Glee Care Ltd

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Inspection report

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Date of inspection visit:
04 February 2016

Date of publication:
05 April 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on the 4 and 8 February 2016.

Glee Care Ltd is a domiciliary care agency which provides care and support to people living in their own homes. They are able to support people with a range of complex needs including mental health, learning disabilities and older people. The service currently provides care for people living in the rural areas of Warwickshire.
At the time of the inspection Glee Care Ltd was providing domiciliary care for 12 people.

There was a registered manager in place. 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 also the registered provider,

The service was registered with the Care Quality Commission in May 2014. This was the first inspection of the service.

At this inspection, feedback from people who used the service and relatives was positive. Both parties agreed that the quality of the care was good. People told us that they had consistent carers.

We found that people frequently did not receive their calls on time and that staff felt under pressure as they felt that call schedules were unrealistic.

We identified risks to people who used the service had not always been appropriately addressed or managed. Not all the people who received a service had a detailed care plan or risk assessment which covered their support needs and personal wishes.

Risk assessments that were in place did not address all areas of need and information in risk assessments was not always accurate.

Staff told us that they received a basic induction into the service and had received mandatory training. However, training records failed to evidence induction for staff and we found that training records were incomplete and had not been kept up to date. Staff understood the requirements of the Mental Capacity Act 2005. Staff that worked in the service were kind and caring.

People's care plans were not always personalised and plans did not always reflect people's wishes and preferences. Staff had knowledge of people's life history and things that were of interest to them despite the lack of information in the care records. Further action was needed to ensure people were at the centre of their care and care plans were developed and reviewed with people's involvement.

Staff were positive about their work but we received mixed feedback on the support staff received from the registered manager and provider.

The provider did not have an effective quality governance and assurance system in place. There was no evidence to demonstrate that the provider reviewed, identified shortfalls and took steps to make any improvements.

We identified breaches to Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; (Good Governance and Fit and proper persons employed). You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People who used the service told us they felt safe. However we identified concerns within documentation which showed that risks assessments were not robust enough to give support and guidance to care workers to keep people safe in their own homes.

Staff were aware of their responsibilities in responding to abuse.

People told us that there were sufficient staff to meet their needs but call visits were frequently late.

People were supported to manage their medicines but there was no evidence that staff were sufficiently trained in the management of medicines

Is the service effective?

Requires Improvement

The service was not always effective.

People who used the service and their relatives were confident staff had the required knowledge to perform their role, However we found little evidence to demonstrate that a robust system was in place to ensure staff were suitably qualified to carry out their role.

Staff understood the principles and requirements of the Mental Capacity Act 2005.

People were supported to eat and drink appropriately.

The provider worked with other professionals to provide effective support.

Is the service caring?

Good

The service was caring.

People who used the service and relatives were positive about the staff and the service provided.

Staff were dedicated and committed to caring for the people who used the service.

People's dignity and privacy was maintained and people were encouraged to live as independently as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed when they first stated to use the service but the care records did not reflect a personalised approach.

There was no evidence that people had been involved in the review of their care plans.

People felt confident to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People who used the service and relatives considered the service well led.

The registered provider was in regular communication with staff and people who used the service.

The registered provider failed to establish suitable auditing systems to ensure that a safe and high quality service was consistently provided.

Glee Care Ltd

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.

The inspection took place on 4 and 8 February 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We reviewed the information we held about the service. We looked at statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information in the Provider's Information Return (PIR). This is a form we asked the provider to send us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent us a list of people who used the service so we could select people we wished to speak with and arrange convenient times to speak with them.

During our visit we spoke with the registered manager who was also the registered provider, three people who used the service, two relatives of people who used the service and two care workers. We also contact the local authority who funded a number of people to use the service. They told us that the service was able to respond quickly to take on new packages but that some people did not tend to stay with the service for long before requesting a change in provider.

We looked at the care records of four people who used the service to see how their care and support was planned and delivered. Care records included risk assessments, care plans, medicine records and daily records. We also looked at the recruitment files of three members of staff, training records, records of meetings, complaints, policies and procedures and records of incidents and accidents. We also reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives told us that they felt safe with Glee Care. One person told us "I feel very safe, they [care workers] are very protective of me." A relative of a person who used the service told us that the service was good at keeping their family member safe.

People were protected from the risk of abuse because staff understood how to identify and report suspected abuse. Staff told us they had received training in keeping people safe from abuse. One staff member told us "I understand the different types of abuse. If I suspected abuse I would report it to my manager straight away. I could also contact the police directly, depending on the situation." Another staff member confirmed that they had undertaken safeguarding training with the registered manager of the service. The provider was unable to show us evidence of staff training in safeguarding on staff training records but we saw that staff had attended safeguarding training which had been recorded in the minutes of staff meetings. The provider's safeguarding policies and procedures were available to staff and included up to date contact details for relevant external agencies.

Staff were not aware of the provider's whistleblowing policy or when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that the provider had a whistleblowing policy in place but that it referred to another care agency and was therefore not applicable for the service. We discussed this with the provider who told us they would review the policy and revise it to meet the needs of the service and ensure all staff were familiar with the policy.

Recruitment procedures were not always robust to ensure that only suitable staff were employed. Records showed that not all staff had completed a full explanation as to their employment history on application forms. Written references from previous employers were not always robust for some staff. We saw evidence that some staff had one reference on file whilst others had two and one staff file did not show that any references had been received. Checks had been made with the Disclosure and Barring Service (DBS) before employing new staff. The DBS checks helps employers to make safer recruitment decisions and prevent unsuitable people from working with people using the service. We saw that one staff member's DBS application had been made but could not find any reference of the outcome of the DBS check. We raised this with the provider who told us that they would obtain the necessary details from the staff member directly and record them on the staff file.

We looked at how the service was being staffed. We saw that staffing rotas were sent out on a daily basis to all staff through the use of mobile telephones. The registered manager was able to show us sample rotas from the last two weeks. We saw that enough staff were allocated for visits to meet people's needs. People and relatives we spoke with had mixed opinions on staff levels. Two people who used the service told us that their carers were routinely late for either morning or evening calls. A relative of a person who used the service told us that carers were sometimes late for evening calls. They told us that this varied depending on the traffic. One member of staff told us that they struggled to get to calls on time because call schedules did not have travel time built in which meant that they were always late for their next call. They told us that sometimes people were waiting a long time to get their call, particularly in the morning.

We looked at a sample of call schedules against visit times recorded in people's daily logs. We saw that calls were frequently late. Times of arrival recorded ranged from twenty minutes to over one hour late in some cases. This meant that some people were waiting a long time for staff to arrive to support them with their needs. We spoke with the registered manager to ascertain what systems were in place for late and missed calls. The registered manager told us that they carried out spot checks on staff and that people using the service could call the office if their carer was late or did not arrive. The registered manager told us that they would undertake a full review of call schedules and improve the monitoring of timekeeping as a priority.

We looked at what systems were in place for provision of staffing in an emergency. The registered manager explained that there was an emergency on-call system in place for management support outside of office hours. On-call management was provided by the registered manager who also covered calls in the event of staffing emergencies. This allowed for consistency of staffing. Staff told us that they were able to access the on-call facility but sometimes they had to wait up to 30 minutes to get a response.

Individual risk assessments were in place for people. However we saw that they did not provide sufficient guidance or support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks but did not detail the measures taken to minimise the risk. For example, we saw that one person was identified as being at risk in the environment through smoking but the risk assessment did not provide care staff with any guidance on reducing the risk. Another person was identified as being at risk of falls through loss of balance but again the risk assessment did not provide guidance for care staff to support the person to reduce the risk. We saw that in-depth information on risks was detailed in the local authority placement assessment for each person which was retained with people's care plans. However, this information had not been transferred into the service's more accessible format. This meant that staff may not have the information they needed to keep people safe whilst supporting them in their own homes. We discussed this with the registered manager who told us they would develop risk assessments further to include guidance for care staff on keeping people safe.

People using the service told us that they felt that staff did keep them safe. One person who used the service told us that their carer made sure they were safe when they supported them to transfer into their wheelchair by giving them verbal guidance and reassurance and making sure their brakes were applied and their footplates were on. They told us that care workers did not rush them during transfers and this made them feel safe. A relative of a person who used the service told us that the service had identified that their family member was at risk of falling out of bed and had immediately made a referral to external health and social care professionals to support the person to reduce the risk. Staff told us that they had undertaken manual handling training with the provider prior to undertaking visits.

We saw that the provider had drawn up policies and procedures to support care staff to ensure people were supported to manage their medicines safely. People who required support with their medicines had signed a consent form agreeing to the level of support to be provided. We saw that care workers recorded medicines and signed Medicine Administration Record Sheets (MARS). We looked at MARS records and found that some records had not been consistently signed by care workers to confirm people had been supported with their medicines. We also saw that the service did not hold an up to date list of people's medicines at the registered location.

People who we spoke with who received support with their medicines told us that they only required a verbal reminder to take their medicines which were dispensed in dosset boxes. Staff confirmed that they provided this support but we could find no evidence that staff had received appropriate training to support people with their medicines. We discussed this with the registered manager who told us that they would bring medicine information in people's care plans up to date and that training for staff in the safe awareness

and management of medicines would be included in the training schedule.

We asked the registered manager how accidents were recorded and managed. The registered manager told us that staff had to telephone them first to inform them of the event and then complete an accident or incident form which was kept at the person's home. The registered manager then visited the person's home to discuss the incident with the person and/or their family. They told us that they kept incidents and accidents under review to identify any patterns but that this was on an individual basis due to the small size of the service.

Requires Improvement

Is the service effective?

Our findings

People who we spoke with and their relatives were extremely complimentary about the service provision. One relative told us that they felt the service was meeting their family member's needs far better than a previous agency and that they no longer needed to constantly complain. A person using the service told us "They [the care workers] are fantastic! They know what they are doing and do things the way I want them to." Another person told us "I have the same carer for my calls and they are very professional, They know what they are doing and always ask me if I am happy with my care after each visit."

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. We looked at three staff training records. We saw that two members of staff had individual training checklists which recorded training in health and safety, food hygiene, infection control and equality and diversity. However we were unable to locate any copies of any training records for another member of staff and no training records for role specific training such as manual handling, safeguarding, medicine awareness and first aid. We asked the registered manager how they could be assured staff had up to date training if they had no copies or records of training certificates. The registered manager told us that they were qualified as a trainer to undertake training with staff so most training was in-house. They showed us a training matrix template they had devised and told us they would begin to complete this for all staff.

We spoke to staff who confirmed that they had undertaken most mandatory training in-house with the registered manager and provider. Some staff told us that this training gave them the skills and knowledge they needed whilst others felt the training had not met their needs and they were reliant on prior training achieved through previous employment.

The registered manager told us that they undertook induction training with all new staff which involved an overview of key policies and shadowing experienced members of staff. Staff who we spoke with confirmed that they had undertaken induction with the registered manager and been introduced to new clients. They told us they had shadowed the registered manager for a visit prior to undertaking visits on their own. Some staff felt that the induction could have been more in depth and longer to enable them to gain the knowledge they needed to effectively support people whilst others felt the induction gave them the skills they needed to do their job. We were unable to verify the induction process received by staff as there was no evidence of induction on staff training files.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider failed to have systems in place to ensure staff had the skills and experience for the work they are required to perform.

We spoke with the registered manager to assess how information was communicated between staff and management. The registered manager said supervisions occurred informally or as and when needed. Formal supervisions were arranged periodically. We saw that some staff had formal supervision notes on file whilst others had observations of their working practices. Staff who we spoke with told us that they confirmed that they received supervision from the registered manager, though sometimes this was

infrequent. Some staff felt supported in their roles whilst others felt that they did not always receive the support they needed to be effective in their role.

We discussed supervision of staff with the registered manager who agreed the supervisions had not been as frequent as planned. They explained that they ensured they spoke with all staff informally on a regular basis and frequently worked alongside some staff but acknowledged that this was not recorded or evidenced anywhere. They told us they would address this as a priority.

Staff we spoke with were able to tell us the principles behind the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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 it is in their best interests and legally authorised under the MCA. No people currently using the service were required to have an authorisation.

We saw records which showed that people had discussed their care and treatment needs and had given their consent to the support provided. We saw consent forms for support with medicines and consent to service contracts. However care plans were not always signed to show people had been involved in and consented to their care plans.

People were encouraged and supported to meet their nutritional needs. At the time of our inspection there were few people who needed support with their meals. Care plans reflected that support was needed but not always how the support was to be provided. Some people were supported to undertake their own shopping and meal preparation whilst others needed support to cook light snacks. Staff told us that they always ensured people had drinks with their meals and made extra drinks for people to have between visits.

We were told by people using the service and their relatives that they were mostly able to co-ordinate their own health care appointments and health care needs but care workers supported them from time to time. One staff member was able to give an example how they supported people to manage their health care needs by liaising with district nurses on their behalf. A relative told us that the service supported their family member in making referrals to medical professionals which they really appreciated.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that they felt well cared for. One person told us "I cannot fault the care. No matter which care worker comes, the care is always good. I would recommend them to anyone." Another person told us "I have the same care worker for my calls and they are always very pleasant and professional. I am happy with my care." A relative of a person who used the service told us that they felt the service was doing a good job and made sure they provided consistent carers which was really important to their family member.

Staff were able to demonstrate that they knew the people they supported well and spoke affectionately about them. One staff member told us that they enjoyed working with all the people they visited and were happy to go the extra mile for them. Another staff member told us that they always made sure the person they were visiting was happy and had everything they needed before they left them, even if it meant doing a bit extra for them.

People told us that their privacy and dignity was observed by staff. One relative told us that the care worker respected their family member's preferences in relation to support with personal care needs and always observed their dignity. Staff were able to describe how they upheld people's dignity and privacy whilst they supported them, for example in the bathroom or support with personal care. Although people's care plans did not detail whether they preferred male or female carers to attend to their personal care, people who used the service and their relatives were able to confirm that their preferences were respected and they had carers of their choice.

Care plans focussed on supporting people to maintain their independence. Staff were able to demonstrate that they supported people to maintain their independence through an enabling approach. For example, one staff member told us that they tried to motivate people to help themselves as far as possible when moving around their home or undertaking tasks. Staff were aware of the requirement to maintain the confidentiality of information about people who used the service and had signed a confidentiality agreement at the start of their employment.

People were provided with information about the service in the form of a service user guide. This included the contract of care, contact details for the service values and aims and key policies and procedures such as how to make a complaint.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us they were happy with the care they received and had no complaints. One relative of a person who used the service told us that their family member had not complained once since moving to the service which they felt indicated that their family member's care needs were being met. People told us that they knew they could complain to the registered manager or a health and social care professional if they were not happy with the service.

The provider had a system in place to record complaints received and the investigation. The complaint file showed that the service had not received any complaints. We looked at the provider's complaints policy and noted it gave people instruction on how to make a complaint but did not include contact details for external agencies and did not signpost people as to where they could go if the complaint was about the registered manager/provider. We discussed this with the provider who told us they would update the complaints policy and procedure accordingly.

People told us that they were aware of what was in their care plans and were consulted about it. They told us that they were involved in the development of their care plan and that their relatives had also been consulted and involved where appropriate. People told us that staff and the registered manager consistently asked them if they were happy with their care.

We looked at care plans belonging to four people who used the service. People had detailed assessments of their needs and information about the support they required to maintain their health and wellbeing. However this information was in the format of local authority pre-placement assessments and we saw that key information had not been transcribed into people's care plans. For example, one person's care plan recorded that they needed support to meet their nutritional needs but did not detail how the support was to be provided. When we looked at the local authority assessment, the support assessed was to cut the person's food into bite sized pieces to enable them to eat independently. Another person's care plan identified that a person had a hearing impairment but did not guide staff on how they could communicate effectively with the person. When we spoke to staff, they told us that care plans did not provide sufficient information to enable them to get to know the person, such as information about life history. However, because they provided care consistently with the same people, they had been able to build a relationship with them and understand each person's needs and wishes to provide personalised care. People using the service confirmed that their carers knew them very well and were able to meet their needs in the way they wanted.

We saw that some care plans were personalised and detailed key information such as preferences and likes and dislikes but most care plans were task focussed and provided very little information about the person as an individual.

The registered manager told us that plans were reviewed through them meeting with the person using the service and their relatives where appropriate. However, we were unable to find evidence that plans had been reviewed periodically or as a result of people's needs changing. We discussed care plans with the

registered manager/provider who acknowledged care plans did not evidence a person centred approach and told us they would review and update all care plans with people who used the service.

Care workers supported people to access the wider community which reduced the risk of people being socially isolated. We spoke with one person who used the service who told us that their care worker regularly took them shopping and out for lunch which they really looked forward to. They told us this time was never rushed and they were able to choose where they wanted to go. A relative of a person who used the service told us that their care worker supported their family member to go shopping and to get their money. They explained that this helped to motivate their family member and had improved their health and wellbeing as a result.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us that they felt the service was well managed and that the registered manager was polite and approachable. Staff showed an understanding of the vision and values of the service but felt that at times the service was dis-organised and that this had a negative impact on the service people received, for example late calls. Staff felt that the registered manager did not always listen to them or act on suggestions to improve the service.

The service had a registered manager who was also the registered provider and they had day to day involvement in the running of the service, often covering calls at short notice. They had recently delegated some responsibility to team leaders who had been newly appointed.

During the inspection we identified concerns in documentation relating to care records and risk assessments and staff files. We raised these concerns with the provider during the course of the day. They told us that audits had yet to be carried out as they were in the process of creating a quality assurance template. Although the registered manager undertook observations on staff working practices, we found that these were infrequent and were used to develop staff competence rather than as a tool to monitor the quality of the service. The registered manager told us that they also undertook spot checks to ensure people were receiving quality care but was unable to provide any evidence of these at the time of the inspection. This meant that any errors in care documentation were not always identified and improvements had not been made where required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance) because the registered provider had failed to have systems and processes established to assess, monitor and improve the quality and safety of service provided.

The registered provider told us that they had sent out satisfaction surveys to people who used the service and had received responses but were unable to show us copies of the service as they were held off site.

We looked at recordings of staff meetings over the last 12 months and saw that meetings were used to provide staff with information and involve them in the development of the service. The registered manager told us that meetings were also used to discuss key points from training to assess staff knowledge and understanding, such as safeguarding.

People's care records were stored confidentially and information relating to people's care, health needs and medical histories was kept securely.

The provider was able to discuss future plans for the development and improvement of the service and explained the challenges that providing a small service over a large rural area presented. They were able to explain their short and long term plans to overcome challenges which included administration support and looking at the geographical area the service was able to cover.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have appropriate systems in place to assess, monitor and improve the quality and safety of service provided. 17 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to have systems in place to ensure staff had the skills and experience for the work they are required to perform. 19 (1) (b)