

Goddards Care Limited

# The Goddards

## Inspection report

Goole Road  
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Goole  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

The Goddards is a residential care home providing personal care to 14 people at the time of the inspection. The service can support people with a learning disability or autistic spectrum condition.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. The location of the service was near other homes and facilities locally and staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by a consistent and caring staff team, but not all staff had completed recent refresher training to ensure their skills and knowledge were kept up to date. Aspects of record-keeping required improvement to make sure people's needs were effectively monitored. Improvements had been made to the quality assurance system but some issues identified in audits had not been fully resolved. Policies were being reviewed and updated.

People liked living at The Goddards and confirmed they felt safe and comfortable. Staff were aware of risks to people's safety and wellbeing. Checks of the environment were conducted and the manager had taken action to improve environmental safety, including fire safety measures. Staff were aware to report any safeguarding concerns. People were supported with their health needs and had regular health checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's independence was promoted; they were involved cooking and household tasks. Staff respected people's privacy and dignity. People were supported to access a range of activities and maintain relationships with friends and family members.

People and staff spoke positively about the management of the service. Staff told us there was good team work and a positive, person-centred culture.

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 requires improvement (published 25 July 2018). Since this rating was awarded the provider has altered its legal entity. They registered with the Care Quality Commission under this new legal entity on 28 November 2018.

Why we inspected:

This was a planned inspection based on the provider's new registration.

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# The Goddards

## 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. This inspection was planned to check 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 conducted by one inspector.

#### Service and service type

The Goddards is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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. In addition to the registered manager, a new manager had started working at the service six months before our inspection and had submitted their application to register with CQC. They managed the service on a day to day basis. Throughout the report this person is referred to as the manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 us key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and reviewed information the provider sent us in their registration application. We used this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service. We spoke with the manager, registered manager (who was also the nominated individual) and four care workers.

We looked at records related to people's care and the management of the service. We viewed three people's care records, four staff recruitment and induction files, training and supervision information, and a range of records used to monitor the quality and safety of the service.

#### After the inspection

We continued to review evidence from the inspection.

# 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 the service under the new legal entity. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People confirmed they felt safe living at The Goddards.
- Each person had a risk assessment which guided staff on any action to take to minimise risks to people's safety and well-being.
- Staff recorded any accidents or incidents that occurred. These incidents were reviewed by the manager to identify any action required to prevent a potential recurrence.
- Checks of the environment and equipment were undertaken, to ensure their safety. Recent action had been taken to enhance fire safety in the home. The manager had also commenced work to improve window safety, which was on-going at the time of our inspection. The manager completed a risk assessment and agreed to update us once this work was completed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and access to the local authority's policies and procedures.
- Safeguarding referrals had appropriately been made to the local authority when required.
- Staff were aware of indicators of potential abuse and knew to report any concerns.

Using medicines safely

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines were trained and had their competency checked.
- The manager was aware of a national campaign to prevent the over-use of psychotropic medicines for people with a learning disability. They had worked with the GP to ensure people had a regular review of their medicines.
- The manager took immediate responsive action when it was identified during the inspection that the system for recording stock levels had not been properly completed in the month of our inspection. They addressed this straightaway.
- Regular medicines audits were conducted, to check on practice and ensure people received their medicines as prescribed.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us there were staff available to help them when they needed it. One commented, "There's enough staff I think. Always someone around in the home."
- There was a consistent staff team, many of whom had worked at the service for several years. There were contingency arrangements in place to provide staff cover in the event of holidays or sickness absence. The

manager advised us they were planning to increase staffing levels at certain times of the day.

- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

Preventing and controlling infection

- The home was clean and staff used personal protective equipment when required, to help prevent the spread of infection.
- Best practice guidance in relation to infection prevention and control was available to staff.

# 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 of the service under the new legal entity. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received an induction and training, but not all staff had completed recent refresher training to ensure their knowledge and skills were kept up to date. This included staff who were in a supervisory position and topics which were considered mandatory by the provider.
- The manager had introduced a new on-line training system and was in the process of improving oversight and records in relation to training. They had also developed a new system to check staff competency.
- Not all staff had received supervisions in line with the provider's expectations, and improvement was required in relation to the quality and consistency of staff supervisions.
- Staff were satisfied with their training and felt supported.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People were supported to access to a range of health and social care professionals. Staff were aware of people's health needs but did not always complete records required to monitor people effectively.
- One person's bowel movements needed to be recorded, in order to monitor their medication requirements and health. These records were not completed consistently. Whilst there was no evidence that this had impacted on the person's well-being, improvement was required to ensure any changes or issues were identified promptly.
- The manager had referred people for specialist support where required and staff supported people to attend annual health checks, regular dental appointments and sight tests.
- People told us they were confident staff would help them if they felt ill or needed to see a doctor.
- Information about people's health needs was recorded in their care plan, including information about people's oral health care needs. The manager agreed to add more detail in one person's oral health care plan.

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 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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought people's consent before providing care.
- People confirmed staff talked to them about their care and one said, "They'd listen if there was something I wanted."
- People had signed their consent to their care plan, where they were able to.
- The provider had submitted DoLS applications where required and had a clear system to monitor when any authorisations were due to expire.

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

- Systems were in place to assess people's needs and preferences, so staff knew how to support them effectively.
- The manager was knowledgeable about legislation and best practice. They shared information about best practice with the staff team.

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

- People were supported with their nutrition and hydration needs and enjoyed the meals available.
- People described the food as, "Lovely," "Alright" and "Brilliant." People were encouraged to give ideas for the menu and staff were developing a collection of photographic menu options, to aid people in expressing their preferences.
- Information about people's nutritional needs and preferences was available in their care plan and their weight was monitored.

Adapting service, design, decoration to meet people's needs

- The accommodation was suitable for people's needs.
- The home was a large period property, which had been routinely maintained. At the time of our inspection, people who used the service were able to use the stairs to access all floors.
- The service was larger than considered current best practice for people with a learning disability. However, this was mitigated by the design and décor of the property being homely in nature, with space for people to have time on their own if they wished. Bedrooms were decorated according to people's preferences and contained people's personal possessions.

## 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 of the service under the new legal entity. 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; equality and diversity

- Staff were caring and treated people with respect.
- People benefitted from having consistent staff who knew them well. People had formed good relationships with staff and described staff as, "Nice" and "Kind." One person told us, "The staff are brilliant."
- The manager promoted a positive and caring approach towards people who used the service, and staff spoke about people respectfully.
- Feedback we viewed from social care professionals who had visited the service recently was positive. Comments included, "Staff always have a smile" and "Very good staff, always very helpful and pleasant."
- The provider had an equality and diversity policy and staff respected people's individual needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- People told us, "Yes I have privacy. I have a lock on my room door" and "I can have privacy in my room or by going out."
- Staff promoted people's independence and involved them in household tasks. People told us, "We all help cleaning up," "Staff do meals but I help make sandwiches and do the pots" and "I've got a lot of independence."

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

- Staff involved people in decisions about their care and matters affecting them. One person told us their room was going to be decorated next and commented, "I can choose the decoration."
- Some people accessed advocacy support for independent help with decision making and expressing their views.
- People had opportunity to raise any issues in regular meetings with their keyworker.

# 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 of the service under the new legal entity. 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

- Staff provided support in line with people's individual needs and preferences.
- Each person had a care plan with information for staff about how to support people. The manager was in the process of re-developing the care plans for each person.
- People met with their keyworker regularly to discuss their care and identify any changes needed to their care plan.
- Care plans contained information about any religious or cultural needs.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan. This was available to share with other services if required.
- Some documentation, such as care plans, included picture symbols to aid people's understanding.

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

- People were supported to maintain relationships and take part in a range of activities of their choice.
- People told us, "I play games. Board games and the wii. Sometimes play a bit of football or go on the bikes outside when the weather is better. I go swimming" and "I like going to Castaway (theatre group) and swimming." Others told us they enjoyed gardening, sewing, baking, attending a social club and going out for walks. There was a micro-brewery on the site, which some people worked in.
- During our inspection there was limited structured activity taking place at the home during parts of the day. The manager told us they were hoping to develop the range of activities further and identify a staff member to champion this work.
- People were supported to maintain contact with relatives and friends. Feedback we viewed from visitors indicated they were always made to feel welcome.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to any concerns or complaints raised.

- Records showed that complaints raised had been investigated and responded to.
- People were aware how to raise any concerns and told us they would feel confident raising anything with staff or the manager.
- The complaints procedure required reviewing with updated contact details for external agencies. The manager agreed to address this.

#### End of life care and support

- The service provided compassionate end of life care.
  - At the time of our inspection nobody required end of life care, but staff explained how they had worked with healthcare professionals to ensure people's needs were met, when this had been required.
- Consideration was also given to the emotional needs of everyone living at the home during this time.

# 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 of the service under the new legal entity. This key question has been rated 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; Continuous learning and improving care

- There was a quality assurance system; the manager and staff team conducted checks on the quality and safety of the service. The manager had reviewed the system in place and introduced additional checks. This had helped to identify issues for improvement. In some areas, issues had been addressed as a result. However, this was not consistent. Monitoring records, such as bowel charts, were still not being completed correctly despite having been identified in audits. Staff training and supervision was not yet up to date.
- Further time was needed to embed the quality assurance systems in place and ensure they were consistently effective in identifying and addressing issues.
- The manager took action during the inspection to develop additional checks in relation to window safety.
- Some policies and procedures required updating to reflect up to date legislation. The manager had started work to address this prior to the inspection.
- The manager was aware of legal requirements and had submitted notifications to CQC about incidents that had occurred.

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

- We received positive feedback from staff about the management of the service. Staff felt supported and told us the manager was "Lovely." One staff member commented, "[Name of manager] supports the staff and people who use the service. They will come and thank you if it's been a tough day." Another spoke of the changes the manager was implementing and described the manager as, "Professional and good."
- Staff told us there was good team work, with a focus on providing a person-centred service. One staff member told us, "We make everyone feel included and treated as individuals."
- People who used the service spoke positively about the manager. We observed people felt able to come and talk to the manager at any time, with any questions or concerns.
- Staff were involved in discussions about the service at team meetings. Surveys were periodically sent out to people and relatives to seek feedback. The manager advised us they planned to issue a survey by the end of the year.

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 manager understood requirements in relation to the duty of candour.

### Working in partnership with others

- The provider worked well with other organisations and healthcare professionals to meet people's needs and enhance the social opportunities available to people.
- People were supported to access community facilities.