised about a person's care the provider had worked with other professionals to make improvements.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place so staff knew how to support people. For example, one person had risks associated with a health condition. There was a risk assessment and care plan in place which detailed how best to support this person to reduce the risk of their health deteriorating.
- Staff were knowledgeable about people's individual risks and knew how and when to report these to the manager or a health professional.
- There was an out of hours on-call service available to people and staff. This meant support was available if an incident occurred outside of normal working hours.

Staffing and recruitment

- The registered manager ensured staff numbers were safe through good rota management and staff worked together to ensure people's care needs were met. One member of staff told us, "We work as a team. [Registered manager] will always step in and we have other staff who are very flexible." This was supported by people and their relatives who told us there were always enough staff to provide their support.
- A robust recruitment process was carried out for all employees. Pre-employment checks were completed to ensure staff were suitable for the role including evidence of the right to work in the UK, performance at previous employment and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Some people were supported to take PRN (as and when required) medicines. There was insufficient guidance for when people should have this medication. We raised this with the provider who ensured this guidance was in place immediately following inspection.
- Medicines were managed and administered safely. Where people required support to take prescribed medicines, up-to-date risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe managed way.
- Staff were suitably skilled and qualified to assist with people's medicines. The management team carried out regular observations of care staffs' medicines practice and competencies to ensure they followed best practice guidance.

Preventing and controlling infection

- People were protected from the risks of infection by staff operating good infection prevention and control practices. Their infection control practices were regularly observed and checked by management to ensure high standards were being maintained.
- Staff confirmed they had access to sufficient stock of PPE and were aware of their responsibility to maintain a safe working environment when supporting people in their own homes.

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

- The provider met with people and their relatives prior to offering a service. This was to assess their care needs, understand their preferences and ensure the service would be able to meet their support requests.
- People and their relatives told us care was being provided in line with their needs. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.

Staff support: induction, training, skills and experience

- Staff received regular training and support to enable them to meet people's needs. We saw records to support this and staff told us that training was delivered flexibly to ensure that they were able to complete this.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- Training was enhanced by new staff shadowing established care workers and observations were undertaken to check they were using their care skills effectively. A probationary period was in place to review the work of new staff and gave the opportunity for both management and care worker to address any concerns and reflect on learning.
- New staff were supported to complete 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.

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

- People's nutrition and hydration needs were effectively met. Where people needed support with nutrition, care plans detailed what support people required for them to eat and drink enough and described what their dietary preferences were. A member of staff told us, "We always make sure people are hydrated and we try to provide a balanced diet."
- Where people were at risk of malnutrition there was clear guidance in place to help mitigate the risk. This detailed actions for staff such as ensuring people are supported to have plenty of time to eat their meals and making sure people are given any prescribed fortified drinks they had.

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

- The care staff and management team worked closely with health and social care professionals and kept

records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken.

- People were supported to access appropriate healthcare. Staff showed knowledge about people's health needs and acted quickly if health conditions deteriorated. A relative told us, "[Person] developed a sore on their foot and the carers alerted us right away to organise a GP appointment."
- Staff supported people to live healthier lives and to exercise where possible. One member of staff told us, "We encourage people to move around to keep their joints moving, even if it just to stand up and sit back down in the chair." Another member of staff told us they support someone to go for a walk when the person wanted to get some exercise.

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.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). LPA gives a nominated person the legal right to make decisions on the person's behalf should they no longer have the capacity to do so.
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "I give people several options for breakfast. If they choose something that I know they have had several days in a row I might suggest something else, but it is up to them." Another member of staff said, "When I support people to get dressed, I always ask, 'do you want to wear this, or do you want to wear that?'"

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 supported by staff who had got to know them well. One person told us, "I mainly have three carers and the manager." Another person said, "It is almost like old friends calling."
- People and their relatives told us staff treated them with respect. One relative told us, "That is part of their approach, for example, not to talk about [Person] but with them."
- Staff were respectful of people's individual cultures. One person was not able to communicate in English and the registered manager had arranged for an interpreter to be present for their review meeting. The registered manager told us this was because it was important to be able to hear the person's own views about their care.
- People felt valued by staff who showed interest in their well-being and quality of life. One person said, "They do things like putting my phone on charge. They do the little things that matter."

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

- People and their relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out. This information was reflected in individual's care plans.
- People were fully involved in making decisions about their care and the provider maintained regular contact with people. One person told us, "They phone me up and ask if I am happy with the service."

Respecting and promoting people's privacy, dignity and independence

- Staff were careful to respect people's dignity. People and their relatives told us they felt respected by staff and their privacy and dignity was maintained. The registered manager told us, "The values here are really important. We want to treat people with dignity and respect."
- Support plans contained information about how to maintain people's dignity and promote independence such as reminders to cover people with a towel when providing personal care and making sure people have the opportunity to carry out the elements of their personal care they were able to do themselves.
- People's care plans identified who was involved in their care. This helped to promote a coordinated approach to delivering care without imposing on people's confidentiality and privacy.

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; End of life care and support

- People received person centred care that took account of their needs, wishes and preferences. One person told us, "[Staff] work in a way where it is my needs that come first." Another person said, "They can't do enough for me."
- People told us that staff let them know if they were going to be late and they regularly had the same care staff supporting them. One person told us, "If they are late it's because they have been held up. They always come and they let me know if they are going to be late."
- Support was planned to give people as much choice and control as possible. One person told us, "They will always go for a short walk if I want to go out to get some fresh air. That is available to me whenever I want."
- People's care plans included details about their personal preferences. For example, which meals they liked and what toiletries they preferred to use when having personal care.
- The service worked with people to plan end of life care when appropriate and people had end of life care plans in place. These included whether the person wished to remain at home and any cultural preferences.

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.

- People were asked about their communication needs during their initial assessment before their care with the service started so that this could be taken into account for planning their support.
- People's care plans included any important information about their communication needs including any sensory loss and how they may need to be supported with this. Staff we spoke with were knowledgeable about the communication needs of the people they cared for.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they needed to and they were provided with information about how to do this. One person told us, "So far nothing has arisen, but I do know I can get back to [registered manager] to report anything which is causing me concern."
- A complaints policy and process were in place which could be provided in different formats when required. Any complaints had been recorded, investigated by the registered manager, and dealt with in line with company policy.

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; 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 service promoted a positive culture that was person centred. Documentation relating to people's care such as care plans and risk assessments, placed people at the centre of their care. Systems and processes at the service sought to ensure people were kept safe and received good quality care.
- People and relatives told us the service was well-led and empowering. One person told us. "They are brilliant, without them I would be in hospital." A relative said, "Our family all like and trust [registered manager] a great deal. She has a caring and sensible approach, and we appreciate her philosophy - supporting people to remain as independent as possible but also safe and cared for."
- Feedback from staff about working for Glorycrown Healthcare was universally positive. One member of staff said, "The management team have always been very supportive."
- The provider understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- Systems were in place to monitor the standard of care for people and the efficiency of the service. The registered manager had implemented various quality assurance processes which were completed on a regular basis. These included spot checks on staff, regular reviews of care plans and medication audits.
- There was good communication between management and staff. Any changes to people's support was communicated to staff quickly via phone call or electronic messaging.
- The provider understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- A range of methods was used to gather people's views which included regular telephone contact, care

plan reviews and surveys sent to people and their families. The management team also provided people's care themselves sometimes which meant they could have regular discussions with people about their care.

- Staff told us they were able to contribute their ideas to the running of the service, Care staff had led a review of the values of Glorycrown Healthcare and a member of staff told us, "I do find [registered manager] is always willing to listen."

Continuous learning and improving care; Working in partnership with others

- Regular audits were carried out by the management team to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes, the management team routinely carried out spot checks on staff during their scheduled visits. During these spot checks staff's punctuality and record keeping was assessed, as well as their interaction with the person they were supporting.

- We found there was a positive approach to ensuring continuous development and learning. The provider had a system in place that enabled them to review any accident, incident, safeguarding concern or complaint. This helped ensure they could identify good practice and where improvements needed to be made.

- Positive working relationships had been established with several different health and social care professionals, the provider worked flexibly with other professionals to support people to be able to get home from hospital as quickly as possible and to provide additional care to people when this was needed.