Goshen Social Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

A comprehensive inspection took place on 31 July and 1 August 2018 and was announced. This was the first inspection of the service since it was registered in December 2014. The service had not provided personal care for people up until June 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service is a small family business and at the time of this inspection the service was supporting four people. Not everyone using the service received a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. The registered manager was not present during the inspection, as they were on holiday, so we liaised with the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Individual risks had mostly been assessed, however, some were unnecessary and not all risks had been identified and steps taken to ensure these were addressed. Despite this people who used the service and relatives told us they felt safe with the staff and the care they were provided with.

Staff completed a range of training, however, there was no record of when individual members of staff required updated training. Supervisions and appraisals were not carried out in line with the provider's policy information. New employees received an induction which included, an induction book, training and shadowing a more experienced staff member, although, the manager was unable to evidence the induction books had been completed.

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. People had mental capacity assessments and best interest decisions in their care plans, however, it was not clearly evidenced what decisions people were able to make.

Care plans we looked at were person centred in some areas but some language used was not always appropriate and some areas required a little more detail to provide guidance for staff. People and relatives were happy with the content of the care plans. Staff made a record of the care they provided and these records were returned to the office monthly. Staff involved people and/or relatives in the care planning process, but this was not always recorded.

There was a complaints procedure in place which enabled people to raise any concerns or complaints about the care or support they received. However, we noted a concern had been raised but had not been documented or action taken recorded.

People, relatives and staff we spoke with were very positive about the manager. They said they had a hands-on approach and was responsive. Feedback regarding the service was gained at regular intervals from people and relatives. Some quality assurance processes were in place such as staff 'spot checks', however, there were no audit procedure in place and shortfalls within this report had not been identified. Some provider documentation contained out of date information.

Staffing levels were appropriate to meet people's care and support needs and recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service to reduce the risk of employing staff who may not be suitable to work with vulnerable people.

The manager told us at the time of the inspection the service did not support people with prescribed medicines or creams or anyone who was approaching the end of their life. People received assistance with healthcare appointments when required and were supported to eat and drink where this was an identified need.

People and relatives told us staff were reliable, kind, caring and they were very happy with the service they received. They said staff treated them with respect and took steps to maintain their privacy and dignity.

We found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks had not always been assessed. Sufficiently detailed risk management plans were not always in place to support staff to provide consistent and safe care and support.

Staff knew how to recognise and respond to abuse correctly. At the time of our inspection the manager told us they did not support people with their medicines or creams.

Staffing levels were sufficient to effectively meet people's care and support needs and safe recruitment procedures were in place. There were no concerns with infection control.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training appropriate to their job role, however, there was no system to monitor when training needed to be refreshed. Supervision and appraisals were not completed in line with the provider's policy. Staff received induction, although, this could not be fully evidenced.

Staff told us people were offered choice. Care plans contained a mental capacity assessment and best interests, although, these were not decision specific.

People's nutritional and healthcare needs were met, where appropriate.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives about the quality of care provided was consistently positive and they were very happy with the care and support provided.

People's privacy and dignity was respected.

Staff involved people and/or family members in the care planning process, although, this was not always recorded.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had care plans in place which were mostly reflective of their care and support needs, however, some areas lacked detail.

People were provided with information about how to raise a concern or make a complaint.

The service did not support anyone who was approaching the end of their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some quality assurance procedures were in place, however, there were no robust audit process. Some provider documentation contained out of date information.

People, relatives and staff were very positive about the manager. There was a system in place to gain feedback from people, relatives and staff.

Goshen Social Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

A comprehensive inspection took place on 31 July and 1 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. The inspection team consisted of one adult social care inspector. We visited the office location to see the manager; and to review care records and policies and procedures.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the manager and the nominated individual who both provided care and support for people. We also spoke with one person who used the service and three people's relatives. We looked at two people's care plans in detail and a further care plan for specific information. We inspected three staff members' recruitment records, supervision, appraisal and training documents. We reviewed documents and records that related to the management of the service, which included quality management records, risk assessments and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Risks to people's health and safety had not always been completed to an appropriate standard and did not consistently provide staff with clear person-centred guidance about how risks should be managed. We saw further specific risk assessments had been completed which included falls and moving and handling, however, these were not always required. For example, one person had a falls risk assessment in place, but there was no risk as this person did not independently mobilise. One person had been diagnosed with epilepsy although, there was no risk assessment or guidance in place for staff in the event the person had a seizure. The manager told us they would review everyone risk assessments.

The providers PIR stated, 'We also intend to have a nominated key worker for each person and their main role will be to take a lead on the assessment and development of the service user's care plan and risk assessment strategies for the safety and well-being of the service user'.

We saw an environmental and premises risk assessment had been completed for each person who used the service. These included external access, domestic appliances, general layout of the home, animals, security and fire hazards. This helped ensure people and staff were safe in the person's own home.

The manager told us the service did not manage anyone's finances.

People and relatives told us they felt safe with staff members. Comments included, "I feel more than safe, [name of staff member] is very motivated and a breath of fresh air", "Yes, we are safe with [name of staff member]" and "If I am away, my relative is totally safe."

Safeguarding procedures were in place and staff had received safeguarding training. The staff we spoke with demonstrated a good understanding of safeguarding and how to identify and act on concerns. They told us no safeguarding incidents had occurred within the service.

The manager told us sufficient care staff were employed to keep people safe and staffing levels were determined by the number of people they supported. They said they would not offer a service to any new customers until they had enough staff in place to cover the visits. We saw from the staff rotas, details of the times people required their visits, which staff member(s) were allocated to go to the visit and all the visits had been covered. The manager told us if a staff member called in sick they or the registered manager would cover the visit. They said they were in the process of recruiting two new staff members and were just waiting for reference and DBS checks before they could start. There had been no missed calls since the service started providing personal care for people.

People and relatives were spoke with told us they received support from the same staff members which helped to ensure continuity of care. One relative said, "The beauty of the company is it is the same people all the time." They confirmed staff were reliable and knew the times of their visits and were kept informed of any changes.

Our review of records, discussions with people, relatives and staff, led us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

Safe recruitment procedures were in place to ensure only staff suitable were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. We noted from one staff file information had been disclosed on their DBS form. The manager told us they had completed a risk assessment but was not able to locate this on the day of our inspection. Following our inspection, we received a copy of the risk assessment. We looked at three staff files and saw these included an application form, interview notes and identification checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

At the time of our inspection, the manager told us they did not support anyone with their prescribed medicine or creams. We noted policies and procedures were in place if this was to change. The manager said medicines management training was part of new staff members induction but would ensure staff were competent before they started to support people with their medicines.

Staff had completed infection control training and there were policies and procedures in place to guide staff. These included hand decontamination and infection control and personal hygiene. People and relatives told us staff members visiting their home were provided with and used gloves and aprons when carrying out personal care or dealing with food items. Comments included, "[Name of staff member] changes her gloves between personal care and breakfast", "[Name of staff member] is very aware of infection control" and "I have witnessed [name of staff member] washing their hands several times when they are here." This meant care staff had appropriate equipment and guidance to protect people from the risk of infections.

The manager told us nothing had gone wrong at the moment with the service and people and relatives were happy with the care and support they received. They said they would implement learning from any future incidents or issues. They went on to say they had learnt to be patient with staff recruitment and new staff.

Requires Improvement

Is the service effective?

Our findings

People and relatives, we spoke with said they felt staff had the right skills and experience to provide them with care and support. Comments included, "[Name of staff member] is well qualified and knowledgeable about other healthcare service."

When staff started working for the service they completed a range of training which included confidentiality, equality and diversity, fire safety, health and safety, information governance and lone working. The manager told us staff would complete refresher training annually, although, there was no system or record in place to identify when this was required for each staff member. We saw from one person's care plan they had been diagnosed with epilepsy, but the manager said staff had not completed awareness training in this area. They said they did speak with staff regarding their knowledge of specific topics, although these were not recorded. A member of staff told us they had completed a refresher training session last month but was unable to recall what the topic was.

The manager told us the provider was currently looking at how the 'Care Certificate' could be incorporated into the training programme with a view of staff starting this training in August 2018. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

A staff member we spoke with said they had received three supervisions in the past 12 months but not all had been recorded. The provider's quality assurance standards document stated, 'staff supervisions - three monthly' and the PIR stated, 'Supervision is carried out by managers for every employee at least once every two to eight weeks depending on the competency of the individual'. We asked to look at supervision records for two staff members who had worked for the service for more than three months. The manager told us one staff member had received two supervisions, but we were only able to see one had been recorded in July 2018. They said they had held a discussion with the second staff member, but this had not been recorded.

The providers staff appraisal policy stated, 'appraisals will be undertaken annually' and the provider's PIR stated, 'Refresher training is also provided annually as well as regular performance appraisals for all staff.' When we asked to see the appraisal for staff who had worked for the service for more than 12 months, the manager told us these had not been completed.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. The manager told us new staff completed training, induction booklet and shifts with the staff member who were as their mentor. The booklet included conditions of employment, health and safety and conduct. We did note the booklet contained some areas that were not relevant to the service provided. For example, facilities including, cloakroom, lockers and canteen. At the end of the booklet was a section called 'induction evaluation'. We asked to see completed induction booklets, the manager was unable to locate these for the new staff members.

The providers PIR stated, 'All our new employees start on a six-month probationary period where they are assessed by the allocated supervisor or manager against the Skills for Care common induction standards'.

We did not see these during our inspection. We have referred to this under the well-led section of this report.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person we spoke with told us they were always given choice by staff member who supported them. Staff understood their obligations with respect to people's choices. A staff member we spoke with said they always offered people choice. Staff had completed Mental Capacity Act and Deprivation of Liberties Safeguards training.

The care plans we looked at contained a mental capacity assessment and best interest's decisions, however, these did not show what decisions people were able to make. The manager said they would address this.

When we asked the manager if they used any current legislation, standards or evidence-based guidance to achieve effective outcomes, they offered examples such as the mental capacity act 2005, safeguarding procedures and skills for care. The provider's PIR stated, 'We make sure the service is in line with nationally recognised guidelines relevant to NICE quality standards'.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. One person told us, [name of staff member] made sure they had a meal and water before they left them. We saw evidence people's individual dietary needs and preferences were planned for. People had an eating and drinking care plan in place which explained what support each person needed, however, they did not always show how this was to be achieved. The manager told us they would look at including more detail.

The provider had food hygiene and nutrition and diet policies and guidance documents in place and staff had access to these.

The manager told us they were a small team who worked well together. They said when staff were new they would always make sure they introduced them to the person first before they started providing personal care. They said they would not send two new staff members on a call together, they would always make sure one staff member knew the person and their care and support needs. The manager said if there was something urgent or important to share will the staff team they would always telephone them.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of a person who used the service. Care plans recorded contact details for the person's family members and any relevant healthcare professionals. This enabled staff to contact family and external support if required. People and relatives, we spoke with were happy staff would contact the GP or call for an ambulance if needed.

We found people who used the service or their relatives dealt with healthcare appointments, although, the

manager told us they did sometimes arrange and/or escort people to GP, dental or optician's appointments for people when needed.

Good

Is the service caring?

Our findings

People and relatives, we spoke with were happy with the care and support received from Goshen Social Care Ltd. Comments included, "They are very good and we are very pleased with them. Staff are nice and helpful", "I am more than happy with the care", "[Name of staff member] remembers all the small details and goes above and beyond. I could not have found a better person to let into my home. I cannot speak highly enough of them, they do an amazing job" and "I am very happy with them."

We saw a compliment had been received by the service which stated, '[Name of staff member] is prompt, professional, courteous and is a very welcome addition to our busy household. [Name of staff member] is thorough and efficient; Goshen Social Care is providing us with a first-class service'.

We found the manager to be motivated and enthusiastic about making a difference to people's lives. People and relatives told us they knew the staff that visited them and were complimentary about how staff and the manager responded to their needs. We were given an example of where one person had received extra visits when they needed these.

We looked at two care plans in detail, they were easy to follow and provided staff members with information and direction to make sure people received the care and support they needed safely and in a way, they preferred. There was detailed information about people's preferred routine and their personal preferences, including if they required a male or female staff member.

Although, care plans did not always evidence people and/or relatives were included in their development, people and relatives told us they were involved and they identified what support they required and how this was to be carried out. The manager told us they delivered care and this gave them the opportunity to speak with people and assess if the care plans were up to date but would look at making improvements to the recording of people and relatives involvement.

People and relatives, we spoke with confirmed staff were always encouraged independence were appropriate and respected their privacy and dignity. One person said, "I am encouraged to be independent and [name of staff member] provides support and interest in my activities."

Staff understood how to support people in a way that protected their privacy and dignity.

The provider's PIR stated, 'When caring for our clients, respect and dignity are demonstrated during giving a shower. We try not to keep them naked as much as possible by closing the shower door and wrap them with a towel as soon as they finish showering'.

The manager said no one currently had an advocate but they had access to information on advocates in the local area if people required this. An advocate is a person who can speak on other people's behalf, when they may not be able to do so, or may need assistance in doing so, for themselves.

As part of the provider's aims and objectives, in the 'Statement of Purpose' was, 'To ensure that each client's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political, affiliation, marital status, parenthood and disabilities or impairments'. The service had an equal opportunities policy encompassing equality and diversity. The manager told us they would support people to access religious venues when required. The providers 'performing care assessment' guidance included a section on spiritual needs and what to ask when carrying out assessment for people wanting to receive a service from Goshen Social Care Ltd. Care plans had a section to record people's religious needs. The manager told us they respective one person's beliefs when entering their home by not wearing shoes.

Requires Improvement

Is the service responsive?

Our findings

People and relatives, we spoke with were happy with the content of the care plans. One relative told us, "The care plan is pretty comprehensive and I am happy with the content." The manager told us peoples care plans were written using several sources. This included, information provided by the funding authority, the person and relatives and social workers involved in their care.

We looked at two care plans in detail and saw these provided details of people's routines and information regarding their care and support needs. We found some sections of the care plans were person-centred, for example, one person's sleeping section of the care plan stated, 'make sure [name of person] is under the duvet and sheet and the bed is raised a bit for comfort for their head'. However, we noted other areas of the care plan required a little more detail. For example, the body temperature section of the care plan stated, 'cannot recognise or realise the changes in temperature. Someone should make sure the temperature is conducive', but this did not say how staff were to do this. We also noted some language used in people's care plans was not always appropriate. For example, one person's section for 'Breakfast' stated start by feeding him porridge'.

Again, another person's, care plan provided a lot of detail about how they wished their hair care to be supported but the body temperature section stated, 'to make sure [name of person] is kept warm when it is cold' but no further information was recorded to say how staff were to do this. We spoke with the manager who agreed some sections of the care plan lacked detail. We have referred to this under the well-led section of this report.

Care plan evaluations had been completed, although, this was not in line with what the manager had told us, which was six months or with the providers 'service user guide' which stated. 'We will carry out service reviews every three months or more often if the situation requires it'. We have referred to this under the well-led section of this report.

The manager told us a copy of the care plan was kept in the person's own home and a copy was kept in the office. Staff recorded the care and support they provided in a daily record which was kept in the person's home. We saw the entries provided a brief synopsis of the care and entries were dated and timed.

The manager told us they have not received any formal complaints. Although, they said a concern had been raised regarding the conduct of a staff member. They said they had not made a record of the concern as this had been dealt with straight away. They told us they would record all concerns and complaints in the future. We spoke with the person who had raised the concern and they said they were completely satisfied with the outcome and how the concern had been handled.

The provider had a comments, complaints and compliments procedure along with a separate staff complaints/grievance procedure. We noted the grievance procedure stated, 'The employee must set out the grievance in writing and send the statement or a copy of it to Divine Health and Homecare'. When we asked the manager who Divine Health and Homecare were, they told us it was meant to say Goshen Social Care

Ltd.

The manager told us, currently, the service did not provide care and support for people whose primary need was end of life care, although, they said if this changed in the future they would make sure end of life care plans were in place and record people's wishes. Staff training would also be completed.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving health and care services.

People's care plans contained information about their sight and hearing, and any aids they used. They contained details the way people communicated and asked if they had any communication requirements in terms of, for example, English not being their first language. The manager told us they would ensure both people who used the service and their relative's communication needs were clearly recorded in future.

The provider's 'service user guide' stated, 'This document is available in Braille, on tape or in a variety of other languages on request'. This meant people with a range of condition would have access to the providers 'service user guide'.

Requires Improvement

Is the service well-led?

Our findings

The service had been providing the personal care for just over a year and the manager was supported by the nominated individual. The manager worked alongside staff overseeing the care and support given and providing support and guidance where needed.

People and relatives, we spoke with told us the service was well-led and were very complimentary about the manager. Comments included, "I have never found anyone as good as [name of manager]" and "[Name of manager] knows what is going on and she is on the ball."

We asked the manager about the quality monitoring systems they had in place to measure the performance of the service and drive improvement. They told us they carried out 'spot checks' on staff working with people, which included an assessment of their conduct, punctuality, personal hygiene, politeness and communication skills. They said they completed care shifts giving the person and relatives the opportunity to speak face-to-face with them and to raise any concerns.

The manager told us they reviewed people's daily records when they were providing care and when these were returned to the office, however, this was not recorded. There were no audits undertaken that could be evidenced there were no routine regular audits completed for care plans. The manager told us they were looking to implement further audits once the service grew, but was going look at implementing a care plan audit. The provider's PIR stated 'Using of audits will help us to assure the quality of care practice' and 'Improvements that will be implemented in future include appointing a champion of quality assurance officer, health and safety champion and other key areas'.

The provider's 'quality assurance policy' stated, 'to assist in our maintenance of quality assurance, our quality assurance manager will: make announced and unannounced visits'. The provider did not employ a quality assurance manager.

We saw the provider's 'Statement of Purpose' and 'Service user guide' stated the previous business address of the company. We noted two sections of the 'Service user guide' referred to a previous version of the Health and Social Care Act, which changed some time ago. This document also referred to regulations that used to be linked to the previous version of Health and Social Care Act 2008.

The provider's 'Training and development strategy' showed what the staff induction programme should contain, however, some of these areas were not included in the 'Induction programme for new staff' document. For example, 'Legislation – requirements to meet' and 'Dealing with sexual and/or racial harassment' were not part of the staff induction book.

From the supervision, appraisal, induction, training records, care plans and concerns and complaints records we looked at, the provider did not always ensure processes were completed in line with their policies and procedures, care plans were completed with sufficient detail and documents contained the correct information. A robust quality assurance process was not fully implemented. Therefore, the manager

had a limited overview of the service as quality assurance system did not audit all areas of risk or practice to ensure the service was delivering a good standard of care to meet appropriate quality standards and legal obligations. This is a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager what the key achievements had been over the past 12 months, they said, "Good reports from clients regarding the services provided and we are creating a good name." We asked what the key challenges had been and they said, "Getting enough clients and staff to support the business."

There had been no accident or incidents over the past 12 months but the manager told us they were in the process of implementing a trend analysis system of accidents, incidents, concerns, complaints and feedback from people and relatives.

The manager told us they spoke with people, relatives and staff members daily, ensuring any changes in people care and support needs and staff requirement could be effectively communicated. Systems were in place to seek and act on people's and relative's feedback about the quality of the service. 'Client satisfaction surveys' and 'service user views questionnaires' had been completed with results showing a high level of satisfaction. Although, most had been completed by relatives. Due to the small number of surveys and questionnaires returned, the manager said they had not completed any analysis of this information but would be doing this in the future.

Four staff meetings had been conducted over the past 12 months and discussions included staff training, recruitment, safeguarding awareness and review of services. The manager told us they were going to implement a newsletter as another way to support involvement and communication with staff.

We spoke with the manager about partnership working and they told us they worked with 'district nursing teams' and 'social workers'. The providers 'service user guide' stated, 'We are a member of the United Kingdom Home Care Association'. The manager went on to say the management team attended management training and business group seminars which supported learning in how to run a business, how to handle finances and how to recruit staff effectively. They told us this helped to provide effective outcomes for people they supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The manager had a limited overview of the service as quality assurance system did not audit all areas of risk or practice to ensure the service was delivering a good standard of care to meet appropriate quality standards and legal obligations.