

Glenavon Care Limited

# Glenavon Care Limited

## Inspection report

80-86 New London Road  
Chelmsford  
Essex  
CM2 0PD

Tel: 01245224054  
Website: [www.glenavoncare.com](http://www.glenavoncare.com)

Date of inspection visit:  
03 February 2021  
04 February 2021  
22 February 2021  
24 February 2021  
03 March 2021

Date of publication:  
28 April 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Glenavon Care Limited is a domiciliary care agency providing personal care to 72 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Although people told us they felt safe with staff they did not always receive visits on time and were not always informed when staff were running late or had been replaced.

We received some negative feedback about how the service was led. Some people and their relatives told us communication was poor; this mainly related to care call visits. Management checks were not in place to monitor call timings and consideration had not been given to the impact late visits and inconsistent staffing would have on people.

We were mindful of the impact the COVID-19 pandemic had on the service and the strain it had placed on service users, staff and the management team. Following the inspection, the provider spoke about the plans they had in place to address the concerns found during the inspection, including recruiting additional senior staff to support the registered manager.

Staff were recruited safely and underwent all the necessary checks.

Medicines were managed safely. Systems were in place to monitor staff competencies to administer medication and identify and address concerns.

Systems and process to help minimise the risk of cross infection were in place. Staff had received additional training and personal protective equipment (PPE) was readily available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 October 2019).

### Why we inspected

We received concerns in relation to the leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenavon Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

The service was not always safe.

Details are in our safe 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** ●

# 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

The inspection team consisted of two inspectors, an assistant inspector and two Experts 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. It provides personal care to people living in their own houses and flats.

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. The registered manager was newly appointed since our last inspection. They joined the service in April 2020, just as the COVID-19 pandemic was breaking.

#### Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 3 February 2021 and ended on 3 March 2021. We visited the office location on 3 February 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and 12 relatives by telephone about their experience of the care provided. We spoke with six care workers, two office staff, the registered manager and the two directors.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from four professionals who worked closely with the service and reviewed feedback received from the Local Authority.

# 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 deteriorated to 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.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Prior to the inspection, we received several concerns about late calls and people being supported by unfamiliar staff. During the inspection people gave mixed feedback. Some people told us they were supported by a consistent staffing team who knew them well. One person said, "They are always regular staff which is good."
  - However, others raised concerns about the timings of care call visits and not knowing which staff would be coming. Comments included, "They are very often different people. I never know who is coming." And, "They are often late. Last night they phoned to say they would be later and would be with me at 9:30pm. It was 11:30pm before they came which is too late. I was very tired." And, "Ever since I've had Glenavon they have never called to inform they will be late so we are just sitting waiting all the time."
  - We also received mixed feedback from people about whether staff stayed with them for the allocated time of their care call. One person told us, "The carers are very thorough and always stay the allocated time." A relative said, "[Relative] is safe with them; they are very thorough and take their time doing things and talk to him properly whilst they are helping him."
- However, other feedback included, "They don't always stay the time as like last night they are doing a double round so need to be quick."
- Although we saw no evidence harm during the inspection, the inconsistent timing of calls and lack of support from a regular staff group meant people were not always involved in making important decisions about their care or supported by staff who knew them well.
  - During the COVID-19 pandemic several senior staff had left the service. This had impacted on recording and monitoring of care records. Not all care plans contained up to date or detailed enough information about people's care needs. We saw no evidence of any negative impact on people, but this is not in line with best practice guidelines. We discussed this with the management team who assured us this would be addressed.
  - E-learning training was undertaken by staff in key health and social care subjects.
  - A colour coded system was in place to prioritise people's care needs. The registered manager told us the system had been introduced at the start of the COVID-19 pandemic as part of the services contingency plan.
  - People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood their responsibilities to raise concerns.
- People felt safe and trusted permanent staff who visited them regularly. However, some people expressed

concern about the use of agency staff whom they had not met before supporting them alone.

#### Learning lessons when things go wrong

- The registered manager had a system in place to record and monitor incidents and accidents.

#### Using medicines safely

- Medication were safely managed. One relative told us, "[Relative] is on antibiotics this week and she is receiving these on time. I have no concerns at all."
- Medication audits were completed and identified areas of concern and the outcomes were shared with staff. This provided reassurance people received their medication safely and as and when prescribed by the GP.

#### Preventing and controlling infection

- We were somewhat assured the provider was using personal protective equipment (PPE) effectively and safely. People said most staff had worn PPE correctly when supporting them, however there was one instance where staff were turned away from delivering the support as they were not wearing PPE correctly.
- Staff had received additional training and PPE was readily available .
- We were assured the provider was making sure infection transmission risks can be effectively prevented or managed. For example, staff worked in 'bubbles' in specific teams or areas to reduce the risks of cross infection by limiting the number of staff people had direct contact with.



# 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 now deteriorated to 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

- Governance systems were not effective in providing the management team with clear oversight and scrutiny of the service.
- An electronic system was in place which showed the time staff arrived and left a care call. However, some calls had a 'zero' rather than a time next to them. This meant it was not clear to see if two staff had attended double handed visits, how long staff had stayed or whether the call had taken place. When we spoke with the management team about this they told us this happened when staff did not have internet connection to log in and out.
- We spoke with the management team about how they would investigate concerns, for example to check if only one carer had arrived instead of two for a double handed visit. They told us, "It's very hard if one carers' phone doesn't work so if you run a report it is not accurate."

This meant there was no effective system in place for the management team to monitor missed calls or call timings.

- As noted previously, some people told us they were regularly supported by staff they had not met and there was no communication from the management team to inform them of the changes beforehand. The management team said this was the result of a reduction in staffing levels due to staff having to self-isolate during the second wave of the pandemic. They had used agency staff to cover staff vacancies and had worked hard to ensure no calls were missed. However, they had not always communicated this effectively with people or relatives or consider the impact late visits and inconsistent staffing would have on people.

- Prior to the COVID-19 pandemic the management team completed staff competency checks and observations. This ensured they had oversight about how staff supported people with medicines, manual handling and interactions with people. These checks had been reduced during the second wave of the pandemic, in part to limit the number of staff a person had direct contact with but also due to the loss of senior staff to complete the checks.

- The lack of senior carer support had impacted on the registered managers ability to fulfil all the requirements of their post. As well as supporting with the delivery of care to clients they had also held the 'on call' phone to support staff out of hours when the office was closed.

- Although the registered manager received day to day management support from the two directors, neither were from a care background nor had completed the necessary training to support with the provision of care or clinically support staff.

- The management team were open about the negative impact the high number of staff self-isolating and

the loss of senior staff during the pandemic had on the service. The director told us, "We understand the importance of continuity, but we have had to react to the situation and the problem."

- We are mindful that some of the concerns found during the inspection were the result of the impact of the COVID-19 pandemic on the service. The management team were clear their focus was to deliver good outcomes to people, and they had started to take action to address the areas of concern and make improvements. However, processes and systems needed to be embedded to ensure improvement were made and sustained.
- The registered manager was aware of their responsibilities for reporting to the CQC and their regulatory requirements.

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

- When concerns had been raised by people, families and professionals the response from the management team was defensive. Some people and relatives told us they did not always feel their concerns had been effectively addressed. Comments included, "I have complained many times, especially at the time keeping and then about the different staff always coming, it improves for a while and then slips again," "They say what they think you want to hear." And, "[They] kept on saying they would get better. It got so bad I used to ring the owner direct."
- We also received mixed feedback from staff about the support they received from the management team. Some was very positive, "The registered manager is extremely supportive and approachable. I feel that I could speak to her about any issues that I may have without any hesitation at all."
- Both prior to and during the inspection some staff gave examples of the management team not always promoting a positive respectful culture. Some staff told us they were reluctant to raise concerns with some members of the management team, "I have raised a complaint and frankly was disappointed with the outcome." And, "Whilst I believe the manager is approachable the timing is always wrong the office is so busy it's like you're listened to but things are put aside and not dealt with because there are always problems elsewhere, it's too much for one head."
- We discussed our findings with the management team who reassured us steps would be taken to address these concerns.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.
- We saw examples of joint working with occupational therapists and social care professionals in people's care plans.