

Gloriavd Health Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Gloriavd health care ltd is a service providing support for people in their own homes. The service was supporting 10 people at the time of the inspection.

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

Staff received medicines training and competency checks however medicines were not recorded in line with best practice. Assessments including risk assessments were not completed by the provider. Staff levels were safe and staff were recruited safely. The provider ensured lessons learnt were shared with staff.

Staff were up to date with training and received regular supervisions. Staff worked well with external professionals and we saw evidence of regular meetings.

Staff treated people well and included them in care decisions. People felt respected and encouraged to be independent. Staff knew about people's likes/dislikes.

There was an audit system in place to cover all areas of the services however we found this was not always effective. Quality assurance and governance systems to monitor the quality and the safety of the service were in place.

We received positive feedback from staff, people and their relatives about the management. Staff felt the service engaged with them.

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 17 August 2021 and this is the first inspection.

Why we inspected

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

Enforcement

We have identified breaches in relation to the safe administration of medicine and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

Inspection team

This inspection was carried out by 1 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 20 January 2023 and ended on 04 February 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 the registered manager, one person who used the service and 3 relatives. We also spoke with 2 members of staff. We reviewed a range of records. This included 3 people's care records and various medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not recorded safely. Medicine charts did not document which staff member had administered medicines.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicines training and their practice was assessed regularly through competency checks.
- Medicines audits were completed monthly and actions were implemented in line with the audit findings.

Assessing risk, safety monitoring and management;

- Risk assessments including of the environment were completed externally by district nurses. The provider followed the risk assessment however they could not explain how they are assured the risk assessments are up to date and specific to the service.

The provider failed to record the process of assessing and mitigate risks for people who use the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the inspection the provider has updated their practice and is now completing service specific risk assessments.

- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks, safely support people and reduce the risk of harm.
- The registered manager explained the process for recording accidents and incidents. Since the service had registered with CQC there had been no recorded accidents and incidents to check the process had been followed correctly.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives told us their family members were protected by staff. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us they always reported any safeguarding concerns involving people immediately and that the registered manager took action.
- The provider had a robust system to record safeguardings. There was a detailed log of safeguardings including action taken, we found no evidence of unreported safeguarding.

Staffing and recruitment

- Staff levels were safe. The registered manager monitored all late or missed calls and could evidence how these were escalated.
- Staff, people who use the service and their relatives stated staffing levels were sufficient. One staff member said, "There is always enough staff deployed to meet the needs of service users."
- Staff were recruited safely. Pre-employment checks included a criminal record check (Disclosure and Barring Service), employment history and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decision.

Preventing and controlling infection

- Staff confirmed they wore personal protective equipment (PPE) when needed.
- Staff received training in infection control and understood their responsibilities. They told us there was a good supply of PPE to maintain good infection control practice.

Learning lessons when things go wrong

- Lessons learned were shared with staff. Staff told us lessons learned were shared in supervision sessions.
- The provider encouraged reflective learning. Staff told us the provider supported them to learn from their mistakes. One staff member told us, "We learn from errors or when things go wrong, we are encouraged to report it and get refresher training if required."

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Peoples needs were assessed regularly and included how the person would like to receive care and support. Assessments were completed externally by district nurses. We found assessments to be up to date and followed by the staff.

The provider failed to record the process of assessing care needs for people who use the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the inspection the provider has updated their practice and is now completing service specific risk assessments.

- People's protected characteristics under the Equality Act (2010), such as religion and disability were documented as part of the assessment process. The provider documented these discussions with people and their relatives.

Staff support: induction, training, skills and experience

- Staff told us they received monthly supervision and regular competence checks; however these were not dated.

- Staff stated they were up to date with training. There was a training matrix to ensure the registered manager had oversight.

- All staff received a 5 day induction when they started with the provider. One staff member said, "My induction included training in safeguarding, medication, moving and handling and infection control."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals. One staff member said "We work with other professionals such as GPs or district nurses when we have concerns about a service user, we refer to the relevant healthcare professional."

- The provider worked closely with district nurses. Care records evidenced ongoing communication and regular meetings.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink by staff. Relatives told us staff supported their family with mealtimes and drinks, one relative said, "They've done everything they could for my [family member], and cooked food for [them] and cups of tea." Staff received training in fluid and nutrition.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- Staff knew people well. Staff ensured any changes in a person's condition was noted and discussed with the registered manager and the district nurses.

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. 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 staff were working within the principles of the Act, mental capacity and best interests' assessments were completed where required.
- People told us that staff sought their consent before providing them with any care. One relative told us, "They ask, they listen to [them] and they are doing everything [they] ask."

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

- Relatives told us staff treated their family members well, and engaged with people in a respectful manner.
- Staff told us they were proud to ensure people were well-treated, one staff member said "We have conversations with the clients we show that we care about them as people, it's not just a job. We care about the person too."

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

- Records showed people's views and decisions about care were incorporated in the way they were cared for. Relatives were also involved where appropriate.
- People's relatives confirmed the provider emphasised the need for people to express their views about receiving care, to ensure it met their needs.
- Staff demonstrated they understood the importance of listening to people's views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable by only intervening to promote dignity or if people indicated they needed assistance.
- Staff supported people to live fulfilling lives. People and relatives told us how people's independence was promoted.

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

- Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they support people in line with this information.
- People's visits were planned and there was clear guidance on the person's routine and how they wanted to be supported by staff.
- Care plans showed detailed information on how to care for people and their 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.

- The provider understood the need for information to be made available to people in an accessible format.
- People's communication needs were identified in their care plans.

Improving care quality in response to complaints or concerns; End of life care and support

- There was oversight on complaints. There was a complaints log which included actions and dates.
- Staff were trained in end of life care. Where appropriate, people's end of life wishes, were known and recorded for staff to refer to.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was an audit system in place however the audits had not identified all the issues found on the inspection, for example the audits had not identified medicine charts did not document which staff member had administered medicines.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Quality assurance and governance systems to monitor the quality and the safety of the service were in place, regular checks were completed.
- The management and staff structure provided clear lines of accountability and responsibility, and staff understood their roles and responsibilities and when to escalate any concerns.
- The registered manager was responsive in making improvements. Following the inspection, they had made improvements that had been identified. For example, all people had risk assessments and assessments specific to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider involved staff through regular communication. Staff stayed in touch with the registered manager through individual supervision meetings and regular team meetings.
- The service completed regular surveys for staff and people who use the service.
- We received positive feedback from staff about the culture of the service, a staff member said, "I enjoy working here, we work as a family, a big family, we are there for each other."

- People and their relatives felt management were approachable. A relative said, "[The registered manager] has rung us to see how things are, they haven't just looked after [person], they genuinely asked about us as a family, and really showed us care and understanding and I can't thank them enough, and they are all just brilliant."

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

- People told us that the provider and staff worked with other agencies to provide holistic care. We were given several examples of where the provider worked with partner agencies such as the district nurses.
- The registered manager understood the duty of candour. The registered manager was able to give various examples of when the service had applied the duty of candour to practice. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure medicine was administered safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not complete records of assessment for people who used the service. Audits did not always identify issues.