Glenavon Care Limited

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Inspection report

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Date of inspection visit: 8 December 2015
Date of publication: 11/04/2016

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**

Overall summary

The inspection took place on 8 December 2015 and was announced.

Glenavon Care Limited started providing care to people in April 2015. It is a small, domiciliary care

agency providing personal care and support services to people living in their own homes. These included people living with dementia and people with a physical disability. At the time of our inspection there were approximately 40 people using the service.

A registered manager was in post at the service. 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.

People's needs and risks were not assessed fully. Therefore, staff did not always have sufficient guidance and information to meet people's needs and support them to minimise risk. People were supported by staff

Summary of findings

who were safely recruited; however systems to manage the deployment of staff were not running smoothly, therefore some people experienced late and missed visits.

The manager was committed to improving the service and responding to concerns raised, however improvements were not always implemented in a structured way. The manager had not yet developed an effective system to routinely monitor the safety, quality and effectiveness of the service being delivered and use any information gathered to drive improvements.

Staff checked with people that they were happy for them to undertake care tasks before they proceeded, but were not fully aware of their responsibilities under the Mental Capacity Act 2005 (MCA).

Staff did not consistently receive a personalised service and did not always receive a positive response to their complaints. People were treated with kindness, dignity and respect by staff.

Staff knew what actions to take to protect people from abuse. There were systems in place to support people to take their prescribed medicines safely. Staff took account of people's health and nutritional needs and supported people to access health care professionals when needed.

Summary of findings

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.

Staff were not always deployed effectively to ensure all visits were carried out as required.

People's risks were not always assessed in sufficient detail to ensure staff had enough information to keep them safe.

People were not consistently supported to take their medicines safely.

People felt safe and staff knew how to protect people from abuse.

Requires improvement

Is the service effective?
The service was not always effective.

Staff did not have sufficient guidance on how decisions were made regarding people's capacity.

Whilst many staff were experienced and skilled to meet people's needs, systems to measure staff skills and gaps in knowledge were not effective.

Staff offered people choice when providing them with care.

Staff supported people to meet their health and nutritional needs.

Requires improvement

Is the service caring?
The service was caring.

Staff were caring and friendly.

Staff treated people with respect and maintained their privacy and dignity.

Good

Is the service responsive?
The service was not always responsive.

People's needs were assessed prior to receiving support, however staff did not always have enough information to meet people's individual needs.

The manager did not set up systems to ensure people's needs were reviewed in a consistent way.

When people made complaints they were not always responded to in a personalised way.

Requires improvement

Is the service well-led?
The service was not always well led.

The manager had not developed an effective system to monitor the service and drive improvements.

Requires improvement

Summary of findings

The manager had not addressed the inconsistency in the service which people received.

The manager was approachable and valued the staff at the service.

Glenavon Care Limited

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.

This inspection took place on 8 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available to respond to our queries. The inspection team consisted of two inspectors.

On the day of the inspection we visited the agency's office and spoke with the registered provider and the registered manager. We spoke with one senior member of staff and a member of care staff. We telephoned an additional six care staff. We visited the home of a person who used the service and spoke with three people and three family members on the phone. We also spoke with a health and social care professional to ask them about their views of the service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Requires improvement

Is the service safe?

Our findings

The people who used the service told us they felt safe. One person told us that the staff were very professional and, "We tell them what we want and they do it… I do feel safe with the carers."

The service had identified risks to people's health and wellbeing however risk assessments were not sufficiently robust. The assessments lacked detail and did not adequately describe how staff should minimise the identified risks. This meant that staff did not have guidance to refer to for advice on how to keep people safe from risk of harm and injury. Where visits were made by new or inexperienced staff who were not familiar with people, information needed to keep people safe was not always available. For example, we observed in one person's care plan the risk assessment for mobility stated that the person, "Can be unsteady". This level of information provided insufficient detail for staff to know what support was needed to minimise the risk of the person sustaining an injury. The care plan did not refer to whether there was any equipment in use, such as a frame, to mitigate risk.

We discussed with staff what risks they needed to be aware of and found that they were aware of possible risks, for example, one member of staff told us that they needed to wear an apron and gloves to minimise the risk of infection. Staff told us that they addressed the lack of information in care plans by ringing the office to obtain a verbal hand-over before visiting new people to ensure they had enough information to support people safely. We discussed this with the manager who acknowledged that the risk assessments which were in place did not provide sufficient information. We were then shown an improved risk assessment which was being introduced imminently and had the necessary information to address the concerns we had raised.

Availability of staff was affected by ineffective deployment and management of rotas. Staff told us that they felt there were insufficient staff at certain times, particularly at weekends and that this had impacted on effective management of people's health conditions. One family member told us that their relative required meals at a set time to manage their health condition and that this had not always happened due to late or missed calls. People also told us that sometimes carers were late or hurried or that calls were missed altogether. This was predominantly the case when people's usual carers were not available.

We discussed this with the registered manager and the proprietor who told us that when the service was set up they had invested in an electronic system to manage the rotas but this system had not functioned well, so they were reverting to setting up rotas manually. They acknowledged that as a result there had been issues over managing timings and availability of carers but that this was improving. People confirmed that indeed there had been some recent improvements in staff availability. We looked at the rotas and noted that they did not always allow for travel time. The manager told us this was because staff worked in local clusters, designed to minimise travel time, but where travel was needed between visits then sufficient time was built into the rota. We were told by the manager that the "out of hours" phone was staffed by a senior or manager at all times in case of an emergency. Whilst some people were aware of this number not everyone we spoke to knew who to contact.

There were arrangements and policies in place to support people with taking their medicines; however the manager had not yet developed effective systems to monitor risk in this area. Assessments for the administration of medicines were in place but the risks identified were not always managed appropriately when deploying staff, in particular when a named worker was absent. For example, where people need support to take medicine at specific time, people told us this was usually given punctually, however medicines had occasionally not been given on time due to late or missed calls. The manager was not able to demonstrate it had systems in place to highlight risk or measure the impact of late calls. We were told by the manager that the recent improvements in organising staff rotas and in care planning was addressing our concerns and support staff to administer medicines more safely.

Staff members told us they had received training and advice on how to administer medicines. Where they were very experienced, their competency had been assessed when they joined the service by a senior member of staff to ensure they were competent in this area prior to administering medicines. However, on-going observations of staff practice did not specifically assess the competency of staff when administering medication. We discussed this

Requires improvement

Is the service safe?

with the manager and following our inspection they addressed this immediately by altering the observation process. There was detailed guidance to staff in the administration of medicines. Staff confirmed they recorded on a medicine administration record when they supported people with their medicines. We saw notes from a recent meeting where managers had emphasized the importance of staff completing medication records whenever they administered medicines.

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants in line with legal requirements. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support. Staff told us that they had only started working once all the necessary checks had been carried out.

Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. They had completed the relevant training in safeguarding and there were policies and procedures in place with guidance to staff on their responsibilities to ensure people were protected from abuse. Staff knew who to speak to within the service and which relevant external professionals to contact if they had concerns.

Requires improvement

Is the service effective?

Our findings

Prior to our inspection, we had received notifications of concern that staff were not sufficiently trained to enable them to meet people's needs. When we discussed this with people during our inspection, they told us that when they were supported by their regular carers; staff had the knowledge and skills to provide effective support. One person said, "They are extremely good, the regulars." However, there was significant dissatisfaction with the staff who visited when their usual carer was not available.

The majority of staff employed at the service had been working in a caring role for many years and brought to the service a wealth of experience when they joined it. Staff said they felt confident that they had the knowledge and skills to carry out their role. However, some members of staff told us that they had concerns regarding the level of training and preparation for any new staff joining the service, especially when they had limited prior training or practical experience to rely on. There was an in-house induction which included familiarisation with the organisations policies and procedures. This also included training in specific skills such as manual handling, hoisting and Dementia. After induction, new staff shadowed senior members of staff until they were ready to go out alone. The time spent shadowing was dependent on the level of experience of individual staff members.

The manager told us staff were observed and assessed to ensure they were qualified and experienced to carry out the tasks required before starting to support people on their own. Staff confirmed that competency checks were carried out and that these were often unannounced. We looked at the records which were completed following observations and noted that these did not focus in detail on specific skills such as manual handling. Observations therefore did not maximise the opportunity to monitor competency or assess gaps in skills. The manager responded positively when we raised this issue. Following our inspection we were sent an amended and completed competency check which addressed the concerns we had raised.

We were told the training organised by the service was of a good standard. A member of staff told us the training was provided in the training room of the central office, "There is a good set up for training, they bring good people in, and it's very practical." The manager showed us a list of training courses which had been provided since the service had been established. All staff had been through the induction process within the last year. A training matrix was not in place to track on-going training needs and help match staff with the necessary skills to meet people's needs. People gave examples where staff who were sent to cover for a usual carer did not have the necessary skills or knowledge to provide effective and safe support. We did not feel there were adequate processes in place to assist in making decisions about which staff to deploy, especially where emergency or temporary cover was needed.

Staff told us that they did not receive formal regular supervision. Management had recognised that this was an issue and advised that they had planned to provide staff with more regular supervision. Staff and management confirmed that whilst there were no formal supervision sessions, there were opportunities for regular informal discussions with the registered manager and seniors. Staff also attended monthly staff meetings which they said they found useful as this provided a chance to catch up with colleagues and receive updates and communication from management. We looked at the records for the staff meetings and saw that these were used as opportunities to discuss expectations regarding the quality of the service. Staff also said that they could contact the manager or a senior by telephone at any time to discuss their practice or raise concerns.

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. We checked whether the service was working within the principles of the MCA. Staff were able to give examples of how they supported people to make choices and give consent. We saw forms giving consent to care and treatment which had been signed by people or by family members where the person was unable to consent. However, staff told us they had not received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. In addition, there was limited

Requires improvement

Is the service effective?

guidance available in people's records regarding how people were supported to make decisions, or how decisions were to be made where someone lacked capacity. As a result, staff were not always clear about how they were meeting their responsibilities under this legislation. The registered manager responded positively to the issues we raised and after our inspection they sent us details of a training session which had been arranged to enable staff and managers to develop further their knowledge in this area.

Most people were happy with the level of support given to prepare meals and drinks and they told us that they were given a choice of what they would like to eat. One relative told us that the manager had dealt positively when they raised concerns regarding the support their family member was receiving in this area. They said "[Family member] needs help with eating and drinking. The carers now record what she has eaten, they will encourage her to eat meals rather than live on sandwiches." Staff told us that they often worked to a meal plan provided by family but if someone wanted something different they would try to accommodate them. Staff confirmed that before they left their visit they made sure people were comfortable and had access to food and hot and cold drinks.

People's food and fluid intake was monitored and recorded in the daily notes to ensure those people at risk or dehydration and/or malnutrition were supported to maintain good health. Staff told us that if they had concerns around a person's food or fluid intake they would record this in the daily notes and also telephone the office to share the concern.

Where relevant, staff worked together with health and social care professionals to promote people's good health and wellbeing. Experienced staff were matched with people with complex heath conditions and so were able to meet their needs. We were told that new or temporary staff spoke to established staff to gain an understanding of people's specific needs. The manager showed us how they were introducing improved care planning to provider staff with greater information on people's needs. Relatives told us that staff were good at noticing if someone was unwell and taking appropriate action. A relative described how staff had contacted the GP when they had noted their family member was poorly. We spoke with a health professional who said that staff were pro-active about contacting other professionals when necessary.

Good

Is the service caring?

Our findings

The staff we talked to spoke with warmth and affection about the people they supported and people told us that staff were caring. A family member told us that their relative was very happy and said; "Everyone has been really kind and helpful." Another person told us "The carers are all very nice, caring, [person] likes all the ladies. They have a chat with [person], they all seem to know them and are good to them." People told us that the staff were helpful and would often go the extra mile, bringing them shopping or visiting them in hospital. One family member told us, "[Staff] are great, if my relative is unwell they have stayed with them for three hours waiting for the ambulance."

People's experience of care was largely positive, where people expressed some dissatisfaction we discovered this was usually because they were not receiving support from their usual carer. Most people said that however that the replacement staff were still caring, although they seemed more rushed and so the experience of care was less positive in these instances. When we talked to staff they demonstrated that they knew the people who they regularly cared for well and were able to tell us about their preferences and provide details of their life histories. Staff used this knowledge in positive ways to promote wellbeing by taking the time to chat with people and encourage reminiscence. For example, one member of staff told us "[Person] used to work with trains and loves to talk about this time in his life with me." Another staff member told us, "We always have a natter. What I like about this company is that we are not time watching. It's nice to sit and have a cup of tea with people". People told us that staff were cheerful and chatty. One person said "They will always sit and have a chat, it doesn't feel rushed".

Staff were aware of the need to offer choice to people and that people could make their own decisions, for example about what to wear. One member of staff explained how they supported someone with memory loss which meant explaining the choices available to that person every single time they supported them. The member of staff spoke with sensitivity and demonstrated a compassionate attitude to the person they were supporting.

Where people's needs meant that their privacy and dignity could be compromised, for example when they received intimate personal care, staff were able to demonstrate that they had the skills and experience to minimise the impact. Staff told us that they were aware of the importance of protecting people's modesty to maintain privacy and dignity and were able to provide examples of treating people with respect, for instance, providing reassurance and explanations when carrying out personal care tasks. The people we spoke to told us that they felt their privacy and dignity was respected and that staff were polite and courteous and always asked permission before providing care and support. A health and social care professional confirmed that the staff were aware of confidentiality and treating people with respect. They told us that the staff, "Don't gossip and always sit and have a chat."

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us that the consistency and availability of experienced staff was a key factor in relation to the quality and responsiveness of the support they received. They told us that when they were supported by their regular carers who knew them well, they felt their individual needs were met to in a personalised way. People told us that the service had tried to support continuity of care by matching staff to people with whom they were familiar but this was not always possible. Therefore, when new or inexperienced staff were introduced, people reported that this affected the quality of the service they received as people felt that these staff did not always understand their needs. For example one person told us "The problem is the new staff. They don't always look at the file". Another person said that when new inexperienced staff visited it was necessary for the person to instruct the staff member on what was required of them, as they did not seem to know. This meant that people who could not communicate with temporary staff about their needs were at a particular disadvantage. We discussed this with the manager who acknowledged that management of rotas and quality of care plans had been an issue of concerns but that this was slowly improving.

Staff demonstrated that they were knowledgeable about the people they regularly supported. They told us that they had built up this knowledge over time or from speaking other members of staff who knew them. We looked at people's care plans see what information staff could refer when providing support. We found that people's needs had been assessed prior to starting the service and they had been involved in developing their support plans. When people's needs changed the plans were updated. However, care and support plans did not always provide staff with sufficient information and guidance to meet people's needs. For example, a person's care plan said that they had arthritis but did not outline what support they needed from carers in this area. There was insufficient detail and plans were written in an impersonal, task-focussed style, mainly outlining what staff needed to do each time they visited, rather than giving staff a whole picture of a person's needs.

Support plans were not person centred and lacked detailed information about people's likes or dislikes and their personal histories. There was a lack of focus on people's strengths and their abilities to promote their skills and independence. Included in the care records were copies of daily record logs which staff used to record the care they provided. Whilst staff had recorded the tasks which they had completed, they did not consistently include observations or monitoring of a person's mood and wellbeing. Improvements were needed to enable managers and staff to measure whether people's emotional needs were being met in addition to their physical and personal care needs.

The manager told us that they recognised that their support plans were not sufficiently personalised and detailed and advised that plans were in progress to improve the quality of support plans and promote a more person-centred approach. We were sent copies of these improved care plans immediately after out inspection, which demonstrated a commitment to addressing the concerns we had raised.

The provider had not implemented a consistent, systematic approach to reviewing the care people received or identifying if people were receiving care in line with their needs. The manager told us the policy was that reviews took place four weeks after starting a service and that once someone settled their care was reviewed annually or as their needs changed. However, people told us that arrangements for reviewing their needs were not clear and we did not see a consistent approach to reviews in people's care plans. Some people told us they had had face to face reviews and others told us that their care plans had never been reviewed or they had received a review via a postal questionnaire asking for their opinion about the service. Reviews often took place in a reactive way, with managers often setting up reviews following concerns being raised rather than formally timetabling reviews. As a result, whilst some people's services were reviewed regularly the service could not demonstrate that people had equal access to the review process, and to on-going monitoring of the service they received.

The service had only received a small number of formal complaints since it had been set up.Whilst most people felt they had received a positive response when they raised concerns, some people told us that when they had given feedback they felt that they had not been listened to and that things had not changed. We looked at the complaints records and saw that whilst some complainants had received a full written, others had only received a brief impersonal letter and there was no record that their

Requires improvement

Is the service responsive?

concerns had been investigated. We discussed this with the manager who they told us that people also received a phone call to follow up any written replies. The majority of the people we spoke to told us they found the provider and registered manager very helpful and that their concerns were addressed and improvements made. We saw examples where complaints concerning the care and support had trigger a review and in some instances people had had several face to face reviews to address on-going concerns. One person told us "We have had two reviews to iron out issues. We were invited to the office. Overall, we are happy".

We reviewed the complaints folder and saw that the service had not yet set up a log of complaints received or tracked actions taken in response to concerns raised. Further improvements were needed as it was not clear how people's comments, concerns and complaints were investigated, responded to and used to improve the service and reduce the risks of reoccurrence.

Requires improvement

Is the service well-led?

Our findings

People told us that there had been teething problems while the service was being established. One person said, "If I'm honest they have struggled a bit but they are getting there." People's experience and contact with the manager and provider was varied. Some people told us they had the provider's direct number and would call if they had a problem. These people were positive about the overall service for example the provider had personally visited to discuss their concerns. Other people told us that they did not know who the provider or manager was and seemed to mainly identify with their named carers and were therefore left feeling anxious when their usual carers where away.

Staff members had a generally positive experience of working for the service. Staff told us they enjoyed their job and most said that if they had any concerns, they would talk to a senior or to the registered manager or provider. Most staff told us that the manager was approachable and supportive; one staff member told us "[Registered manager] is an excellent listener". However, some staff said they felt reluctant to raise issues to the manager as they felt they did not want to cause them additional stress. Other staff also commented that some areas of the service such as staff rotas were disorganised and this had a negative impact on both staff morale and the experience of people using the service.

The provider and registered manager were aware of the importance of investing in high quality staff and rewarding good practice. A member of staff told us that they had come in as a front line member of staff and had already been promoted to a more senior role. They felt encouraged that the managers had spotted their potential and felt supported to develop their career. The manager was also aware of the need to minimise the isolation of staff members and told us that staff were encouraged to come in weekly to pick up rotas, have a cup of tea and deal with any issues or concerns. The proprietor had supported this by investing in areas within the head office where staff had space to sit and meet up when they visited.

One common theme throughout our inspection was that the quality of care for people who used the service was varied. By responding in an adhoc way to issues as they arose, the manager had not fully addressed inconsistencies in the care being delivered. The manager had not yet developed robust processes to monitor the quality of the care people received. For example, they were not analysing effectively the information available through supervision, reviews, complaints and surveys. As a result, the provider and manager were not yet effectively identifying gaps in the service and feedback was not being used to improve the quality of care being provided.

We discussed this with the manager and the proprietor and we were told that people had recently been asked for their views about the service through a satisfaction survey. We were shown the survey results which were still being received and so had not yet been analysed. Throughout our inspection the manager responded positively to the issues we raised and immediately addressed our concerns. As a result we were assured that given time and a focus on developing effective systems, the service had the potential to deliver a more consistent quality of service.