

Glee Care Ltd

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Glee Care Ltd is a domiciliary care service. The service provides care and support to people living in their own homes in the community.

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.

At the time of our inspection 16 people were receiving personal care.

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

Staff provided people with individual support in line with their assessed needs. However, the support plans viewed during the inspection required more detail to reflect the actual support being provided. No people had come to harm, and the provider arranged for the support plans to be updated with the additional information.

Most people and relatives spoken with during the inspection expressed they were pleased with the care and support they received from the service. However, some people expressed that poor time keeping was a problem they encountered with the service. The provider confirmed that in response to feedback from people using the service around timekeeping they had improved the electronic care monitoring system, to track when staff arrived and left each care call. The provider had also held staff meetings to stress the importance of staff contacting the office when running late, so people could be informed, and if needed, alternative arrangements made.

People and their relatives knew how to raise a complaint and said they would feel confident to do so. Records showed the provider had responded to complaints. Feedback we received from a relative that had raised some concerns with the provider, indicated their concerns had not been dealt with appropriately. This had the potential to make people reluctant to challenge unsafe or unacceptable practice for fear of recriminations. The provider said they had learnt from the event and welcomed critical feedback, which was used to drive improvement of the service.

People received support from staff that were suitably recruited. Staff received induction training and on-going refresher training to keep their knowledge and skills up to date. All people and relatives commented they received support from a core group of staff, who understood their needs and preferences.

Where the provider took on the responsibility, people were supported with their medicines by staff that had received training on medicines administration and had their competency to safely administer medicines assessed.

People felt reassured and safe as staff followed government guidance on COVID-19. Staff followed infection prevention control (IPC) best practice, in relation to reducing the risks of infection spread, wearing personal protective equipment (PPE) and following good hand hygiene. Staff had access to enough supplies of PPE equipment.

People told us the provider was open and welcoming and led by example. Staff told us they felt respected, valued and supported. Staff spoke positively of the support they received from the provider who often worked alongside them on care calls.

The provider understood their legal obligations. CQC had been informed about events they were required to by law, and they had displayed the last inspection rating on their website and within the service as required.

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 04 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received regarding time keeping, staffing and the governance of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

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 of Good has not changed based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glee Care Ltd on our website at 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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Glee Care Ltd

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 was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection and provided an explanation as to the inspection process. We asked the provider to submit information to CQC to minimise the time spent on site in response to the pandemic.

The inspection activity started on 1 June 2021 and ended on 25 June 2021. Due to other commitments the registered manager was not available to facilitate the office visit until 25 June 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 had completed a provider information return (PIR) 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 information into account when we inspected the service and made the judgements in

this report.

During the inspection

We spoke with five people who used the service and four relatives of people using the service, about their views and experience of the care provided. We spoke with four members of staff including the registered manager who also held the nominated individual position. A nominated individual is responsible for supervising the management of the service.

We reviewed a range of records, including three people's support plans and associated records. Staff supervision and training records and two staff recruitment files. We reviewed the providers own policies and procedures and a variety of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives all confirmed they were supported by a core group of staff, who understood their needs and preferences. However, time keeping was the biggest problem they encountered. One person said, "The biggest grouse I have is staff not staying for the full length of time, I know situations happen, but the carers don't always stay for the full length of time; they arrive either too late or too early." A relative said, "The carers are supposed to help [name] to get into bed around 7pm, but sometimes they [staff] don't arrive until 10:30pm, it really depends which staff are on." People told us they had raised concerns about the timekeeping with the provider.
- The provider confirmed that in response to feedback received from people using the service around timekeeping they had improved the electronic care monitoring system, to track when staff arrived and left each care call. The provider had also held staff meetings to stress the importance of staff contacting the office when running late, so people could be informed, and if needed, alternative arrangements made.
- People were supported by staff that had been recruited using safe recruitment processes. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Assessing risk, safety monitoring and management

- Staff provided people with individual support in line with their assessed needs. However, the support plans viewed during the inspection required more detail to reflect the actual support being provided. No people had come to harm, and the provider arranged for the support plans to be updated with the necessary information immediately.
- Equipment was used to move and support people safely. One person said, "I use a [transfer board] to move from my bed to wheelchair; feel very safe when staff help me to move position, they wait until I am ready." Although one person and their relative told us they often had to remind the staff to put the brakes on the bed before staff assisting the person to get in and out of bed. The provider confirmed they had been made aware of the concern and moving and handling refresher training had been provided for staff.
- People cared for in bed and at risk of skin damage had pressure relieving equipment in use. People at risk of malnutrition and dehydration had their food and fluid intake closely monitored. Any areas of concern were reported to the relevant health care professional.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff that provided their care and support.
- Staff told us, and records showed they had been trained in the safeguarding procedures and knew what action to take to protect people from the risks of harm and / or abuse.

- Records showed the provider had co-operated with the local safeguarding authority in response to safeguarding concerns.

Using medicines safely

- Where the provider took on the responsibility, people were supported to safely take their medicines.
- The provider completed spot checks on staff, which included observing staff administering medicines to people. This ensured staff followed the correct medicines procedure and followed people's individual support plans when administering medicines to people.

Preventing and controlling infection

- People and relatives confirmed staff always wore personal protective equipment (PPE) throughout the care visits.
- Staff had received training about COVID-19 and infection prevention measures, which included the correct procedure for the putting on and taking off, of PPE, known as donning and doffing. Staff explained how they followed the government guidance to promote people's and their own safety against the transmission of COVID-19.
- The provider ensured all staff had regular screening for COVID-19. They also ensured any staff showing any COVID-19 symptoms or had been in contact with people tested COVID positive, were tested and followed the self-isolating government guidance.

Learning lessons when things go wrong

- The provider acted in response to feedback from people using the service. For example, call times were being closely monitored and tracked.

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.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their role and responsibilities. At this inspection no incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- People told us the provider was open and welcoming and lead by example. Staff told us they felt respected, valued and supported. Staff spoke positively of the support they received from the provider who often worked alongside them.
- Staff told us they received one to one supervision, which gave them the opportunity to discuss in confidence their work performance, further training or support needs.
- Staff were supported to provide good quality care, as they were monitored, and had opportunities to attend meetings.

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

- People and their relatives confirmed they were involved in the initial care assessment and ongoing review of their needs.
- People's views about their experience of using the service were sought during unannounced management spot checks and announced visits to people using the service. The provider was very hands on and regularly had contact with people using the service, which gave people the opportunity to discuss their care needs.
- Whistleblowing was encouraged within the service and staff told us they were confident to raise any safeguarding concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance audits were completed using an electronic care monitoring system. The system gave the provider access to live updates to continually monitor and track the delivery of people's care.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A COVID-19 contingency plan had been developed in response to the

pandemic, which outlined the actions needed to ensure essential care continued to be provided.

- The provider understood their legal obligations. They had notified CQC of events and had displayed the last inspection rating on their website, as required to do so by law.

Continuous learning and improving care; Working in partnership with others

- Records showed the provider responded to safeguarding concerns and complaints. Feedback we received from a relative that had raised some concerns with the provider, indicated their concerns had not been dealt with appropriately. This had the potential to make people reluctant to challenge unsafe or unacceptable practice for fear of recriminations. The provider said they had learnt from the event and welcomed critical feedback, which was used to drive improvement of the service.
- The provider worked with other healthcare professionals and the local authority to continuously drive improvements at the service.