Glenavon Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Glenavon Care Limited is a domiciliary care agency providing personal care to people living in their own houses and flats in the community. At the time of the inspection there were 81 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
There was a new registered manager since our last inspection. We received positive feedback from people, families, staff and professionals about their commitment and enthusiasm. A relative told us, " They do listen and try to do what we want, it's not completely done but it's much improved." The management changes and turnover in staff had caused a temporary period of unrest. However, the provider and registered manager had responded well and taken effective action to make things better. There was a passion for continually improving and investing in the service.

Senior staff checked the care to ensure it met people's needs. The provider was arranging additional external checks which would provide increased oversight and help ensure the systems worked well and people received good care.

The registered manager investigated concerns about people's safety and took action to make the service safer. There were improved measures in place to assess and manage risk across the service. A new on-call log promoted communication and consistency outside of office hours.

There were enough safely recruited staff to meet people's needs. There were effective systems in place to monitor staff visits and ensure people received the agreed support. Staff supported people to take medicines safely and checks on staff competency in this area were improving.

Staff were supported to develop their skills. The provider and registered manager were investing and promoting improvements in staff training. Senior staff carried out observations to ensure people were receiving a good quality of support.

Staff worked effectively to enable people to maintain their health and wellbeing, involving families and health and social care professionals when required. Staff worked alongside other professionals to meet the needs of people who required palliative care.

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

Staff knew people's needs well and provided consistent personalised support. People told us poor care was not tolerated and the overall attitude and approach of care staff had improved. Staff were respectful and treated people with dignity.

The provider and registered manager were improving care plans to ensure care records reflected the good care staff provided. People had a say in the service they received. Staff communicated well with people to review and adapt care to reflect changing needs. People and families were supported to raise concerns and make complaints and the service adapted the care provided in response to this information.

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 26 January 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

Glenavon Care Limited

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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector, and assistant 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, providing personal care to people living in their own homes. The registered provider was also the registered manager, in day to day control of the service. They are referred to in this report as the 'registered provider'. Registered providers and managers are legally responsible for how the service is run and for the quality and safety of the care provided.

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
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 September 2019 and ended on 13 September 2019. We visited the office on 11 September 2019. The inspector visited a person who used the service and the assistant inspector made phone calls to staff on 12 September 2019. The Expert by Experience made phone calls to people who used the service and their representatives on 12 and 13 September 2019.

What we did before the inspection
The provider is required to notify us of deaths and other incidents that occur within the service, which

enable the Commission to monitor any issues or areas of concern. Prior to the inspection we gathered and reviewed information we held about the service, including information we had received from the provider.

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.

We used all of this information to plan our inspection.

During the inspection
We spoke on the phone with six people who used the service and eight family members about their experience of the care provided. We visited one person and their relative in their home. We met or spoke with nine members of care staff, one senior care staff, one office staff, the registered provider and the registered manager. We reviewed a range of records, including three people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

After the inspection
The registered manager sent us information which we had requested. We spoke with 2 health and social care professionals who had contact with this service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• During a period in 2018, there had been an increase in safeguarding alerts, which the local authority had investigated and closed. At the time of our inspection there were no current safeguarding concerns. The new registered manager had worked openly and well with the investigating social workers and resolved any issues, adjusting systems to help keep people safe.
• The registered manager had acted promptly when they found gaps in staff knowledge following a safeguarding concern. As a result, staff now completed new training on supporting people who were at risk of pressure sores.
• Staff were able to describe what they were to do if they were concerned about a person's safety. Staff, people and families told us the registered manager took concerns seriously and acted on them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• When we visited the service previously we found risk was managed by the registered manager, however, there were limited systems in place to ensure all staff knew what to do in an emergency. The new registered manager had started to implement more formal systems. For example, they were planning in a pro-active way for emergencies such as heavy snow.
• The registered manager was developing systems to highlight the people who would be most at risk in an emergency, for instance if they lived alone and required support with time-critical medicines. This information would enable staff to respond more effectively and consistently when required.
• The new registered manager had introduced a new on-call log. This was a record of actions and discussions taken when care staff rang senior staff for advice or to escalate a concern when the office was closed. This log was an example of best practice which directly impacted on peoples' safety. For example, there was a detailed record of actions taken when a person refused a referral to a health professional.
• The on-call log also demonstrated a culture of learning which we found throughout the service. The staff involved in the above example reflected in the log how they could have responded differently and what they would do if a similar event occurred in the future.

Staffing and recruitment
• There was an electronic system to monitor visit times. Office staff used the system to ensure people were receiving their visits as planned.
• The provider had stopped accepting new referrals when there was a dip in staffing in 2018, temporarily employing agency staff to fill the gaps. They only took on new people to support when they had recruited enough permanent staff. This demonstrated a commitment to ensuring there were enough staff to keep people safe.
• Although staffing had been very stretched in 2018, this was now resolved. A person told us, "They help me

gently. There is no rough handling. They take the full time to help me, and there's no rushing me."
• New staff told us they were not rushed and only started work when they felt ready. A new member of staff said, "Everyone I spoke to said they will never throw you in at the deep end. The office ring me constantly and send me emails to check how I'm doing."
• There were effective systems in place for the safe recruitment of staff.

Using medicines safely
• Staff received the necessary training and guidance to support people safely with taking their medicines.
• Senior staff checked thoroughly staff recording of medicine administration. A senior care staff explained how they used spot checks to see whether staff were administering medicines safely. They described how they had used the information from a spot check to increase a member of staff's knowledge. They told us, "I called [named staff] to the training room and showed them the two types of medicine and explained purpose of both." The registered manager showed us improved medicine competencies which were being introduced after our inspection.
• We observed an example of best practice, where a member of staff supported a person who had memory difficulties to move medicines out of sight. They did this in a manner which promoted safety in a dignified way, minimising restrictions on the person's freedom.

Preventing and controlling infection
• People and staff confirmed staff used gloves and aprons available when required. Senior staff checked during spot checks that staff were minimising the risk of infection.
• Care plans and training was provided to ensure staff were aware of how to minimise the spread of infection.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Care plans had been re-written and were more person-centred following a visit from the local authority and the arrival of the new registered manager. This task was on-going, and information was not yet consistent across all care records. When we spoke with staff we found they knew people and their needs well and therefore the impact on people was minimal.
• The registered manager showed us one example of "best practice" which demonstrated they understood what guidance was needed and had plans in place to bring all the care plans up to the same level.
• After our inspection the registered manager advised us they had purchased and improved care plan system to ensure staff had access to consistent information and guidance.

Staff support: induction, training, skills and experience
• People and families told us staff were well trained and skilled at their job. Staff training involved a mix of online and face-to-face training. The provider had invested in a new well-equipped training room and recruited a new senior member of staff to develop staff skills further.
• Senior care staff and new members of staff described a nurturing environment, where new staff were supported to learn practical skills by working alongside more experienced member of staff. A senior care staff told us, "I keep them on doubles (a rota with two care staff) for two or three months until they are ready and then when they go on singles I write them up instructions, so they know what to do."
• At the time of the inspection the service did not use the Care Certificate, which provides a system to support all staff who are new to care develop a required set of skills. The registered manager told us after the inspection that they were going to start using the Care Certificate.
• New staff had regular spot checks for three months during which their skill and knowledge was observed. Other staff had spot checks every six months. These checks were practical and made a difference to the care people received as senior staff used them as an opportunity to promote best practice.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff supported people by preparing meals and encouraging them to eat a balanced diet. A member of staff told us, "If [Person] says no to food I do try to persuade them, if they don't want to eat then I leave a jam sandwich and check later that they have been eating."
• A family member told us, "My relative has come a long way and it's because now she's eating." Staff were able to describe in detail the support they gave people with their meals. This level of detail was not always in care plans, however senior care staff also provided verbal guidance to staff to ensure they knew how to

support people. Ongoing improvements in care plans was ensuring staff had the necessary guidance.
• Following advice from the local authority, the service had revised their processes for recording how much people ate and drank to improve the monitoring of people's health and wellbeing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• On-call and office records demonstrated staff working well with other agencies to meet people's health and social care needs.
• As staff knew people well they were able to monitor their wellbeing and step in to help prevent any further deterioration in their health. A person told us, "My care staff sees everything really well. They spotted [a condition] and I got it checked. We got help early because the problem was spotted early."

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
• Staff told us the majority of the people at the service were able to make decisions about their day to day care, such as what they ate and drank. Staff described how they involved people who needed additional support in making decisions.
• Following a visit from the local authority senior staff improved the assessment process for those people who might lack capacity to make certain decisions about their care. Although there had been some improvement, care plans did not always reflect the consultation which had taken place around capacity, such as discussions with family or other professionals. The impact of the capacity assessment was also not always clearly recorded consistently throughout care records.
• We discussed this with the registered manager after the inspection who confirmed the new care plans would help ensure details of a person's capacity was consistent throughout a person's record.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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
• Staff spoke warmly about people. A member of staff described in a non-judgemental manner the variety of homes and lifestyles of the people they supported. They explained how initially a person had refused care but due to the member of staff's open-minded approach they had developed a positive relationship and the person now accepted support.
• People told us overall improvements discussed throughout the report meant the service was now more caring. One person told us, "The care staff are very nice, I love having them calling, I feel very safe and happy." A relative said staff were not rushed, "They take the time to do the care right. [Person] looks well looked after."
• Care plans were written in a respectful manner. Staff were told what people's preferred name or nickname was, and we heard staff using these names.

Supporting people to express their views and be involved in making decisions about their care
• Staff enabled people to be involved and feel in control of their care. A person told us, "They've helped me like friends." Another person told us they had asked staff not to visit on certain days, "They don't call then, they are flexible about that."
• Care plans included information for staff about peoples' communication needs. A person's care plan gave staff information on what gestures they used for "yes" and "no," which supported their right to make choices.

Respecting and promoting people's privacy, dignity and independence
• People and families described ways in which staff adapted their support to promote people's dignity. Due to a person's specific circumstances, staff did not wear uniform, which promoted they privacy and dignity in the local community.
• People and relative told us staff treated their property respectfully. A relative told us, "They keep things nice and we call round a lot to see him. It's always tidy when I arrive. They seem to be very considerate in the house."
• People were encouraged to remain independent in their homes through the staff's attention to detail. A relative told us, "They are brilliant at noticing things, it's mostly staff we know so they do notice any changes."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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
• A new member of staff told us they read care plans and were then shown exactly how to support people by their colleagues. We found this promoted care which was based on people's preferences. The member of staff described how they were shown to adapt the care they provided, "Every person is different. I made lunches on the last two days and the carer (staff) told me how to prepare and present the food."
• The service altered the support provided when people's needs changed. A senior care staff explained they were due to visit a person who had just returned home from hospital, so they could let staff know of any changes in their care needs. A person told us, "The staff came out to do the care plan and they've reviewed it. I think another one is needed again as my circumstances are changing so they are due to come out."
• The service had started to diversify into live-in care, where staff live full time in a person's house. The registered manager told us were recruiting care staff into this new role in a person-centred way, so they could ensure people were supported by staff who were well matched to their needs and interest.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• There was a focus throughout the service on presenting information in clear, easy to understand language. The registered manager showed us parts of the folders which they had re-written to remove jargon.
• Care plans held information about people's communication needs and senior care staff passed this information on to care staff to ensure staff understood any specific needs.

Improving care quality in response to complaints or concerns
• People and families had clear advice which encouraged them actively to let the service or outside agencies know if they had concerns.
• Complaints were taken seriously, and concerns addressed. A family member told, "I told [named member of staff] that I was unhappy, and they told the office and it got sorted."
• Now the service was more settled there were very few complaints. However, when the registered manager became aware of concerns they used this information to improve care quality, for example through staff training or altering internal systems.

End of life care and support

• Care plans had limited detail about people's palliative care needs. We spoke with staff and noted this care was only provided by more senior, experienced staff who had discussed the circumstances in detail with the registered manager. Staff provided personal care to people who required palliative care and we found they worked alongside professionals who were meeting the person's health care needs.

• The service had recently recruited a new senior care staff with skills in palliative care and was starting at the service on the week of our inspection. The new care plans purchased by the provider would also enable staff to have access to more detailed information. We found therefore that the registered manager had already put in place measures to enhance further the provision of end of life care within the service.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 had been a period of disruption in 2018. However, the provider communicated well with us and put measures in place to keep people safe and make things better.
• The impact on people and families during this unsettled was minimal as the provider had resolved concerns promptly. Five people and families told us things were now better. For instance, one person told us, "There have been times when staff were not as good as the ones I know now. I have brought it to the managers attention and they did take it seriously."
• Work to boost morale and team work was ongoing. Feedback from staff was varied. One member of staff told us, "The new manager is always enthusiastic, friendly and approachable. They are putting a lot of things in place and changing it for the better. It's a process and I think they are getting there." However, another member of staff said, "Things are the same. I feel they (the provider) doesn't appreciate us. It's sad really."
• The registered manager ensured everyone had a clear role within the service. The registered manager was responsible for care and support whilst the provider had a more financial and commercial focus. They told us this meant, "Everyone (staff and managers) now has their own lane they work in." This clarity helped the service rebuild on stronger foundations.
• The provider had employed a deputy who had now left which resulted in a heavy reliance on the registered manager. However, recruitment was underway to ensure there was enough support and senior staff to deputise for the registered manager.
• There were systems in place to check the quality of care, for example senior staff went on visits to observed practice. The registered manager had been occupied dealing with immediate risk since their arrival. They were now turning to improving the systems to track and monitor risk and quality over time. After our inspection the registered manager told us they had arranged for specialist auditors to provide external checks on the quality of their care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service and staff, fully considering their equality characteristics;
• Prior to our inspection we had concerns raised about a bullying culture. The provider and registered manager were addressing staff concerns in this area. For example, they had set up a dedicated email specifically for whistle-blowers which they had changed so enable staff could remain anonymous when

raising issues.
• Office meetings took place regularly and demonstrated a commitment to involve staff in the improvements at the service. The provider and registered manager used training days to meet with groups of care staff to discuss key issues at the service.
• The registered manager had taken positive action after a survey of people who used the service. They had met with the people who had raised issues and amended care plans in response. The changes reflected a holistic approach to support. For example, staff were reminded to take the bin out for a person they supported.

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; Working in partnership with others
• The provider was very honest about the difficult time the service had experienced. The provider and registered manager had worked well with the local authority to make things better. A health and social care professional who had been involved during this period said, "They were very enthusiastic about moving the service forward."
• The registered manager described how they were now clearer to people family and professionals when they did not have the capacity to provide a service or specific task. A family member told us they found the openness helpful. They said, "The new registered manager is honest and says what they can and cannot do."