

Goddards Care Limited

The Goddards Home From Home Care

Inspection report

The Goddards
Goole Road, West Cowick
Goole
DN14 9DJ

Tel: 01405860247

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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 Home From Home Care is a domiciliary care service that was providing personal care to one person living in their own flat, within supported living accommodation, at the time of the inspection. The service can support people with a learning disability or autistic spectrum condition.

The service has been developed and designed 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.

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

People received a very responsive and person-centred service, but aspects of record-keeping and quality assurance required improvement. Some care records and policies needed reviewing and regular quality checks were not taking in place. We have made a recommendation in this report in relation to quality assessment and monitoring.

Staff had received training, but this was not effectively monitored and some refresher training was overdue.

People were satisfied with the service and confirmed they felt safe and happy. They liked having one regular staff member who knew them well, and with whom they had built a positive relationship over a number of years. People were able to direct when they received support and what they wanted to do. They accessed activities in the community, independently or with the support of staff. Staff were aware of risks to people's safety and acted to mitigate these. 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 support focused on them maintaining their independence.

People, staff and other professionals involved with the service spoke positively about the manager and staff felt supported.

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 14 September 2017). 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 28/11/2018.

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 Home From Home Care

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

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

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 five 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and we needed to ensure staff would be available to assist. We also made arrangements to visit the person who received a service.

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 reviewed information the provider sent us in their registration application. We

used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We spoke with the manager, one care worker and one social care professional who had contact with the service.

We looked at records related to people's care and the management of the service. We viewed one person's care records, one staff recruitment and induction file, training and supervision information, and 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 and happy with their support. Staff were aware of risks to people's safety and well-being.
- Staff completed a risk assessment in relation to people's individual needs. One person's assessment required reviewing and the manager showed us the new risk assessment format they had developed. They confirmed the risk assessment would be updated on to the new paperwork.
- There was a system for recording any accidents or incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and information about the local authority's policies and procedures.
- Staff were aware of signs of potential abuse and knew to report any concerns.

Using medicines safely

- The provider had a medication policy and systems in place to manage medicines safely.
- At the time of the inspection, nobody required support with their medicines, so practice in relation to medication administration was not reviewed at part of this inspection.

Staffing and recruitment

- One staff member was employed by the service. Their hours were planned flexibly, according to what the person wanted to do each week and when they needed support.
- There were contingency arrangements in place, in the event of staff leave or absence. People also confirmed that should they require assistance in an emergency they could contact their staff member at any time by phone or seek help from other staff at their supported accommodation.
- Recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Preventing and controlling infection

- Staff had completed infection prevention and control training and used personal protective equipment when required.
- Staff prompted people to maintain a clean environment.

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 some of this training was out of date and required refreshing. Staff told us they had also completed more up to date training with another employer and felt they had sufficient training and support. However, training was not adequately monitored by the provider to ensure it was effective and completed in a timely manner.
- The manager told us they had recently introduced a new on-line training system and would ensure the required training was completed.
- The manager took action following the inspection to record supervision meetings they had held with staff. They also advised us they were in the process of reviewing the supervision process. Staff told us they felt supported.

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. One person confirmed that staff provided the support they asked them to and told us, "I have to sign my care plan."
- Staff had completed some previous training about DoLS but had not received training about the MCA. They lacked knowledge in this area.

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

- People received support with their nutritional needs, where required. They told us, "I do my own cooking and [Name of staff] sometimes helps if I need it."
- Information about people's nutritional needs and preferences was recorded in their care plan.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent,

effective, timely care with and across organisations

- People had access to a range of health and social care professionals.
- Staff supported people to attend health appointments. People confirmed to us, "I go to the dentist and opticians."
- Information about people's health needs was available in their care plan, but more clarity was needed in relation to certain aspects of people's health needs. The manager took action to address this.

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

- The provider conducted an assessment of people's needs, so staff knew how to support them.
- The manager had access to information about legislation and best practice.

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

- People confirmed they were happy with their care and got on well with the staff member who supported them. They liked having one regular member of staff who knew them well. People appeared comfortable and relaxed in the presence of staff.
- Staff told us, "We have a good working relationship and can have a laugh."
- A social care professional who had contact with the service confirmed that staff were "Friendly and approachable."
- The provider had an equality and diversity policy and staff responded to people's individual needs.

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

- Staff offered people choices and involved them in decisions.
- People told us staff would listen and respect their wishes if there was something they didn't want to do.
- People had an annual review meeting to discuss their support package or any changes they wished to make.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People confirmed they could have privacy in their flat.
- Staff enabled people to develop and maintain their independent living skills. People did their own cooking, laundry and cleaning and told us they felt they had independence.

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

- Support was tailored to people's needs and preferences.
- People confirmed they directed the support they received and could agree any changes with their staff member. Staff were very knowledgeable about people's needs.
- People had a care plan with information about their preferences and needs. Aspects of one person's care plan required updating following a multi-agency review meeting; the manager completed this following our inspection.
- Staff completed a record of the care they provided.

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.
- The manager told us they were in the process of introducing a different picture symbol format care plan.

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 told us they could spend time however they wished. This included a regular chess club, cycle rides and a social club. They commented, "I can do anything I choose."
- People were supported to maintain contact with relatives and friends.

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The manager advised us they would work with healthcare professionals to ensure people's needs were met, in the event this support was required.

Improving care quality in response to complaints or concerns

- No complaints had been raised about the service in the year prior to the inspection, but people confirmed they could raise any concerns with staff or the manager. They felt confident any concerns would be acted on.

- The complaints procedure required reviewing with updated contact details for external agencies. The manager addressed this following the inspection and ensured an accessible version was made available to people who used the service.

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

- The provider had a quality assurance system, but this was not being routinely completed. The manager had not conducted formal audits of the service in the five months prior to our inspection. This meant there was a risk that issues in relation to the quality and safety of the service may not be identified promptly. There was limited evidence that care records had been checked recently, and aspects of care planning documentation required updating.
- Some policies and procedures required updating to reflect up to date legislation. The manager had started work to address this prior to the inspection.
- Although there was no evidence these issues had impacted on people's care, improvement was required to ensure the safety of the service, improve oversight of training and maximise opportunities to improve and develop the service.

We recommend that the provider consider current guidance about quality assessment and monitoring and update their audit processes accordingly.

- In the year prior to our inspection there had been no events that the provider had been required to inform CQC about, but the manager was aware of legal requirements and how to notify CQC.
- The manager demonstrated commitment to making improvements to the service and told us they were in the process of developing new quality assurance checks which would be implemented soon.

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

- Staff spoke positively about the management of the service and told us they were supported.
- People were aware who the manager was; they told us the manager was "Nice."
- People and staff had some opportunity to provide feedback about the service, when the manager periodically visited the person in their home.

Working in partnership with others

- The provider worked well with other organisations and healthcare professionals to meet people's needs. This included the provider of the person's supported housing accommodation. Staff communicated effectively to ensure people's holistic needs were met.

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.