

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Good Care Group - London

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Date of Inspection: 14 November 2013

Date of Publication:  
December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	The Good Care Group
Registered Manager	Mrs. Katharine Louise Joslin Joslin
Overview of the service	The Good Care Group provide domiciliary care services and support to adults living in their own home. Carers live with clients and provide personal care and other domiciliary services.
Type of services	Domiciliary care service Rehabilitation services Supported living service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 November 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with 18 people who use the service and their relatives. They were generally positive about the service. They confirmed that consent was obtained from them appropriately. People confirmed they had a care plan and that their needs were assessed appropriately.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at a sample of files and saw that consent was obtained appropriately.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. When people were referred to the service they would speak with a member of staff who would assess their needs.

There were effective recruitment and selection processes in place. The provider carried out appropriate checks before people started work. Staff received appropriate induction and said they felt "supported".

There were effective systems in place to monitor the quality of the service. Audits and spot checks were carried out for quality control and regular reports were submitted to the board.

People were made aware of the complaints system. The manager told us that when a new person starts in the service they are given a client information pack. The provider maintained a log which recorded the nature of the complaint and showed had been resolved. We saw that complaints were responded to appropriately.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The provider had a policy and procedure in place for obtaining consent for people for care and treatment. When people started in the service they were given an information pack which had a formal agreement which people had to sign. The pack included two documents which set out the organisations approach to obtaining consent and made reference to the Mental Capacity Act 2005 (MCA).

At the time of our visit many people in the service had a diagnosis of dementia and the provider had a procedure in place to establish whether a third party i.e. relative or social worker, held a legal status in relation to the person so they could be involved in their care planning.

Staff we spoke with were able to describe the implications of the MCA in relation to their work. They demonstrated an understanding of how to identify if a person lacked capacity or were not consenting to care or treatment. We looked at people's files and saw that consent agreements were in place.

We looked at one file and saw there was no signed consent for the most recent care plan. We saw that family members were involved in support planning and staff told us they had agreed with it but they had not signed to confirm this. Staff told us they always attempt to get family members involved when a person has someone with power of attorney but on this occasion they had been unsuccessful. The provider may wish to note they did not have any mechanisms in place to carry out best interest meetings documenting when they make a decision on a person's behalf in the absence of a person who was authorised to make decisions.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. When people were referred to the service they would speak with a member of staff who would assess their needs. This included completing a "dementia profile". Once completed one of the managers would visit the potential client in their home and assess their needs and suitability to the service further. A care manager would also complete a full assessment of the person. The manager told us that once a person was accepted to the service a review would be carried out approximately 30 days after their initial assessment. This was to provide an opportunity to make amendments to the care plan once they had "settled" into the service.

The provider had a needs assessment policy. The policy set out what to do if a client's needs changed and how to handle referrals from social services. The provider had updated the policy in June 2013.

We read people's files and saw that people had individual plans that described how they would be supported. We saw that reviews of care plans were carried out and documented every six months, or sooner if required, in line with their policy. People and their relatives were involved in planning support. Individual risk assessments were carried out and they identified the risks to the individual and actions for how they would be mitigated.

We spoke with 18 people who use the service and their relatives. The majority of people were happy with the care they were receiving. Only two people gave negative feedback which related to the start of their service and the "lack of continuity" with their carer which had since been resolved.

There were risk assessments and plans in place to assist with dealing with foreseeable emergencies. For example one person told us that on one occasion their carer took ill suddenly. They told us the provider was "very efficient" in finding a replacement "very quickly" to ensure their relative was not left unattended. A manager was available 24 hours a day in case a member of staff, client or relative needed to contact them. All staff had received training in basic life support the last twelve months and this was repeated annually.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. People were required to complete an application form after which they would complete a psychometric test which was used as part of the overall interview framework when assessing a candidates suitability for the role. Following this they underwent a telephone interview and further competency testing. If they passed these stages they were invited for a face to face interview. If successful they were invited to attend a weeks' induction. There were staff on their induction on the day of our visit. We looked at files for staff on their induction and spoke with them. All the staff we spoke with were positive about the service and the induction they received. One person told us "I've worked in a care setting before but the training this week has been really good".

Appropriate checks were undertaken before staff began work. People had to provide two professional references, provide proof of identity and complete a Disclosure and Barring Services (DBS) check. The organisation arranged and funded national vocation qualification (NVQ) training in social care up to level three for all staff.

The manager told us that approximately 30% of their care staff were recruited from Spain. The manager told us that to ensure the recruitment process was robust they employed a dedicated member of staff in Spain overseeing recruitment. Staff were required to follow the same process as those recruited from England including completing a DBS check. Not all staff recruited from Spain had a separate criminal records check from Spain. The manager told us that the "vast majority" of staff currently working in the service had criminal records bureau checks, which included a check for criminal convictions in their country of residence. They were therefore confident that they had up to date and accurate checks of peoples "good character". The manager of the recruitment team showed us evidence that they were putting systems in place to ensure that all new staff recruited from Spain obtained a criminal records check from Spain before they commenced work with the service. We looked at staff files and saw that relevant checks were undertaken before staff began work.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager told us they had "various" procedures in place to assess the quality of the service. Monthly quality reports were produced which included information relating to compliments, complaints and incidents. Details from these reports were collated and presented at the quarterly quality and compliance meetings as well as the board meetings. The manager told us they used these reports to look at trends that occurred so they could identify ways to provide further support to staff.

Client satisfaction surveys were sent to people every six months. If the person was not able to provide feedback a copy was also sent to their relative or representative. Carer's satisfaction surveys were sent to staff every six months. We looked at a sample of completed surveys and saw that they were being completed. The results of the last employee satisfaction survey showed that the majority of staff said they were "very satisfied" with working with the group. 98% of carers said that the induction programme gave them the skills they needed for their job.

Quality monitoring reports were completed and the areas covered included training, appraisals, sickness levels, complaints and compliments as well as reporting on clients and staff surveys. Managers also carried out monthly spot checks to client's homes and made telephone calls to find out about the quality of care they were receiving. We saw records confirming this.

The provider had mechanisms in place to gain feedback from clinical commissioning groups, local authorities and other stakeholders. We saw records to confirm this feedback was sought. We read some feedback from stakeholders and it was generally positive.

The provider responded to incidents and used them to improve the service. The manager gave us an example of a safeguarding concern which after investigation led to the development of two new forms for the assessment stage when people they joined the service.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People were made aware of the complaints system. The manager told us that when a new person starts in the service they are given a client information pack. The pack has details about how to make a complaint and outlines the procedure.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw and read the complaints log. We saw that when complaints were received a description of the complaint was taken; the action taken was documented along with details of all that had been done to investigate it. Follow up action was carried out and the complainant written to with the outcome. Details of compliments and complaints were submitted to the board every quarter.

We reviewed compliments about the service. One comment we read stated "you should be very proud of what you have achieved and the difference you make in the lives of vulnerable people".

We spoke with people who use the service. One person we spoke with had made a complaint to the service but it was resolved to their satisfaction and in line with the policy. Relevant external agencies were involved in the investigation and involved in the plans to rectify the issue. The person told us "I was of course very upset...they set up an investigation and then set up a plan....It has all been good since".

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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