

Glow Domiciliary Healthcare LTD

# Glow Domiciliary Healthcare LTD

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Glow Domiciliary Healthcare LTD is a domiciliary care service providing the regulated activity of personal care to people living in their own homes. The service currently supports four people with varying needs which include older people, physical disabilities and young adults with learning disabilities.

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

One person and relatives of people receiving care and support from Glow Domiciliary Healthcare LTD, spoke positively about the care and support that they received. Care and support was personalised to people's individual needs. People's privacy, dignity and independence was promoted.

Risks associated with people's health, care and medical needs were identified and assessed. The registered manager and care staff understood those risks and how to minimise them to keep the person safe. Policies and processes were in place to support safe management and administration of medicines. Only those staff assessed as safe to work with vulnerable adults were employed by the service.

People were supported to maintain good health and had access to a variety of healthcare services where required. People were supported with eating a healthy and balanced diet where this was an assessed need. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care staff received the required training and support to ensure safe and effective provision of care.

Care plans were person centred and gave comprehensive information about each person, their needs and how they wished to be supported. People and relatives knew who to speak with if they had a complaint or concern to raise and were confident their concerns would be addressed.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and support people received.

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

This service was registered with us on 10 October 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection. The service was registered with us on 10 October 2020 and this was the first

inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Glow Domiciliary Healthcare 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 Health and Social Care Act 2008.

#### Inspection team

This 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2022 and ended on 24 March 2022. We visited the office location on 15 March 2022, spoke with the relatives of people receiving care and support and one staff member on 16

and 23 March and gave inspection feedback to the registered manager on 24 March 2022.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. 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

During the inspection we reviewed four people's care plans and risk assessments. We looked at four staff files in relation to recruitment, training and staff supervision. We also spoke with the registered manager and reviewed other records relating to the management of the service, including complaints records and management audits.

#### After the inspection

We spoke with one person using the service and two relatives of people receiving personal care and support about their experience of the care provided. We also spoke with one care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected and safeguarded from the risk of abuse.
- One person and relatives told us that care staff from Glow Domiciliary Healthcare LTD supported their family member safely. One person told us, "Yes, I feel safe." One relative told us, "She [person] feels very safe. [Registered manager] cares for her just like a mum."
- Policies and procedures in place gave clear direction and guidance to staff on how to safeguard people from the risk of abuse and the actions they would take to report their concerns.
- Care staff were provided with training on safeguarding and how to whistle blow. The care staff we spoke with was able to list the different types of abuse, how they would recognise signs of abuse and the actions they would take to report their concerns.
- The registered manager demonstrated a good understanding of the requirement to notify relevant safeguarding authorities where safeguarding concerns had been identified or raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans had incorporated within them the management of identified risks associated with people's health, medical and social care needs. Clear guidance was available to staff detailing the actions to take to minimise and mitigate risk to keep people safe. Assessed risks included risks associated with choking, use of a wheelchair and the environment.
- Care plans and risk assessments were reviewed as and when required and especially where a change in people's support needs was noted.
- As the service was supporting only a handful of people, much of the care delivery was provided by the registered manager and another care staff member. Both knew people's needs very well and how people were to be supported safely.
- At the time of this inspection there had been no recorded accidents or incidents. However, systems were in place to record all accidents and incidents. Information that would be required included details of the accident/incident, the immediate actions taken, the outcome and any follow up actions to be taken.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-occurrences.

Staffing and recruitment

- Recruitment policies and procedures followed by the registered manager ensured that only those staff assessed as safe to work with vulnerable adults were recruited.
- Pre-employment checks completed included the completion of an application form, criminal record checks, evidence of conduct in previous employment, right to work in the UK and proof of identity. .

### Using medicines safely

- At the time of this inspection the service was not supporting anyone with their medicines.
- However, policies and procedures were in place to support the safe management and administration of medicines, when this support was required.
- During the inspection we were shown records that were available to use if and when people were assessed as requiring support with medicines management. This included Medicine Administration Records, care planning, and management oversight of this.
- Care staff had received the appropriate training and competencies assessed to be able to provide safe medicines support.

### Preventing and controlling infection

- Policies and procedures were in place to support good infection control and prevention practices and included specific information and guidance in relation to COVID-19.
- Care staff had access to the required PPE including gloves, aprons and masks. Staff also participated in the organised testing regime to minimise the risk of transmission of COVID-19 to people.
- One care staff told us that information and guidance on infection control and the correct use of PPE was exchanged with them regularly including all relevant updates.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out an assessment of people's needs to determine whether the service could effectively meet their needs. The assessment involved the person, known relatives or representative and any involved health and social care professionals. The registered manager told us, "It's all about meeting the needs of the person according to their choice and preferences."
- Information collated including people's wishes, needs and requirements and this was used to develop their care plan and risk assessments.

Staff support: induction, training, skills and experience

- Care staff received the required training and support to effectively deliver care to people.
- One care staff told us, "I had a one week training and induction with them which covered everything such as health and safety, food and nutrition and my role as a care worker. I did shadowing for one day." Records also confirmed this.
- A range of certificates were also reviewed which confirmed that care staff also received specialist and refresher training where required.
- One person receiving support from this service spoke positively about the staff and their skills and said, "They do their jobs well." Relatives told us, "She [registered manager] has the skills to support my daughter" and "She [care staff] comes across as extremely skilled."
- Care staff told us that they felt appropriately supported in their role and had received training, supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- The care plans we looked at had recorded people's preferences and support needs relating to meal and drinks provision. One person told us, "They do make me a great cup of tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Processes were in place to support people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed or identified need.
- The registered manager explained that as yet they had not really been involved with any specific healthcare professionals. However, going forward they were hoping to establish relationships with professionals including speech and language therapists, district nurses and incontinence nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty.
- Care plans evidenced consent to care had been obtained from people or where appropriate their named representative.
- People's capacity had been assessed and where required best interest decisions had been recorded within the person's care plan which involved the person's representative and health care professionals where required.
- Care staff demonstrated a good understanding of the MCA and how they supported people to make decisions taking into consideration their abilities.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and were supported in a way which took into consideration their diverse needs. One person told us, "They [care staff] are caring. In the beginning I felt like a patient rather than a person who needed help with certain things but that has changed and I feel more like a human being now."
- Relatives spoke highly of the care staff and the registered manager and their caring nature. One relative told us, "She [registered manager] the best person who have I really had to care for my daughter. My daughter is just like one of her daughters." Another relative described the registered manager and care staff as, "Highly professional, charismatic, very natural and a kind person."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported This included information about specific cultural, religious or personal needs where appropriate.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in making decisions about their care and were treated as equal partners throughout the care planning and delivery process.
- The person receiving care and support and relatives of people receiving support told us that they and their family member were always involved in every aspect of care and support provision. One person told us, "They [registered manager] does involve me." One relative stated, "We discuss everything together."
- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- The registered manager and the care staff member that we spoke with knew the person they supported very well and were able to describe how care was tailor made to their needs and requirements. One care staff member explained, "Communicating is number one, that's how I get to know what they like, how they want to be supported. She [person] communicates her needs to me. We always are having a chat about her family."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were supported to maintain their independence where able.
- One person and other people's relatives that we spoke with told us that care staff were always respectful of their and their loved one's privacy and dignity and that they supported the person accordingly. One person stated, "They do treat me with dignity and respect."
- We were told that care staff worked with people in ways which promoted their independence. One relative told us, "She [care staff] greets her [person], she tells her what she is doing, encourages her to do things for herself where she can." One care staff explained, "I always tell her [person] whatever you can't do let me

know. I promote her independence. [Person] will tell you what she wants. Let her do what she can. I will not take her independence away from her."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and focused on their care and social needs and how they wished to be supported.
- The care plan detailed what was important to the person, how to promote their independence and their likes and dislikes.
- Care staff confirmed that a detailed care plan was accessible to them which gave them detailed information about the person they were supporting.
- Care plans were reviewed every six months or sooner in response to any change in needs. One care staff told us, "She [registered manager] updates the care plan and she also tells me. Recently when she went to a meeting, I was told everything I needed to know from the meeting."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included specific information about their communication needs and the various methods used to enable people to express themselves. One person's care plan recorded, 'I wear a hearing aid in both ears and as a result need to be communicated with slowly and clearly.'
- The registered manager knew of the person's specific communication needs and how to use this to support good communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us that they would support people with taking part in daily living activities and pursuing their interests where this was an identified need.
- People's care plan detailed their interests and hobbies which enabled care staff to familiarise themselves with the person and where required support them accordingly.

Improving care quality in response to complaints or concerns

- A complaints policy was in place which gave clear direction on how to raise a complaint and how the service would deal with the complaint.
- The service had not received any complaints since it had begun supporting people. The registered

manager told us, "Our aim is to make sure we don't have any complaints, we aim to diffuse at an informal level and we want to learn from it."

- The one person and relatives we spoke with stated that they knew who to speak with if they had any concerns and were confident these would be dealt with appropriately. One relative told us, "I would feel very comfortable going to [registered manager]."

End of life care and support

- The service was not currently supporting any one with end of life care.

- However, we saw that for some people, their end of life wishes and advanced care planning had been recorded within their care plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care and support that met their needs and enabled them to achieve good outcomes.
- One person and people's relatives told us that they received care and support from the registered manager and care staff which was person centred. One relative told us, "[Registered manager] is very enthusiastic, she is service user orientated, looking after [person] is paramount to her."
- We were also told that communication between people, relatives, the registered manager and care staff was very effective. One relative explained, "Communication is the biggest thing for me, I want to know what's going right or wrong. I have built a good rapport with [registered manager]."
- Care staff also told us that they felt well supported in their role and that the registered manager was always available to support and guide them when required. One care staff told us, "She [registered manager] is so good, very flexible, she is so supportive. Anytime I can approach her. Very supportive to me."
- The registered manager understood their statutory responsibilities around notifying the CQC and the local authority of any significant events, when required.

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

- The registered manager and care staff demonstrated a good understanding of their responsibilities when managing risks and the requirements around meeting the regulations.
- Care staff knew the registered manager very well and felt confident in speaking with them if they had any concerns.
- The registered manager carried out periodic unannounced spot checks and audits to monitor the quality of care and support people received. Checks looked at records, care delivery and medicines administration.
- Where issues were identified, the registered manager made sure that these were addressed immediately, and processes put in place to learn, develop, improve and prevent any future re-occurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager explained that as the service was still quite small in the number of people they supported, they were quite involved with all the people they supported, even delivering care and support to some people.
- This level of regular contact meant that the registered manager was able to monitor the quality of care

people were receiving and where improvements were required implement these immediately.

- People and relatives had also been asked to complete satisfaction surveys on an annual basis so that they were able formalise their feedback about the care and support they received. We saw recently completed surveys which were positive. One relative told us, "She [registered manager always tries to get feedback from me, asks me if there is anything I need, anything they can do better. They go the extra mile to get feedback."
- The registered manager told us that they had not organised any formal staff meetings with the staff team due to them being a very small team. Communication with staff was maintained through regular one to one catch ups, emails, instant messaging and telephone calls. The care staff member we spoke with confirmed this and told us, "[Registered manager} always communicates with us and keeps us updated through emails. She always calls us and there is a communication book too."
- The registered manager had not yet needed to work with other agencies or health professionals to ensure people's care and well-being was supported. However, the registered told us that they were keen to establish relationships with a wide range of professionals going forward to ensure people were supported holistically with their health and care needs.