

Living Glory Social Care Ltd

Living Glory Social Care

Inspection report

35 Nursery Road
Hockley
Birmingham
West Midlands
B19 2XN

Tel: 01216796452
Website: www.livingglorycare.co.uk

Date of inspection visit:
22 August 2019

Date of publication:
03 September 2019

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

Living Glory Social Care is a domiciliary care agency providing personal care to people living in their own homes, including, children, younger adults, older people and people with learning disabilities. At the time of our inspection visit four people were in receipt of personal care.

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

Relatives confirmed people felt safe. Procedures were in place to protect people from harm. Risks had been assessed and staff understood the risks associated with people's care to keep them safe. Strong emphasis was placed upon continually developing the service and learning lessons if things went wrong.

Staff were recruited safely, and enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed. Staff received the support and training they needed to be effective in their roles.

People received their medicines when they needed them from competent staff. People's nutritional and hydration needs were met, and staff understood people's dietary needs. The staff team worked in partnership with health and social care professionals to ensure people received effective care.

Relatives spoke highly of the caring nature of the staff. People's needs had been assessed before they started using the service and people were involved in planning and agreeing to their care. Staff knew people well and overall, care plans contained the information staff needed to provide personalised 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.

Staff understood people's methods of communication and understood what gestures and behaviours meant. People's right to privacy was respected, their dignity was maintained, and people were encouraged to be independent.

Systems were in place to manage and respond to complaints. Relatives were happy with the service provided and the way Living Glory Social Care was managed. Quality assurance systems continually monitored and evaluated the quality and safety of the service provided. Feedback gathered was used to drive improvement.

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

Rating at last inspection

The last rating for this service was Good (published 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Living Glory Social Care

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 Care Act 2014.

Inspection team

One inspector undertook this inspection.

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

The service had a manager registered with the Care Quality Commission. They were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. We refer to them as the provider throughout this report.

Notice of inspection

We gave the provider notice of the inspection. This was because it is a small service and we needed to be sure a member of the management team would be available to support the inspection. Inspection activity started on 21 August 2019 and ended on 27 August 2019. We visited the office location on 22 August 2019.

What we did before the inspection

We gathered feedback from one person's relative about the service they received via the telephone. We reviewed information we held about the service since the last inspection. We sought feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of the information to plan our inspection.

During the inspection

We spoke with the director of planning of strategy who was a senior manager within the organisation and the administrator. We reviewed three people's care records and one person's medicine administration record (MAR) to ensure they were reflective of their needs. We reviewed records relating to the management of the service including quality audits, training data and people's feedback. We also reviewed two staff files to check staff had been recruited safely.

After the inspection

We spoke with one person's relative and two care workers via the telephone to gather further feedback on the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Relatives confirmed people felt safe with staff. One commented "I know and have seen (Person) is absolutely 100% safe when the carer is with her."
- Risks associated with people's care were assessed and risk management plans informed staff how to manage and reduce risk. One person often became anxious and on occasions displayed behaviours which could cause themselves harm. Their risk management plan instructed staff what to do when the person became anxious to keep themselves and the person as safe as possible.
- Staff confidently described how they managed risks with positive effect. One said, "Keeping (Person) busy reduces their anxiety. I make sure they are always occupied."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place to protect people from harm. Staff received safeguarding training which supported them to understand the different types of abuse people may experience.
- Staff knew to report any suspected or witnessed abuse to the management team and whilst confident these would be addressed understood how to escalate their concerns if they were not.
- No safeguarding concerns had been identified since our last inspection. The director knew they needed to share information, when required, with the local authority and with us (CQC) to ensure allegations or suspected abuse were investigated. They told us, "We are a responsible provider. We have a duty to report any concerns."

Using medicines safely

- One person was supported by staff to take their medicines. Their relative said, "She always gets her tablets. They are pre-packed, and I check they have been given. Never any issues, no medicines have ever been missed."
- Medicines were managed and administered safely by the service. Completed administration records (MAR) confirmed staff recorded when people had taken their medicines. However, staff had ticked when they had administered medicines instead of initialling the MAR. The director took immediate action to remind staff of the importance of correctly completing records in line with the provider's policy.
- Staff confirmed they were trained and deemed competent by the management team before they administered medicines. Records confirmed this.

Staffing and recruitment

- Staff were recruited safely. The provider had checked to ensure staff were suitable to work with people who used the service.

- Staff confirmed they had not started work until the required checks had been completed.

Preventing and controlling infection

- Relatives confirmed staff followed good infection control practice in their homes. For example, they wore disposable gloves when they provided personal care.
- Staff had completed infection control training and understood their responsibilities in relation to this.

Learning lessons when things go wrong

- No accidents or incidents had occurred since our last inspection.
- A system was in place to record accidents and incidents. The director assured us if they happened they would be reviewed, and appropriate action could be taken to reduce the likelihood of them happening again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives had confidence in the ability of staff to deliver care effectively. One said, "Staff are trained and confident. They know how to manage (Person's) behaviours. They know what they are doing."
- Before new staff worked unsupervised they worked alongside experienced staff to help them understand what was expected of them and to help them to get to know people.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- Staff spoke positively about their training which included training to meet people's specific needs, such as epilepsy and diabetes awareness. Regular observations of their practice ensured staff practice reflected their learning.
- Staff felt supported. They received one to one meetings with a manager to help guide them with their work and continually improve their practices.

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

- People's needs were assessed before they started using the service. People and those closest to them contributed to their assessment which included lifestyle choices and required call times. One relative said, "A manager came out to visit. They asked questions and were interested in what me and mum had to say."
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- The service was compliant with the MCA and no one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training to help them understand the principles of the Act.
- Relatives confirmed staff gained people's consent before they provided them with assistance which meant people had choice and control of their lives.

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

- People made their own health appointments with support from their relatives.
- The provider and staff team worked in partnership with health and social care professionals such as social workers to ensure people received effective care.

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

- People were supported to eat and drink enough and maintain their health if needed. A relative told us, "(Staff) don't need to do any cooking but if (Person) asks for a snack or a cup of tea it's provided."
- People's dietary requirements and preferences were documented in their care plans. For example, one person did not eat pork or beef.
- Discussion with staff confirmed they knew what people liked to eat and drink.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Relatives spoke highly of the caring nature of the staff. One said, "There is a little spark. Her face lights up when the carer is with her." Another told us, "They are wonderful, such caring and dedicated people."
- Staff enjoyed their jobs and confirmed they would be happy for someone they loved to receive a service from Living Glory Social care.
- Staff felt cared for by their managers. One said, "(Managers) are really supportive. They care about us all.
- The provider respected people's equality and diversity, and protected people against discrimination. One staff member said, "Everyone one is welcomed here. (Provider) makes sure of that."
- Staff knew about people's cultural and diverse needs and how this may affect their preferences. For example, the gender of the staff member providing their personal care.

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

- Care plans demonstrated the inclusion of people and those closest to them. The plans helped staff understand what decisions people could make for themselves and when they needed prompting or support.
- The management team regularly visited people to discuss their care. When people's needs changed information was shared with staff and care records were updated.

Respecting and promoting people's privacy, dignity and independence

- Care plans supported people's privacy and dignity and promoted their independence. Plans informed staff what people could do for themselves and when they needed prompting, or support.
- Staff understood the importance of promoting people's independence. One explained how they encouraged a person to wash their face whilst they supported them with their personal care routines.
- Relatives confirmed their family members received dignified care. For example, they told us staff made sure doors and curtains were closed when they provided personal care.
- People's personal information was managed securely in line with data protection law.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider's aim of supporting people to remain living own homes in line with their wishes was achieved. A relative said, "Together we all work as a team to make sure mum lives at home."
- People received personalised care from staff who knew them well. One relative said, "We have used the agency for eight years. In all that time we have only had three different carers."
- Records confirmed people received care at the agreed time and for the agreed duration. A relative commented, "The service is really flexible and accommodating, never a problem if we need to change calls." Another told us, "Carers arrive when they should. It's important as they get her ready to go to the day centre."
- A relative explained how the support provided had a positive effect on their relations well-being. They said, "They get her ready for church, always making sure she is in her Sunday best." They went on to say, "They know mum really well. Her religion is very important to her. The carers pray with her, she finds comfort in that."
- Care plans contained information including people's life histories and preferences. This helped staff to provide personalised care which supported a good quality life. However, two care plans we reviewed lacked minor detail to ensure care was provided consistently. The director took immediate action to address this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred methods of communication had been assessed.
- Care plans described the way people communicated and how staff should engage with them to ensure people made choices. For example, one person used gestures. Discussion with staff confirmed they understood what the person's gestures meant.
- The director confirmed information about the service would be provided in formats such as braille on request.

Improving care quality in response to complaints or concerns

- Relatives told us whilst they had no reason to complain, they would not hesitate to speak to the management team if they needed to. The management team regularly checked people were happy with the service, so any concerns could be dealt with immediately. No complaints had been received since our last

inspection.

- A copy of the provider's complaints procedure was provided to people and included information about what they could expect if they raised a concern.
- Staff understood their responsibility to support people to share any concerns or complaints.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- At our last inspection improvement was needed to ensure records were accurate. During this inspection we found improvements had been made. For example, care records reflected people's needs to ensure safe care was provided.
- Quality assurance systems were in place with the aim of ensuring good governance. Regular spot checks of staff practices took place. The director told us, "The purpose of the spot check is to observe the competence of our staff and ensure full compliance with our expectations."
- The service had introduced electronic call monitoring in June 2019. At the time of our visit the system was being implemented with the aim of continually coordinating and providing effective care.
- The provider's management team consisted of a registered manager and the director of strategy and planning. The director explained how they and the provider kept their knowledge of legislation and best practice up to date. They said, "We attend area forums and provider meetings. Attending has helped us to learn and develop the service. We share information with our staff to keep up good practice."

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

- The provider's aim for the service was achieved. People received good care from consistent staff which enabled them to remain living in their own homes, in line with their wishes.
- The director felt very confident people received high quality care. They said, "People tell me they are happy and that is fantastic. I have a passion for what I am doing, and I feel fulfilled. Making people's lives better is achieved."

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

- People's relatives were happy with the management of the service. One relative told us, "I am 100% happy with everything." Another said, "Communication is really good. The managers are lovely and phone to check everything is okay."

People had opportunities to maintain positive links with their community if this was part of their planned care. For example, one person was supported to access a local community centre.

- Feedback from people and relatives was encouraged through quality questionnaires, meetings and telephone calls. Analysis of recent feedback demonstrated people and relatives thought the service they received was good.

- Feedback was also used to drive improvement. For example, in July 2019 two people had informed the provider they were not fully aware of their complaint's procedure. In response the procedure had been provided to all people who used the service.
- The service had received a variety of compliments since our last inspection. A comment received in August 2019 stated, 'I wanted to write to thank you for the excellent care (Person) received from Living Glory Staff. Your carers treated my mum with kindness, understanding and dignity, I will always be grateful.'
- The provider held annual awards ceremonies to recognise the contribution and commitment of their staff. A staff member who won an award in 2018 said, "It was wonderful. My hard work was recognised."
- Staff understood their roles and what was expected of them. They received individual support through one to one meetings and had opportunities to attend team meetings to help guide them with their work and continually improve their practices.

Continuous learning and improving care, working in partnership with others: 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

- Strong emphasis was placed on learning lessons and being open and honest if things went wrong. For example, the director told us Commissioners had identified some shortfalls in July 2019, during a visit to the service. They said, "Every inspection is a learning curve we are committed and want to get things right. We listened and have taken action in response to their findings which were administrative errors."
- The staff team understood the importance of working in partnership with health and social care professionals to achieve positive outcomes for people and promote their physical health and well-being.