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:
24 November 2016

Date of publication:
01 March 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 24 November 2016 and was announced. Living Glory Social Care provides personal care to people in their own homes. At the time of the inspection eight people were using the service.

We last inspected this service in November 2015 where we identified that the registered provider had not ensured that there were complete and contemporaneous records kept regarding the care of the people who used the service and that systems were not in place to ensure compliance with the new regulations. We found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act (2008) Regulations 2014, Good Governance. After that inspection the registered provider provided us with a plan of how they would ensure they met this regulation.

At this inspection we found that the provider had made some improvements and were no longer breaching regulation. However we found that further improvements were needed to ensure all records were accurate and complete.

People's relatives told us that people received their medicines safely and we saw that staff had received training in safe medication administration. We found that further improvements were needed in the recording of medicine administration.

There is a registered manager at the service who was present throughout our inspection. 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.

People using the service were unable to tell us their views of the care they received. However, we spoke with relatives to seek their views. People's relatives told us they felt their relative was cared for well. People benefitted from support from regular staff who had got to know people well. People contributed to planning their care to say how they preferred to be supported.

People were supported by staff who were aware of the possible signs of abuse and the action to take should concerns arise.

Staff received training on people's individual needs to ensure they could support people effectively. Improvements had been made to the support people received under the Mental Capacity Act (2005) and staff had some understanding of what this meant for people they supported.

People received support to have their nutritional and hydration needs met. Staff understood how to treat people with dignity and promote their independence.

Care was reviewed with people to ensure it continued to meet their needs. People were able to request changes to the times of calls to meet their needs.

There were systems in place for people to raise concerns or complaints should they need to.

People's relatives and staff were happy with the way the service was managed. There were systems in place to ensure the quality of the service was monitored.

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.

Staff had knowledge of safeguarding processes and the action to take should they have concerns.

People were supported by staff who had been safely recruited.

People were supported to receive their medicines, although some records of medicine administration needed improving.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training in people's individual conditions.

People had been supported under the Mental Capacity Act (2005) and were involved in decisions about their care.

People had their healthcare needs met and received appropriate support to have their nutritional and hydration needs met.

Is the service caring?

Good

The service was caring.

People's relatives informed us that staff were kind and caring in their approach.

People were involved in planning their care.

People had their privacy and dignity respected and their independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to have reviews of their care to ensure it continued to meet their needs.

There were systems in place for people to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although some improvements had been made within the services record keeping, we found that further improvements were needed to ensure all records were accurate and complete.

People's relatives and staff were happy with how the service was managed.

There were systems in place to monitor the quality of the service.

Living Glory Social 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 announced inspection took place on 24 November 2016 and was undertaken by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This 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. We reviewed the information from notifications and the information we held about the service to plan the areas we wanted to focus our inspection on.

During our visit we spoke with the registered manager who is also the registered provider and the director of operations. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans and quality assurance records to see how the provider monitored the quality of the service.

People using the service were unable to consent to speak with us so we spoke with people's relatives. As part of the inspection we spoke with three relatives and four staff for their views of the service.

Good

Is the service safe?

Our findings

People's relatives told us they felt their relative was safe receiving care from the service. One relative told us, "Dad is very safe and this [gives us] terrific peace of mind." One relative gave an example of the appropriate actions staff had taken on an occasion when access could not be gained to the person's home to keep the person safe.

People received support from staff who were knowledgeable about the different types of abuse people were at risk of and could describe action they would take should they have concerns. Staff told us, and records we sampled showed that staff had received training to support their knowledge of current safeguarding procedures. The registered manager was aware of their responsibilities about safeguarding and who to report concerns to.

People benefitted from support from a regular staff team. People's relatives told us that enough staff were available to support their relative and one relative told us their relative had, "Very consistent staff." We looked at how the provider ensured that staff recruited were suitable to support people. Staff told us the registered manager had carried out recruitment checks prior to them supporting people. This included obtaining Disclosure and Barring Service (DBS) checks prior to staff supporting people and sourcing references from previous employers. Records we viewed confirmed these checks had been undertaken. The registered provider had ensured that people were supported by staff who were suitable to support people at the service.

The registered provider had ensured that they would only provide care to whom it had been assessed as safe to do so. There were systems in place to initially assess people's support needs to determine if the provider could meet their needs and that the staff available had the skills and knowledge to meet the person's needs safely. The registered manager was able to cite examples of where they had refused to provide care where they had assessed it was not safe to do so. People's care plans we viewed demonstrated that many of the risks associated with people's care had been identified and steps put in place to reduce the risk for the person. However, we noted one risk assessment had not considered all the risks associated with a person's care. The director of operations assured us these records would be updated to reflect this risk and steps put in place to minimise this. Staff we spoke with were aware of the risks associated with people's care and told us action they took to reduce the individual risk for the person.

We looked at the support people received with their medicines. People were supported by regular staff who understood the support people required with their medicines. People's relatives informed us that people had received appropriate support with their medicines and that staff understood the importance of following specific instructions associated with people's medicines. One relative told us, "Staff know how to support him with his medicines." Staff told us and records confirmed that staff had received medication training to support their knowledge of safe medicine management. Staff were able to describe appropriate action they would take should a person refuse their medicines. The director of operations informed us that all medicines administered were in blister packs to reduce the risk of errors and stated that there had been no medicine errors in the last twelve months.

Following the last inspection the registered manager had taken steps to improve records of medicine administration and the level of detail available about people's medicines in their care records. We found that although improvements had been made, medicine administration records (MAR) were still not completed accurately to identify the amount of medicine that needed to be administered. We also found that some medicines that were recorded as prescribed on the MAR sheets were not the same medicines that were recorded in the care plan. We saw that the records for one person detailed three different accounts of the medicines the person was taking. The records we viewed did not enable staff to have a clear understanding of what medicine the person was currently taking. This put people at risk of not receiving their medication as prescribed. Although checks of people's medicines were undertaken during visits to the person's home the records of these audits did not clearly state what had been checked.

Following the inspection the director of operations informed us that new systems had been put in place to ensure staff informed the offices when people's medicines changed. The director of operations informed us that this would enable medicine records to be updated and accurate so all staff would have access to consistent information.

Good

Is the service effective?

Our findings

People's relatives informed us that they were happy with the care provided. Relatives we spoke with felt that staff were suitably trained to carry out their role and one relative informed us, "The staff have great skill levels. They know what they are doing."

We saw that the provider had ensured staff received training to support them to carry out their role effectively. Following our last inspection the provider had improved the provision of training for staff and had sourced training about the specific needs of the people staff supported. There were systems in place to test staff competency following this training including the registered manager observing staff practice. Assessing competencies of staff is another way of checking that staff have the knowledge and skills to carry out their role. Improvements within training included introducing the care certificate for all staff working at the service. The care certificate is a set of minimum standards that should be covered as part of induction training for new care staff. Staff described the benefit this had for them as they felt more confident in supporting people and one staff member told us, "The amount of training also helps me and boosts my confidence." People were supported by staff who had the skills and knowledge to meet their 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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People's relatives informed us that their relative was offered choices in their care and one relative told us, "Staff always ask Dad what he wants and always get consent." Following our last inspection the registered provider had improved their understanding of the MCA and in turn improvements had been made to the support people received. For example, care plans detailed information of how a person needed information shared with them to support them with decision making. Where there was a question about a person's mental capacity to make a specific decision, the service had carried out assessments of capacity with the person and relatives. Where people had been identified as lacking mental capacity the service had involved people's relatives in making everyday decisions that were in the person's best interests.

Staff had received specific training about the MCA and had some understanding of how to support people under the MCA. One staff member told us, "We work in the person's best interests." Staff were able to describe how they offered people choices in care and involved people in decision making.

People received support to have their nutritional and hydration needs met. We were informed that a number of people using the service received support from family members to meet their nutritional needs. Where people required support with their meals staff were able to describe in detail what people's likes, dislikes and preferences were and the support the person needed. The service had recently sought input from a healthcare professional to enable one person using the service to receive a more healthy diet whilst still considering their cultural needs. The advice received had been shared with the staff to enable consistent support for the person. The relative of this person was happy with the input that had been given

and the efforts of the service to support their relative with healthy eating and told us, "It has been really useful and these changes are for his benefit."

Most of the people using the service received support with their healthcare needs from family members. Relatives gave examples of how staff reported any concerns in changes to healthcare to them and one relative told us, "Staff bring any concerns to our attention and we follow it through with the doctors." Staff were able to describe appropriate action they would take should they have concerns about a person's health. We saw that there was information in people's care plans of specific emergency action to take where a person had a healthcare condition. There were systems in place to share important information between staff and relatives to ensure people's healthcare was monitored.

Good

Is the service caring?

Our findings

People's relatives were happy with the support their relative received from staff and informed us that staff were caring. One relative commented that, "Staff are always respectful and very polite," and another relative told us, "The staff are kind and respectful." Another relative told us their relative communicated that they were happy with the staff supporting them and described the caring relationship between the staff and their family member as, "They have a nice rapport. He is laughing and smiling."

People benefitted from support from a regular staff team. One relative told us, "The staff really know Dad well and know what he likes and dislikes," and another relative told us, "The staff are very consistent." Relatives described the importance of this continuity and one relative told us how consistent staff was important so they got to know their family member's routines. Staff confirmed that they supported a regular group of people and that this had enabled staff to get to know people well. The service had ensured people's preferences for the gender of their carers were respected and staff with similar interests had been matched to people. One staff member described how a person they supported had a shared interest and that this was beneficial for the person as they could discuss this interest.

People were able to contribute to planning their care to enable them to state how they wished to be supported. The registered manager had introduced new care plans for all people using the service which included carrying out assessments of the level of understanding a person had about developing their care plan. We saw that care plans detailed how people wished to be supported, their communication needs and there was some level of important information about a person's life history. Staff worked regularly with people and knew people's needs, although we noted that some care plans did not always reflect the person's current needs. The registered manager informed us these oversights would be rectified.

Staff described the actions they took to ensure the people they supported were treated with dignity and respect and one staff member told us, "When he is having a wash I shut the door and make sure he has privacy in a dignified way." Staff actions included knocking on bedroom doors and waiting for permission to enter and ensuring people were covered during personal care. Staff also explained the importance of explaning to people what was happening whilst providing care and one staff member told us, "We talk with people and let them know what's happening."

The registered manager explained that people were encouraged to be independent as possible throughout their care and that staff were instructed to encourage people to do as much as they could for themselves. We saw that one person's care plan detailed the importance of promoting independence in relation to the person's mobility There was an understanding of the correlation between the opportunity for people to gain independence and in turn gain confidence. The director of operations explained that one of the aims of the service was to support people to increase their independence to reduce the number of care hours that people required.

Good

Is the service responsive?

Our findings

People's relatives told us that the service was responsive to their needs including being able to change requests for call times. One relative told us, "The service always responds to our requests and they are very flexible and responsive."

People's care plans described people's interests and likes and dislikes. Where the service was responsible, there was detail in people's care plans of activities people enjoyed participating in. Staff we spoke with told us about the interests of the people they supported and how they enabled people to access these interests. People were supported by staff who, over time, had got to know them well.

People's relatives informed us that the service carried out reviews with them and the person using the service. The registered manager informed us that informal checks were carried out regularly to ascertain if people were happy with the care they were receiving and to check if the care provided was still meeting people's needs. Formal reviews occurred every six months and involved the person, their relatives and the staff who were supporting the person. This meant people had the opportunity to have their care reviewed to ensure it continued to meet their needs.

The registered manager informed us of a specific example of how they had worked responsively in partnership with other healthcare professionals to effectively increase one person's package of care following a change in their care needs. These changes had resulted in an improvement in the person's well-being.

There were systems in place for staff to share important information between themselves. Records were kept of daily activities which staff had to read before commencing their shift. This meant that staff were kept informed of any changes in care and would be able to provide support based on people's current needs.

People's relatives told us they felt able to raise concerns or complaints if needed. One relative told us, "I would speak to [name of director of operations] if I had any concerns or complaints. He always reassures us." People had received a copy of the complaints procedure upon commencement at the service. The topic of complaints was discussed in people's review meetings as a means of reminding people of the process should they need to use this. The registered manager informed us that there had been no complaints made in the last twelve months but provided us with examples of how they had been responsive in investigating and resolving concerns with people. Staff we spoke with told us they could raise concerns with the registered manager. This demonstrated that the service had processes in place to enable concerns to be raised openly.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2015 we found that the provider had not maintained complete records of the care and support provided to people and that systems in place had not ensured compliance with the new regulations. The provider was in breach of Regulation 17 of the Health and Social Care Act (2008) Regulations 2014, Good Governance. Following this inspection the registered manager sent us a plan detailing what action they would take to meet the legal requirements. At this inspection we found that progress had been made in making improvements and the provider was no longer in breach of this regulation. However we found that further improvements were needed to ensure all records were accurate and robust. We found that medication records did not consistently identify people's latest prescribed medicines and did not detail the amount of medicines administered. We saw that some care records did not reflect people's current needs. The registered provider's own monitoring systems had failed to identify that accurate records had not always been kept or clearly identify what aspects of medication practices had been assessed.

At our last inspection we had identified that the registered manager needed to improve their knowledge of the regulations. Although work had taken place to gain further knowledge of the regulations, the registered manager was not aware of some aspects of regulation such as the duty of candour regulation or the requirement to display their ratings at the offices.

People's relatives were happy with the management of the service and one relative told us, "The manager is quite pleasant and approachable." Staff told us they felt supported in their roles and one staff member told us, "Absolutely 100% feel supported." Staff informed us that they could contact the managers for support and told us, "The managers are really friendly, it's easy to work with them, they are easily accessible." Another staff member told us, "The managers are always there to listen to you."

The registered provider had carried out an awards ceremony for staff to highlight good practice and celebrate staff's commitment to people using the service. Nominations for awards were put forward by people who used the service and the management team. This demonstrated a culture of recognising and celebrating quality within the staff team.

We looked at the systems in place to monitor the quality of the service. The registered provider carried out surveys with people to seek feedback about their care. We saw that where concerns had been raised within these surveys the registered manager had responded to people with how they were going to improve the service in relation to these concerns. The director of operations informed us of monthly checks that were carried out to monitor staff practice. Staff informed us that the registered manager regularly visited them unannounced whilst supporting people to check their practice. This meant there were systems in place to ensure staff practice was monitored to check it met the provider's expected standard.

Relatives informed us that staff had never missed a call and that staff were rarely late and if they were they would inform relatives. Staff described action they would take should they be running late for a call due to circumstances out of their control. There were systems in place for people and staff to contact the registered

manager at any time should they need to seek advice or raise concerns. Although there were no formal systems in place to monitor missed or late calls the director of operations informed us that they would take action should issues with late calls arise.

Through our conversations with the registered manager and director of operations we found that they had a high level of commitment in providing a service that made a positive impact for the people receiving it. The registered provider had developed links with other care providers through meetings held by the local council. This enabled current trends of working to be discussed and aided in allowing the provider to keep abreast of developments in the social care sector.