

Glow Care Ltd

# Glow Care Ltd

## Inspection report

165 Gulson Road  
Coventry  
CV1 2HZ

Tel: 07311069558  
Website: [www.panthercare.co.uk](http://www.panthercare.co.uk)

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Glow Care is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults, older people, people living with dementia, people with mental health support needs, people with learning disabilities or autistic spectrum disorder, people with a sensory impairment and people with a physical disability. More recently the service added supported living to the range of services they could provide. At the time of our inspection the service was supporting two people, both of which, were in receipt of 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

People's needs were assessed before they started using the service, but assessment records were not clearly recorded to show people's needs had been identified for these to be incorporated into care plans.

Assessments needed to be further developed to ensure protected characteristics under the Equality Act 2010 were fully considered. Information contained within people's care records was not specific enough to support staff in managing people's care. This included risks associated with people's care. Although people managed their own medicines, sometimes staff were offering support with cream applications without this being part of an agreed plan of care to ensure this was managed safely. The provider acknowledged these areas needed development.

People felt safe with the care staff that supported them, but safeguarding procedures needed to be reviewed to ensure they were clear for staff to follow to protect people from the risk of harm. Management staff understood their responsibilities to keep people safe. Staff knew people well, but risk management plans did not always contain the information staff needed to help ensure a consistent and safe approach in providing care.

Staff had completed some training but staff competency following training was not always checked to confirm their learning had been effective. Staff had completed training on infection, prevention and control, but it was not evident policies and procedures had been updated with the latest government guidance to ensure staff worked safely. However, people told us staff followed safe infection and prevention and control practice in their homes. Recruitment systems were not sufficiently robust as the required records were not available to confirm staff were safe to work with people. However, staff and the registered manager told us recruitment checks had been made when the staff were employed.

The providers systems to monitor the quality and safety of the service required improvement. Issues that we found during this inspection had not been identified and addressed by the provider's own systems. That demonstrated governance systems were not sufficient to drive improvement of the service. The management team welcomed the inspection and were open and honest about the challenges they had faced.

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. People told us they were happy with the care they received and stated their care calls were made at the times they expected and for the length of time agreed. They felt their needs were met and staff were approachable. People felt at ease to discuss any concern or issues they had with staff if needed.

People told us staff were caring and knew them well. People's privacy and dignity was respected, and staff supported people to be as independent as possible. Staff felt supported, enjoyed their jobs, and understood what the management team expected of them.

#### Rating at last Inspection

This service was registered with us on 19 May 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection of this newly registered service.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and take further action if needed. We have identified one breach of the regulations in relation to good governance and have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this report.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Glow Care Ltd

## 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 using the service and staff.

#### Inspection team

The performance review and assessment was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 February 2022 and ended on 16 February 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

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

During this time, we spoke with the general manager and the registered manager who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the two people who received support from the agency and three care staff. We reviewed a range of records. This included two people's care records, three staff recruitment records, policies and procedures and quality monitoring records the managers used, or planned to use, to assure themselves people received a safe service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of 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.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse. The provider's safeguarding policy did not reflect the Local Authority guidelines and was not sufficiently detailed to support staff in the event of an allegation of abuse. Despite this, staff told us they would report any concerns to the "office" where this could be escalated further.
- One staff member told us, "If you find bruises, I would ask them (person) what happened, and if they can talk about it, take it further (reporting it to the office)."
- People felt safe with the staff that supported them. One person told us, "Yes, I feel safe, very much so." There had been no safeguarding concerns reported.

Assessing risk, safety monitoring and management

- Risk management required improvement. Risk management plans were not sufficiently detailed and did not always contain the information staff needed to provide safe care. For example, risk assessments did not inform staff of the risks to people who experienced a weakness in their limbs requiring them to use specific pieces of equipment to support them.
- Despite recording omissions, staff were able to describe how they managed risks associated with people's care to keep them safe.
- Staff understood what they needed to do in the event of an emergency such as a person falling. For example, staff knew to report this to management staff as well as seek emergency medical assistance.

Staffing and recruitment

- There were enough staff employed by the service to support people's needs. However, recruitment processes were not sufficiently robust to demonstrate all staff working for the service had completed the necessary checks to support people safely.
- Staff told us recruitment checks had been completed before they started work at the service but written references and Disclosure and Barring Service (DBS) checks were not available. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. The provider subsequently advised updated DBS checks had been requested.
- A staff member told us how they felt supported when they were employed by Glow Care and had received an induction. They said, "When I first started, I had someone with me, and they showed me what to do."

Using medicines safely

- The management of medicines required improvement. Staff told us they had applied an unprescribed

cream to a person's skin. There was no care plan or arrangements in place to ensure the safe management of creams. This included ensuring creams were prescribed and recorded on the appropriate medicine administration record when staff applied them.

- The registered manager told us care staff did not administer medicines to people but if this support was required, they had the medicine administration records needed for them to complete. They stated they would review the staff practice of cream applications to ensure this was managed safely and appropriately.

#### Preventing and controlling infection

- People were not protected from the risk of infection. The provider had an infection, prevention and control policy but this had not been kept updated with government guidelines to help ensure staff followed safe practice. The provider stated they would access the relevant government guidance to update this policy.
- Staff told us they wore personal protective equipment (PPE) such as masks, gloves and aprons during care visits and were aware of the need to wash their hands.
- People told us staff wore PPE and followed safe infection prevention practice in their homes and they had remained free from COVID-19.

#### Learning lessons when things go wrong

- The provider's systems and processes were not sufficiently embedded to enable areas of improvement to be identified and acted upon. The provider gave a commitment to address this.



# Is the service effective?

## 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

- People's needs, and choices had been considered but records did not always clearly show this.
- The provider has sourced guidance documents to help ensure care was provided to people in accordance with required standards and the law. For example, they told us in their Provider Information Return about the Equality Act 2010. They stated, "It is important for Glow Care and its staff to understand avoid direct discrimination by treating our service user equal regardless of their sexual orientation."
- The registered manager stated that assessments of people's needs were completed before people started to use the service. However, care records provided did not contain assessments to confirm this, and to show this information was used to plan care to meet people's needs and choices.
- The registered manager and general manager acknowledged the need to ensure assessments were clearly recorded with detailed information. This was to help ensure staff understood people's needs including any potential healthcare needs people may need support with.

Staff support: induction, training, skills and experience

- People were supported by trained staff, but records had not been maintained of staff competency checks to show staff had learned from their training. Staff had completed online training linked to the Care Certificate when they started employment with the provider. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The training matrix showed staff had completed the Care Certificate training twice and it was not clear staff had accessed additional training considered essential to carry out their role. The provider told us staff had accessed training they needed to support people safely and they would check the accuracy of the training matrix.
- Staff felt they were supported with the training needed and spoke of restrictions completing face to face training during the COVID-19 pandemic.
- People felt staff had the skills they needed to provide effective care. One person said, "They (staff) seem to know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet;

- People's care records did not state if staff were required to provide any support with preparing meals and drinks. Despite this, staff knew how people liked their food prepared.
- One staff member who supported a person with meals told us, "I ask what [Name] wants. When I first knew

them, they would eat one kind of cereal they were used to. I told them about others like eating something warm." They went on to say how the person now ate more of a variety of cereals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the time of our inspection people were independent with arranging their healthcare. Records relating to people's health were not sufficiently detailed to show where they may need future support.
- Staff gave examples of how they would access health professionals, such the GP or district nurse, if people or their family members were not able to do this for themselves and required assistance.

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 MCA 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 management team demonstrated an understanding of the requirements of the MCA and stated those people they currently supported had capacity to make decisions for themselves.
- People confirmed staff sought consent before providing any assistance.
- Staff had completed MCA training and demonstrated some knowledge in this area. Staff described how they sought people's consent to care. One staff member said, it was important to "Let people make their own decisions."

# Is the service caring?

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

- People told us staff were caring in their approach and treated them well. One person said, "They are lovely." Another said, "They are always cheerful."
- Our discussions with staff assured us they understood the importance of promoting equality and treating people equally.
- Staff explained how they involved people in decisions about their care to ensure they were supported how they wished.
- One staff member told us how they liked to get to know people. They said, "I like talking a lot when I am at work with people, I like finding out what they have done."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff explained how they supported people to maximise their independence which included giving people the time they needed to move around independently.
- All staff were able to explain how they made sure people's privacy and dignity was respected, particularly when supporting them with a shower. Staff explained how they used towels to cover people to ensure they were not left exposed.

# Is the service responsive?

## 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 Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although staff knew people well, care plans were not sufficiently detailed, or individualised to ensure people received consistent and personalised care by the staff supporting them. The management team told us they would review the care plans to address this.
- Feedback from people confirmed the service was responsive to their needs. One person told us, "They put my pills ready for me to pick up. They always make sure I have water, the remote (for television) and my glasses before they go."
- Staff had time to read care plans and told us they spoke with people when providing care to make sure they delivered the care and support people wanted and needed.

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 manager and registered manager had not fully considered the AIS standards to support people's needs. However, they stated information such as the complaints policy could be provided in different formats if people needed this.
- People's communication needs, and preferences were not always assessed or documented to show if people needed any support and to ensure staff supported people effectively.
- One person told us they had a care plan but struggled to read it. It was not evident consideration had been given in providing this in an alternative format. The person told us, "I can't read it very well unless I have a magnifying glass. They do the same every day really."
- Staff told us they had effective communication systems to make sure people's needs were met. One staff member said, "The care booklet (kept at the persons home) is a saviour as everybody writes everything in there to make sure next staff member can read it. This helped staff to ensure any specific support needs the person needed were completed."

Improving care quality in response to complaints or concerns

- A complaints policy was in place, but the investigation process was not sufficiently detailed to show what people should expect if they raised a complaint. There had been no complaints received by the provider at

the time of our inspection.

- People were aware of who to contact should they have a concern or complaint and told us they had not needed to raise any concerns.
- Staff understood their responsibility to support people to share any concerns or complaints and ensure management were made aware of these as appropriate.

End of life care and support

- No one in receipt of a service at the time of our inspection was at the end stage of life.
- Care plans did not show people's end of life wishes.

# Is the service well-led?

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

- The provider had failed to operate effective governance systems. For example, audits of care records and risk management plans were not recorded, and any checks completed had not identified the shortfalls we found.
- Quality checks had not identified areas of improvement needed to the management of medicines and people's healthcare conditions requiring the use of equipment. Risk assessments were not always sufficiently completed to identify areas of risk. This placed people at risk.
- The provider's policies and procedures were not based on current best practice and local guidance. For example, the infection, prevention and control policy did not reflect current government guidance. The COVID-19 policy did not mention risks to people using the service. The safeguarding policy did not reflect the Local Authority guidance. The complaints policy did not guide people to where they could refer their complaints if they were not happy with the providers investigation.
- Oversight of the service needed to be improved to demonstrate areas needing improvement were being identified and lessons learned.
- People did not have clear care plans to demonstrate a person centred and consistent approach to care. This was important to ensure risks associated with people's care were clearly identified and managed safely and effectively.

The provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One staff member told us how they spoke with people to check how they wanted to be supported. They said, "Clients are able to communicate and make their own decisions. Most information we get from them. They tell you how they want things to go".
- People were positive about the service. One person told us, "They are a generally reassuring company to be with. Genuine people. Very good, very conscientious, reassuring." They told us they would recommend the service to 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

- The registered manager understood their responsibility to be open and honest when things had gone wrong.

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

- People were positive in their comments about the service and felt involved in decisions relating to their care. One person said, "Nothing needs to be improved. They have not missed a call."
- The management team kept in regular contact with people to ensure they remained happy with their care.
- Staff felt supported by the provider and spoke of regular meetings or contact to discuss their role. Staff told us they enjoyed working for Glow Care and one staff member commented, "It's nice, they have been so supportive. They have given me a lot of confidence."

Working in partnership with others

- The management team worked with health professionals when needed to benefit people.
- The management team welcomed our inspection and our feedback; they gave a commitment to make the necessary action to improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not fully established and operated effectively to monitor and improve the quality and safety of the service.</p>