

Living Glory Social Care Ltd

Living Glory Social Care

Inspection report

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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?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 17 November 2015 and was announced. At our last inspection in June 2014 we found that the provider was not meeting the requirements of the law in relation to record keeping and we found that some records relating to people's care were not available or detailed enough to protect people from the risk of harm. Following that inspection the provider sent us an action plan detailing the action they would take to address the breach. At this inspection we found that some improvements had been made and that the majority of records were available.

The service provides domiciliary care to 7 people in their own homes who have personal care needs. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered persons advised that they were unaware of the changes introduced when the regulations changed in April 2015 and had not made any changes to ensure that

Summary of findings

checking and audit systems ensured that they were compliant with the new regulations. You can see what action we told the provider to take at the back of the full version of the report.

The people using the service were unable to tell us their views of the support they were receiving. However, we spoke to relatives to seek their views and all the relatives we spoke with were happy with the care their relative was receiving. Relatives told us that people were supported by consistent staff members who had got to know their relative well.

Staff we spoke with told us that they received sufficient training to enable them to carry out their role effectively. Staff knew how to recognise potential signs of abuse and how to raise concerns should they need to. Risks to people had been assessed and for most part measures had been put in place to reduce the risk for the person and staff.

Only staff who had been trained in medication administration were able to give medicines. We found that there was limited information available about the medicines people were taking. Although we had been informed there had been no medication errors in the last twelve months, systems were not robust enough to ensure that medications were safely administered.

Staff had received training on the Mental Capacity Act (2005), although understanding of this legislation varied amongst staff. We found that people had been deemed as lacking capacity without the appropriate assessments taking place which meant people's rights may not be supported in line with the legislation.

The registered manager had been responsive to people's needs and changed the hours they supported people as requested. There was a complaints procedure in place. Relatives we spoke with had no complaints and the registered manager stated that no formal complaints had been received in the last twelve months. Where concerns had been raised the registered manager had taken appropriate action to respond to the concern promptly.

Relatives and staff we spoke with were confident in how the service was led. Staff we spoke with felt valued and supported and were able to seek advice at any time of the day.

There were systems in place to monitor the quality and safety of the service. We found that people's care was reviewed and systems were in place to carry out checks at people's homes. Although there had been some improvements made to people's care plans, some people's care plans lacked detail of their likes and dislikes and preferences of how they wanted support to be delivered.

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. There was insufficient information available about what medication was administered.

Staff were aware of their responsibilities for safeguarding people they supported.

Requires improvement



Is the service effective?

The service was not always effective. Staff were unclear of the requirements of the Mental Capacity Act 2005 and what this meant for people receiving support.

Staff informed us that they received regular training. However there was a lack of evidence about how staff were trained to meet people's individual needs effectively.

People were supported to receive appropriate health care and nutrition.

Requires improvement



Is the service caring?

The service was caring. People were supported by regular staff who knew them well.

People had been involved in planning their care.

Good



Is the service responsive?

The service was responsive. Relatives gave us examples of when the service had responded to people's changing needs. Concerns and complaints were handled effectively.

Good



Is the service well-led?

The service was not always well-led. Records often lacked detail of people's preferences for support.

The management were not aware of new regulations that they were required to be compliant with by law.

Relatives and staff felt the registered manager was approachable and available to speak to should they have any concerns.

Requires improvement



Living Glory Social Care

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 the 17 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

Before the inspection we looked at information we already had about the provider. We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including injuries occurring to people receiving care and unexpected deaths. We also

reviewed the actions the provider said they would take in response to concerns raised at our last inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commissions services from the provider for their views of the service.

During our inspection we were unable to speak to people who use the service as they lacked the ability to consent to speaking with us. Instead we spoke with three relatives of people. We spoke with the director of the company, the registered manager who was also the nominated individual on behalf of the provider and three members of staff. We looked at records including four people's care plans and three staff files including a review of the provider's recruitment processes. We sampled records from staff meetings and looked at the provider's quality assurance records to see how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

We looked at how medicines were managed. There was a list of the medicines people took in their care files with the amount to take and how often. We were advised that the provider had determined that medicines had to be in blister packs to reduce the risk of errors, and was administered only by staff who had received medication administration training. The registered manager informed us that there had been no medication errors in the last 12 months. Staff that we spoke to told us that they knew their responsibilities for safe medication administration. There were no records available of people's administration of medication to enable us to establish if the prescribed medicines had been given safely. The registered manager had produced their own record where staff had to sign to say they had given medicines but this record did not detail what medicine the staff member had given. The staff member had signed this record four times a day, but some people's medicine had only been given once a day. Therefore it was unclear if medicines had been given as prescribed. The registered manager's own audit and checking system did not detail what was involved in the audit process.

People's relatives told us they had no concerns about their relative's safety. One relative said "It's a great relief to know she's fine and safe." Some of the people were living with their relatives who also provided them with support. Staff that we spoke to knew that they could raise any concerns with the management team and felt the service kept people safe.

Staff we spoke with could tell us about the different types of abuse that people were at risk from and understood their responsibilities to report any concerns to the management team. Staff we spoke with told us they had received training in how to safeguard people and knew the provider's procedures for reporting any concerns. Records confirmed that staff had received safeguarding training to ensure they were knowledgeable about safeguarding

practices. The director and registered manager were able to tell us their responsibilities for safeguarding and were aware of who they needed to report any concerns to. These measures helped to keep people safe.

Records showed that the risks to people were assessed and plans were in place to reduce the identified risk for the person in relation to their health conditions. Risks associated with the environment of people's homes had been identified but little had been put in place to minimise the risk to the person or staff members. The director informed us that no accidents had happened in the last 12 months.

There were sufficient staff employed to meet people's needs. The management team informed us that they would only accept new referrals to the service if they knew they had enough staff to provide that care. The registered manager also stated that assessments of people in their own homes were carried out before agreeing to provide care for the person. This was to ensure that the registered manager could assess the person's needs and ensure that they were able to provide safe care for that person. The registered manager gave examples of how they had refused care packages in the past due to their being insufficient equipment available for the staff to use which may have placed the person and staff at risk.

The registered manager had a system in place to assist them with safe recruitment practices. These processes included obtaining a Disclosure and Barring Service (DBS) check to ensure people employed by the service were safe to be working with adults. We found that further steps had been taken to ensure staff were suitable to support people who used the service. The service is registered to provide personal care to children and adults in their own homes. At the time of the inspection we were advised by the director of the company that they had not conducted checks on the suitability of staff to work with children as they were not delivering any care to children at the time. The director was aware of the need to ensure staff were checked to the correct standard should they commence providing support to children and that any staff providing care for children would need specific training.

Is the service effective?

Our findings

Staff told us that they received sufficient training to enable them to carry out their job effectively, and were informed when they needed to attend further training. The registered manager informed us that when a staff member highlighted the need to do further training through supervisions this was then booked for staff. Although there were no clear systems in place to plan training the registered manager assured us that training was planned and that the training companies they used informed them when staff needed to do their training. It was not clear whether staff had received training on people's specific needs although the registered manager assured us this was covered in other training courses. Staff we spoke with told us that they received regular supervisions.

One of the relatives we spoke with told us that the service had provided their relative with a member of staff who had similar interests and who understood the importance of the person's cultural and religious needs. Relatives also told us that staff had been supporting their relative for a number of years and had built up knowledge of their relative.

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 make 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 and found that there was a lack of understanding amongst staff about what this legislation meant for the people they supported. The registered manager of the service informed us that MCA training had taken place although they were awaiting certificates to be sent out. There were no assessments of people's capacity or evidence of best interests meetings even when it had been identified that a person lacked capacity to make some decisions. Therefore there was a risk that staff would be unaware if they were supporting people correctly and protecting people's rights.

Staff we spoke with told us how they would gain a person's consent before supporting them and staff explained how they used different ways of communicating to help people understand.

Staff supported some people with eating and drinking. The registered manager informed us that relative's supplied sufficient food for staff to prepare meals. However people's support plans did not contain sufficient details of food a person may like or dislike when staff were preparing meals. The director informed us that staff had a good knowledge of the people they were supporting and therefore knew their preferences.

We looked at the support people received with their healthcare needs. Most of the people who received the service had family members involved who would arrange healthcare appointments if and when needed. Relatives informed us that the service were quick to alert them should their relative become unwell. Staff were able to tell us appropriate action they would take should they be concerned about the healthcare needs of a person they were supporting. People were receiving appropriate support with their healthcare needs.

Is the service caring?

Our findings

Relatives told us the staff were caring. Comments from relatives included, “Staff are very friendly and caring”, “[name] gets excited about them coming and knows who they are, staff are always friendly and always have a smile on their face. My brother is happy with regular staff”. Another person spoke about staff and said “Staff have a good relationship with mum. Mum thinks they’re lovely ladies and she is pleased to see them.”

Staff we spoke with told us they enjoyed supporting people and had built relationships with people after working with them for some time. The service had introduced people to two staff members who worked with the person on different days during the week. If one staff member was unable to attend the call then the other staff member would be able to support the person and therefore allow continuity of care.

People’s relatives told us that their relative was supported by consistent staff who had got to know their relative well. The registered manager told us and records confirmed that people were supported by the same staff member wherever possible.

Initial care plans were completed with the person and their family. Where a person had communication difficulties, the director told us of the importance of involving family members in planning care to enable understanding of the person’s needs. The staff member who was going to be supporting the person completed the care plan with the registered manager at the person’s home so that they could introduce themselves to the person and begin to understand the support the person required. Care plans identified when people had requested to be supported by staff of the same gender and staff and relatives confirmed this was followed in practice. We saw care plans detailed the importance of treating people with dignity and respect and staff we spoke with understood and followed these principles in practice.

We saw that some people had been supported to become more independent. The director told us that promoting people’s independence often came with risks but that the opportunity for gaining independence often outweighed the risk.

Is the service responsive?

Our findings

Relatives were able to give us examples of when the service had been responsive to their relatives changing needs. One relative told us that staff had worked flexibly after the person they were supporting had experienced a healthcare emergency and needed to sleep after the normal call time. This relative told us that staff had arranged to support the person later on in the day, outside of their normal call time. Another relative explained how the service had changed the days of support given to fit in with the person's and the family's changing needs. This had helped the relative feel in control of the arrangements to give full support to the person.

We saw that people's relatives were involved in reviewing the care received and although the director informed us that people were also involved in these reviews this wasn't clear from records we saw. One relative told us that care was reviewed more frequently when they had started to use the service to make sure things were going well. We saw that review notes detailed positive comments about the support received and where family had raised concerns, action points were put in place to resolve the concern. Staff were able to feedback information about people's changing needs to the registered manager who would then alter the care plan accordingly.

We saw that there were systems in place for staff to handover important information, after each call, between themselves to ensure continuity of care for the person. Staff told us that they would feel able to raise any concerns they may have about a person they were supporting with the registered manager.

The service had an effective complaints process. Relatives we spoke with were aware of how to complain or raise concerns should they need to. One relative gave us an example of how the registered manager had resolved a concern they had raised quickly and effectively. We saw that complaints procedures were in place and were available for people to access through a service user guide which they received before using the service. The complaints procedure was only available in written format and the registered manager may wish to consider supplying the procedure in easy read and other formats to allow understanding for people using the service. There had been no official complaints in the last 12 months. We found that where concerns had been raised they were treated with the same importance as complaints and processes to resolve the concern were documented. The registered manager also carried out follow up calls once the concern was resolved to ensure that the resolution was effective.

Is the service well-led?

Our findings

At our last inspection in July 2014 we found the service had not always protected people from the risks of unsafe care because appropriate records were not always maintained. This was a breach of the Health and Social Care Act 2008.

At this inspection we found that whilst there had been some improvement in the service's record keeping, and the director told us that risks of unsafe care were minimised, records were still not meeting the expected standard. We found that care records detailed tasks that people required support with but lacked detail about people's preferred methods of support and relevant history. Medication records lacked detail about the types and amounts of medication administered and audit systems did not detail what had been audited.

The registered manager understood their responsibility to inform the Care Quality Commission of specific events that had occurred. The registered manager and director of the service had not kept themselves up to date with changes in legislation and the introduction of fundamental standards that had come into force in April 2015 which had introduced new regulations and changed responsibilities related to registered care services. The failure to keep abreast and informed of changes meant that there was a risk that people would not be provided with support and care that complied with the regulations. The director assured us that he would update his knowledge in line with this legislation. Systems and processes in place failed to ensure compliance with requirements of the regulations.

The issues related to lack of complete records of care and support provided together with a lack of up to date and current knowledge about legislative changes were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with felt valued and involved in the running of the service. Staff felt able to speak to the

registered manager about any issues they may have and told us, "The manager would help." There were systems in place that ensured staff could seek advice from a manager any time of day. We saw that staff meetings occurred twice a year and the director informed us that staff could add items for discussion to the agenda.

We looked at how the service monitored the quality and safety of the service. We saw that the registered manager carried out observational audits every few months including observing how staff provided care to people. The director informed us that these audits also served to check if the person was happy with the care received although we noted that this was not recorded. These observational checks gave the registered manager the opportunity to check if records had been completed correctly.

All the relatives we spoke with knew who the registered manager was and were happy with how the service was managed. Relatives told us that they did not have any concerns regarding staff arriving late for a call. There were no systems in place to monitor missed and late calls although the director assured us that he relied on remembering such instances and could keep track of any repeated lateness of staff and would take action where necessary.

People's views and their relative's views were sought through a questionnaire. We saw that the majority of the feedback was positive. Although some concerns raised had been dealt with it was unclear whether other concerns that had been raised by people had been resolved although the director assured us he had spoken to those raising concerns and had arrived at a conclusion.

Development plans for the service included being able to provide the service to more people. However, the director advised that he wanted to recruit more staff before this took place to ensure people received support from regular staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes had not been established to ensure compliance with Regulated Activities Regulations 2014. Regulation 17(1)</p> <p>Complete and contemporaneous records had not been maintained in respect of the care and support provided to people using the service. Regulation 17(2)</p>