

## Glaze Compassionate Care Limited

# Glaze Compassionate Care

### Inspection report

3 Nightingale Court  
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Burntwood  
Staffordshire  
WS7 9QR

Tel: 01543220866

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 30 January 2017. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange home visits with people who use the service. This was the first inspection of the service. The provider was not operating from the address registered with us as required and following our inspection have submitted an application to meet the requirements of their registration with us.

Glaze Compassionate Care provides personal care and support to people living in their own homes in Burntwood and the surrounding areas. At the time of our visit, five people were receiving a service. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not at the service on the day of the inspection. We met with the provider and telephoned the registered manager after the inspection.

The provider needed to develop their quality monitoring systems to ensure that actions could be put in place to drive improvement. People were confident any complaints they raised would be acted on. However, the provider needed to introduce a system to record and monitor any concerns or complaints raised to ensure they were thoroughly investigated and improvements made where needed.

People felt safe when supported by staff and looked forward to their visits. People's needs were assessed and staff had information on how to manage any identified risks. Staff recognised their responsibilities to protect people from abuse and were confident the manager would take action if they raised any concerns. There were sufficient, suitably recruited staff available to meet people's needs. Staff were trained and supported meet people's individual needs.

People were involved in decisions about how they received their care. Staff sought people's consent before providing care and understood their responsibilities to support people to make their own decisions. Staff knew people well and provided care and support that met people's individual preferences.

Staff had caring relationships with people, respected their privacy and dignity and promoted their independence. Staff encouraged people to eat and drink sufficient to maintain good health and ensured they were referred to health care professionals if their needs changed. Relatives were involved with people's care and support and were kept informed of people's changing needs. People received their medicine and were supported to apply any creams when needed.

We found a breach of the Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 15, Notice of changes. You can see what action we told the provider to take at the back of the full version of the

report.

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## 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.

People felt safe when they received care. Staff understood their responsibilities to keep people safe from harm and protect them from abuse. There were sufficient, suitably recruited staff to meet people's needs. People were supported to take their medicines and apply creams as required.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who were suitably trained and supported. The provider and staff followed the Mental Capacity Act 2005 and supported people with decision making. People were supported to eat and drink sufficient to maintain their health and staff ensured people were referred to health professionals when their needs changed.

### Is the service caring?

Good ●

The service was caring.

Staff had caring relationships with people and supported them to maintain their privacy and dignity. People's personal preferences were met and people were encouraged to be as independent as they wished. People were involved in decisions about how they received their care and support.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People told us they were happy to raise any concerns or complaints. However, the provider did not have a system to record any concerns or complaints raised to ensure improvements would be made where needed. People received personalised care and support, which was kept under review to ensure it remained relevant.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider needed to develop their quality monitoring systems to ensure they were effective in driving continuous improvement. People were asked for their feedback on their care and support. Staff felt supported by the provider and registered manager.

# Glaze Compassionate Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to arrange home visits to people who used the service and to ensure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and provider. This included statutory notifications that the provider had sent to us about important events at the service and information we had received from the public. On this occasion, we had not asked the provider to submit a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share information they felt was relevant with us.

We visited two people who used the service and their relatives to gain their feedback on the care they received. We spoke with the provider, the registered manager and four care staff. We reviewed records held at the service's office, which included two people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People felt safe when the staff supported them and had no concerns about them coming into their home. One said, "It's a relief for my family, it's good that I have that security". A relative told us, "It's very, very important to me. I looked after [Name of person] for many years and it's very comforting knowing I can rely on someone else". The provider and registered manager visited people to discuss their support needs and to assess the safety of their home environment before starting to provide care. We saw that plans were in place which detailed the care people received and how staff should support them to minimise any identified risks. For example, how people should be supported to prevent them developing sore skin due to pressure damage. Staff recorded that they minimised the risks by checking people's skin and applying any creams as detailed in their care plan. We saw that plans were reviewed and updated to ensure people continued to be supported in a safe way.

Some people were supported to take their medicines and had creams applied. Staff told us they could not administer medicines until they had undertaken medicine training and had their competence checked to ensure they supported people safely. One member of staff told us, "I'm not doing medicines yet, but I've started my training and have been coming into the office and looking at the medicine administration records with the manager. We've talked about how they are used and how to complete them. I will have to be observed by the manager before I can support people on my own". We saw the provider carried out spot checks and observed staff to ensure people received their medicines safely.

The provider had sufficient staff to meet people's needs. They told us provided direct care and support to people alongside the registered manager and care staff. People had no concerns about missed calls and told us the staff usually arrived on time and stayed for the set time. The provider had a system to ensure sufficient staff were rostered on to meet people's needs. This would support them to keep people safe as they expanded their business. Staff we spoke with could explain how they would recognise the signs of potential abuse and how they would escalate their concerns. They felt confident the registered manager or provider would take action if they reported anything to them. The registered manager and provider understood their responsibilities to report any concerns to the local safeguarding team for investigation.

We saw that the provider followed procedures to demonstrate staff were suitable to work in a caring environment. Staff told us and records confirmed they were unable to start work until all of the required checks had been completed, including a check with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

# Is the service effective?

## Our findings

Staff completed induction training when they started work at the agency, which included completing the care certificate, a nationally recognised set of standards which supports staff to gain the required skills to work in social care and health. Staff received information on the provider's policies and shadowed experienced staff to get to know people's needs and preferences. Staff told us they received regular feedback on their progress through supervision and spot checks. One told us, "We get checked every week to see how we are progressing; the manager is very supportive. I'm shadowing at the moment as I'm still doing some of the care certificate modules and I'm booked in for some practical training for moving and handling".

Where new staff had previous experience of working in care, the member of staff was asked to provide evidence of training undertaken with their previous employer. We saw the registered manager carried out spot checks and supervision meetings to determine the staff's competence to provide safe, effective care. The registered manager told us and records confirmed that additional training needs were discussed and arranged as needed. One member of staff told us, "I want to progress and we've discussed further training". The registered manager monitored training to ensure staff had up to date knowledge and skills to meet people's needs. These arrangements ensured staff had the skills and knowledge they needed to meet people's needs.

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.

We checked whether the provider was working within the principles of the MCA. People told us staff asked for their consent before providing care. The provider and staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One member of staff told us how they supported a person living with dementia to make decisions about what to wear when they helped them to dress, "I go to the wardrobe and pick items for them to choose from. If it's cold I might suggest they wear something warm to help them decide". This showed the staff understood the importance of gaining consent.

People told us the staff encouraged them to have sufficient to eat and drink. We saw that where people were assessed to be at risk of weight loss and dehydration, staff recorded the food and drink people had taken, to ensure their needs were met. Staff told us they reported any concerns to the office to ensure advice was sought from the person's GP.

People retained responsibility for managing their own health care but told us the staff supported them to



access other health professionals if needed. A relative said, "They called the doctor when [Name of person] got dry skin on their feet. We've got some cream for it now". Another said, "If the staff have any concerns, they call the GP or the office and they take it from there".

## Is the service caring?

### Our findings

The staff knew people well and had formed good relationships with them. One person told us, "I look forward to their visits, it's the highlight of my day". Relatives told us they considered them part of the family. One said, "It's like having family to rely on. My family don't live close by; it's great having that security". People valued their relationships with the staff team and told us they often went 'the extra mile' for them when providing care and support. One person told us, "For example, I'd been worrying about collecting something from a friend; the provider picked it up for me and brought it round. They go out of their way to help". We saw that people were relaxed in the company of staff and chatted easily with them. One person said, "I have a laugh with the staff, they take a lot of teasing from me". A relative told us, "The staff are very good, they always make [Name of person] feel very comfortable in his emotional and physical needs". Relatives told us the staff showed concern for their wellbeing. One said, "If I get a bit weepy, they are always very understanding; it's very comforting".

Staff promoted people's privacy when supporting them with personal care. One person told us, "Staff leave the room when I'm using the commode. They know it's important to me". Staff said they covered people with towels when washing them and ensured doors and curtains were closed. People were encouraged to maintain their appearance to promote their dignity. One person told us, "One member of staff always checks my socks to make sure I've put them on correctly". A relative told us, "[Name of person] always have their clothes changed every day, we have no complaints". Staff told us they encouraged people to maintain their independence as much as possible. One member of staff said, "We encourage people to wash themselves if they are able to and brush their hair, as they know how they like it".

Staff enjoyed their job and it was important to them to make a difference to people's lives. One said, "I'm always bright and breezy with people. If I can put a smile on someone's face, I feel I've done my job". We saw that people's preferences for how they received their care were reflected in their care plans. Relatives told us they felt involved in their relation's care and communication with the care staff was good. One relative said, "We have a copy of the care plan and are happy with it. Staff keep me informed if they have any concerns; communication is very good".

## Is the service responsive?

### Our findings

The provider did not have a system to record concerns and complaints. They told us they had addressed any concerns raised with them through spot checks but had not received any formal complaints. However, we were aware of a complaint made about the service that had been investigated and responded to but this had not been recorded by the registered manager. The registered manager acknowledged this and told us they would log all future concerns and complaints, both verbal and written, to ensure any learning could be shared with the staff and improvements made where necessary.

Although there were no complaints records, people and their relatives were confident that they would be responded to if they had any concerns. One person said, "I have no complaints, they look after me very well". The person's relative added, "If there were any problems, we'd soon be on the phone". Another relative told us, "I can ring them any time and they've told me to pop into the office for a coffee if I need to talk about anything". We saw people had a copy of the complaints procedure at their home with their care records. Staff told us they would contact the office to report any concerns or complaints people shared with them. One told us, "I would reassure the person and encourage them to speak to the manager, or I would contact the office if they were happy for me to do that on their behalf".

People received care and support that met their individual needs and preferences. One person's relative told us their relation had a choice about who provided their care. They said, "[Name of person] likes having a male carer for some calls and the agency accommodates this". We saw staff knew people well and chatted with them about their hobbies and interests. Relatives told us the agency were responsive to requests for changes. For example, one relative told us their relation's call times had been changed to ensure they were ready for a hospital appointment several times a week, "They come two hours earlier on the appointment days. It's a really long day and sometimes [Name of person] doesn't feel up to the tea time call; they always ring to check and if we don't want the call, they just come at night to help [Name of person] into bed. It all works really well".

People's care was kept under review to ensure it remained relevant. People and their relatives told us the provider or registered manager visited them to see if they were happy with their care and if any changes were needed. One relative told us, "The provider came last week and asked if we were happy with the care". Staff told us they were kept informed of any changes by telephone and always checked the care plan and daily log at each visit in case there had been any changes. This meant staff had the information they needed to meet people's changing needs.

## Is the service well-led?

### Our findings

The provider was co-ordinating people's care and support from a location which was not registered with the commission. A condition of the registration for Glaze Compassionate Care is that the regulated activity (personal care) may only be carried out from the location that is registered with the commission. We found the provider had moved location on two occasions since they registered with us in December 2015. Our records showed they notified us of their first move in April 2016, but had not followed the required procedure and the change had not been made. We have now received an application to register the new location.

This is a breach of the Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 15, Notice of changes.

We saw the registered manager carried out checks to monitor the quality of the service. However, these needed to be developed to ensure they were effective in driving continuous improvement. Care records, including medicine administration records, were checked for errors and accuracy. However, there was no system to record and monitor any required improvements via an action plan. The registered manager recorded and investigated accidents and incidents but there was no system in place to identify any patterns or trends to ensure action could be taken to prevent reoccurrence. People knew how to raise concerns and complaints about the service but there was no system to record and monitor them to ensure action would be taken to make improvements where needed. The provider did not carry out any checks of personnel files to ensure all the required information was in place. We found staff recruitment records were not well organised; application forms, references and checks with the Disclosure and Barring Service were not stored in a central file for each member of staff and were not available on the day of our inspection visit. It took the provider some time to provide us with the information we needed to check that safe recruitment procedures were being followed.

The provider carried out spot checks on staff practice to check that people were happy with their care. People were asked to give their views on the service during these checks and by using a feedback form supplied with their care records. One person told us, "They listen and put things right if needs be". We saw that people were positive about the service. A relative had provided the following feedback, "We couldn't have chosen better care providers". This showed the provider sought people's views to make improvements to the quality of the service.

Staff felt supported by the provider and registered manager. One member of staff said, "It's a supportive team; I feel comfortable in the job and there is someone on the end of the phone if I need them". Staff were aware of the whistleblowing procedures at the service and told us they would not hesitate to use them if they needed to.

We saw that confidential records were stored securely at the provider's office base to ensure people's rights were upheld.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change  The service had moved location without appropriate notification to the CQC.