

Mrs Nina Glarvey

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Inspection report

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28 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mrs Nina Glarvey is a domiciliary care agency providing the regulated activity of personal care to people who live in their own homes. At the time of our inspection there were 21 people using the service.

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

Recruitment processes were in place; however, not entirely robust. We have made a recommendation about this.

Procedures to keep staff safe in their work were not always in place. Staff meetings were not taking place on a regular basis and documentation of any meetings was not kept. Training records and training development plans were not up to date. Supervisions were not taking place regularly in line with the company policy.

People's feedback of the service was positive. People were supported with their medication and staff were trained in this. People had person-centred care plans in place which considered their preferences.

Risks to people and staff had been assessed with appropriate measures in place to help protect them. The registered manager had oversight of processes to monitor the safety of people and staff.

People told us staff always maintained their dignity and privacy when providing care.

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

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

Rating at last inspection

The last rating for this service was good (published 28 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mrs Nina Glarvey on our website at www.cqc.org.uk.

Recommendations

We recommend the provider reviews their recruitment procedures to ensure records demonstrate best practice guidance. At the time of inspection, best practice guidance was not followed, and this was not identified by the provider. We recommend the provider reviews their recruitment procedures and improves their governance system to include audit processes and training and supervision records and takes actions to ensure they demonstrate best practice. The provider has taken action to amend practices since the inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mrs Nina Glarvey

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 team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Inspection activity started on 17 March 2023 and ended on 28 March 2023. We visited the location's office on 21 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we received from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 2 people who used the service and 6 relatives to gather feedback on the care and safety of the service.

We spoke to staff, including a senior care assistant and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records, multiple medication records and maintenance and safety certificates. We looked at a variety of records relating to the management of the service, including 3 staff recruitment records and quality assurance procedures.

Is the service safe?

Our findings

Safe

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place to protect people from harm.
- The registered manager was aware of their responsibilities and knew how to manage and report concerns correctly.
- People and relatives felt staff kept them safe. A relative told us, "My mother is kept exceptionally safe."

Assessing risk, safety monitoring and management; Using medicines safely

- Risks were assessed, and actions were put in place to keep people safe.
- Staff and people were confident in reporting concerns to the management team. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe.
- Information about risks to people was communicated effectively. One relative told us, "They let me know if anything is not quite right."
- Medicines were safely managed. People received medicines in a timely manner, and there were systems in place to monitor this which showed when this had not occurred. One person told us, "They take full care of my medication, they order it, they organise everything for me."

Preventing and controlling infection

- The provider had infection prevention and control systems in place. The provider had clear, up to date guidance for staff about how to protect against COVID-19 and what to do in the event of an outbreak.
- Staff received training in infection control and had access to supplies of personal protective equipment (PPE).
- Relatives told us PPE was worn appropriately. A relatives told us, "They [staff] always wear their uniform and PPE."

Staffing and recruitment

- Enough staff were employed to meet the needs of the people using the service.
- Staff had clear rotas and people had consistency of staff.
- Recruitment checks were in place but not always robustly documented or complete. We found no evidence during this inspection that people were at risk of harm from this concern.

We recommend the provider reviews their recruitment procedures to ensure records demonstrate best practice guidance.

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents.
- The registered manager reviewed lessons learnt when things went wrong and took action to reduce the risk of recurrence.
- Lessons learnt from incidents were cascaded to the team through face-to-face meetings and electronic communications.

Is the service well-led?

Our findings

Well Led

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the governance and oversight of the service was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality assurance processes in place were not always effective. Audits in relation to recruitment records were incomplete and did not pick up on the shortfalls we found.
- The registered manager told us that staff meetings were held when needed to keep staff informed of any changes within the service or to discuss concerns. However, these were not recorded, and we could not be assured they were taking place on a regular basis.
- The registered manager did not have effective systems to monitor staff training and supervision. Training, supervision records & training development plans were not up to date.

We recommend the provider improves their governance system to include a review of recruitment records, audit processes and training and supervision records and takes actions to ensure they demonstrate best practice.

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

- People and families were involved in the service provided. They were contacted regularly to check on the care being delivered. One person told us, "I would contact the office if I had a problem, I know them all." Another person told us, "I have reviews and I'm often asked if everything is running well for me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they had complied with their duty of candour responsibilities which included apologising when things had gone wrong. However, we did not receive a copy of a policy to underpin this, despite our request.

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

- The service had an open and person-centred culture. The registered manager promoted this, including during the inspection by being honest and supportive of the process.
- Overall people and their relatives highly recommended the service and the staff team. One person told us, "I would be very happy to recommend the company."

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. We reviewed care plan documentation which demonstrated communication and joint working with others.