GoodLuck Care Limited

Goodluck Care Limited - Hounslow

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an announced inspection of Goodluck Care Limited - Hounslow on 21 September 2018. We told the provider 48 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection there were 39 people using the service, most of whom were older adults with a range of care needs, including those related to mental health and dementia, and two people with a learning disability.

There was a registered manager in post. 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.

At the last inspection on 27 and 28 July 2017, we rated the service requires improvement as we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe care and treatment of people using the service and good governance. The provider sent us an action plan on 16 October 2017 telling us they would be compliant by 15 December 2017. At this inspection, we found that improvements had been made and the provider was meeting the regulations.

There were regular audits of medicines and appropriate action was taken when issues were identified. However, staff did not have their competencies to manage medicines, checked and there were some recording errors.

We have made a recommendation in relation to the management of medicines.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. Care plans contained the necessary information for staff to know how to support people.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to medical emergencies or significant changes in a person's wellbeing.

The provider had systems in place to manage incidents and accidents and took appropriate action to minimise the risk of reoccurrence.

People were protected from the risk of infection and care workers were provided with appropriate equipment such as gloves and aprons when they provided support.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training on this. People had consented to their care and support and had their mental capacity assessed prior to receiving a service from the agency.

People's health and nutritional needs had been assessed, recorded and were monitored to ensure these were met.

People were supported at the end of their life and staff received training in end of life care.

Care staff received an induction and appropriate support before delivering care and support to people. People were supported by staff who were adequately trained and supervised.

Feedback about the service from people and their relatives was positive. People said they had regular staff visiting which enabled them to build a rapport and get to know them.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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

Some aspects of the service were not always safe.

There were regular audits of medicines and appropriate action was taken when issues were identified. However, staff did not have medicines competency assessments and there were some recording errors.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

There were procedures for safeguarding adults and staff were aware of these.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

People were supported by staff who were well trained and regularly supervised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. Care plans contained enough detail for staff to know how to meet peoples' needs.

There was a complaints policy and procedures in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

People were supported at the end of their life and staff received training in end of life care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of the service, and these were effective.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.□□

Goodluck Care Limited - Hounslow

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.

This comprehensive inspection took place on 21 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by one inspector and an expert-by-experience who undertook telephone interviews with people and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at the care records of six people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the registered manager, the care manager, a care coordinator and four care workers. We also received feedback from one care worker by email. We spoke by telephone with eight people who used the service and three relatives. We also emailed a social care professional who was involved with the service on a regular basis to gather their feedback and received a reply.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 27 and 28 July 2017, we found that risk assessments had not been completed for specific risks that had been identified during people's assessments and there was no guidance provided for care workers as to how to reduce the identified risks when providing care. At this inspection, we found that improvements had been made.

There were individual risk assessments in place. For example, where a person was living with a particular health condition, we saw that their risk assessment included the current situation, prescribed medicines, and instructions for care workers to follow should the person develop symptoms of their condition, including the signs to look out for and appropriate action to take. These were described in detail, and included when to call an ambulance. Another person who used the service displayed behaviours that challenged. We saw that their risk assessment was thorough and included instructions for staff to complete behaviour charts to establish possible triggers. We also saw that a person at risk of choking due to their health condition had regular input from the Speech and Language Therapy (SALT) team. Instructions to staff included food to be soft and cut up in very small pieces. The risk assessment also included instructions should the person start choking, including first aid instructions.

There were general risk assessments of the person's home environment to identify if there would be any problems in providing a service. This included checking for trip hazards and risks associated with electrical and gas appliances. Risks were assessed at the point of the initial assessment and regularly reviewed and updated where necessary.

Staff had received training in the management of medicines including refreshers. A care worker told us, "We get medication training. I always explain to my client what their medicines are for. I am always checking and counting." Senior staff undertook regular spot checks of the care workers. However, they did not undertake medicines competency checks. We raised this with the registered manager who immediately sought relevant information about this and told us they would start checking staff competencies to manage medicines without delay.

Medicines administration record (MAR) charts were in place for all the people who received support with their medicines. These included details of the person, their prescribed medicines and dose and frequency. We looked at the MAR charts for 12 people who used the service which had been completed for the last three months. We saw that most were completed appropriately. However, for one person, we saw some gaps in staff signatures in March 2018. We discussed this with the registered manager who provided evidence that they had identified this during a medicines audit and this had been addressed with the member of staff responsible. They showed us evidence that this had been discussed in supervision and the person had received additional medicines training. They told us the person who used the service had received their medicines appropriately and this had been a recording error.

Another MAR chart identified a medicine to be given morning and tea time, however, staff were signing three times a day. We raised this with the registered manager who investigated and found that the medicine was

to be given four times a day but the evening one was being given by the family member. However, this was not recorded on the MAR chart, so we could not be sure that was the case. The person's regular care worker had also completed the MAR chart incorrectly as they had recorded the medicine to be given morning and tea time only. In addition, there were several gaps in signature. Again, we saw that audits had identified these errors and action had been taken with the care worker responsible.

Another person's MAR chart was missing signatures on a number of occasions. We discussed this with the registered manager who found that staff only signed according to the three-day care package. So, although this was correct, it would have been helpful to have this clearly recorded on the MAR chart. The registered manager acknowledged this and told us they would ensure that this was made clear in future.

We recommend that the provider seek relevant guidance with regards to the management of medicines such as the March 2017 NICE guidance, 'Managing Medicines for adults receiving social care in the community'.

Following the inspection, the provider sent us an action plan telling us about the action they had taken to improve the management of medicines.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service record check and proof of identity. Staff confirmed that they had gone through various recruitment checks prior to starting to work for the service. The staff files we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedures in place and staff were aware of these. Staff we spoke with demonstrated a sound knowledge of safeguarding procedures and were able to tell us what they would do if they suspected someone was being abused. One care worker told us they had contacted the provider when they had concerns about a person who used the service. They stated, "I called the office and informed the [family member]. An investigation took place and a carer never came back." There had not been any recent concerns.

Staff confirmed they knew what to do in the event of an accident, incident or medical emergency. Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. For example, when a person who used the service was found on the floor by the care worker, they informed the office and the person's family. We saw that the registered manager visited the person and spoke with the GP to ask for the person's blood pressure to be checked and review their medicines.

Lessons were learnt went things went wrong. For example, when a healthcare professional reported a concern regarding a care worker using their mobile phone during a person's appointment, the registered manager saw this opportunity to circulate a mobile phone policy, discuss it in a staff meeting and ask care workers to read and sign this. The registered manager told us they continually aimed to improve the service by learning from complaints, incidents and accidents and feedback. They told us they took concerns seriously and by using effective communication, they shared information with staff and ensured they were supported.

There were enough staff employed to visit people at the time their care was planned and to stay the length of the visit to meet people's needs. Staff we spoke with told us they supported people in the same catchment area which helped prevent them from being late. People told us they received their support at

the agreed time and were happy with the length of their visits. The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then they would immediately inform the person using the service. The provider employed a group of bank staff who were available at short notice to cover staff absence. This helped ensure that people's needs were met in a timely manner.

People were protected by the provider's arrangements in relation to the prevention and control of infection. The provider supplied the staff with aprons and gloves and they were able to request additional supply when needed. The provider had a procedure regarding infection control and the staff had specific training in this area. A care worker told us, "Care coordinators come every month to check if everything is ok and supply us with gloves etc."

Good

Is the service effective?

Our findings

At our last inspection on 27 and 28 July 2017, we found that the provider did not undertake mental capacity assessments and people's rights in line with the principles of the MCA were not always protected. At this inspection, we found that improvements had been made.

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.

The registered manager was aware of their responsibilities under the MCA. Staff told us they received training in the MCA and understood its principles. People had been asked to consent to their care where they could make decision, and staff explained what they would do if they suspected a person lacked mental capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager. A care worker told us, "We get training about the MCA. We experience it for example with clients with dementia. I would call the office if I noticed that a person's capacity was not right and they could not quite make a decision."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that where people lacked the capacity to consent to their care and support, mental capacity assessments were undertaken and decisions were made in their best interests. We saw evidence of this in the care plans we viewed.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and people and/or their representatives had been involved in discussions about the care, support and any risks that were involved in managing the person's needs. Areas assessed included personal care, continence, communication, living arrangements and level of support required at each visit. People we spoke with told us they were happy with the care and support they were receiving. Their comments included, "They listen and talk to me. They bath and help me get dressed. They are very kind to me", "I have two lovely carers, one who is [Care worker] and she is exceptional" and "The carer is very good. The manager did come to see me before I had the carer." Relatives echoed this and said, "The manager is coming tomorrow to discuss all about my [family member's] care" and "The carers are helpful and friendly. The manager came round to ask what help we needed for [family member]. The carers do everything that [family member] wants." During our conversations, care workers and managers demonstrated they knew people well and had developed a good rapport with each person who used the service.

People were cared for by care workers who were appropriately trained and supported. All new care workers undertook an induction programme which included the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care

setting. Subjects covered during induction included policies and procedures, personal development, person-centred care and manual handling. New care workers were assessed at the end of their induction to ensure they were sufficiently trained and able to support people in their own homes. One care worker said, "I had a three-day induction that included the care certificate, health and safety and safeguarding, and how to use the equipment. Then I shadowed a senior staff before I was placed with the client" and another stated, "I found the induction good. It covered all the basics. After that I knew what I had to do. We asked if they could provide us with personal care training. They hired a nurse to teach us."

People and relatives we spoke with thought that care workers were well trained. Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, medicines management, food hygiene and infection control. They also received yearly refresher courses. Training specific to the needs of people who used the service was also provided. This included bowel care management, personal care and dysphagia. Dysphagia is the medical term for swallowing difficulties. We saw evidence that training was monitored and kept up to date.

Care workers told us they were supported through one to one supervision meetings and the staff records we looked at confirmed this. One care worker told us, "We're supported. We get supervision, staff meetings and yearly appraisals. We get spot checked regularly. They check log books, speak to families and the person and check it's all in order."

People's care records included information about their dietary requirements. Some people told us that care workers supported them by preparing meals for them or warming up already prepared meals. One person said, "They leave a bottle of water by my side. The food is hot and they nicely cut up my food and fruit if I need it." People's nutritional needs including their likes and dislikes were recorded in their care plans. This included details and instructions for care workers as to how people wanted their food and drinks served or prepared. For example, "I do need a lot of encouragement to choose a healthy meal for my own wellbeing" and "I do like the care workers to prompt me to cut the food into smaller pieces and to eat slowly and to get a drink before I start eating." People and relatives told us care workers knew their likes and dislikes and they were happy with the support they were receiving with their meals.

People were supported to access healthcare professionals as needed. For example, one person was at risk of weight loss due to their health condition. We saw they were referred to a dietitian and had their dietary needs reviewed regularly. Instructions from the dietitian included regular monitoring of the person's weight, training for the care worker so they can recognise signs of malnutrition and support for the person to choose food they enjoy and prepare shopping lists and menus. A Malnutrition Universal Screening Tool (MUST) was in place. We saw that this was reviewed regularly and the person had not lost any weight since the dietitian's instructions were issued. Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the office straight away, or call an ambulance if it was urgent.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. People said they had regular staff and had built a good rapport with them. People said the staff who supported them were kind, caring and respected their privacy. Their comments included, "They are all nice and kind", "There is nothing too much that she will do for me" and "I like my carers."

People told us that staff respected their privacy and dignity at all times. The registered manager told us, "When we recruit, we draw up a person specification. This includes the key personal qualities that we desire such as kindness, compassion, respect for others, empowerment and promotion of dignity. They are then assessed via day to day observations, supervision and appraisal."

The staff we spoke with demonstrated a good knowledge about the needs of the people they supported and how to meet these. They spoke about people in a respectful and kind manner. One care worker told us, "I try to treat people like I would want to be treated. For example, I hide all the pads when they have visitors. I close the door if they are undressed. I always ask them permission. I always give people options about how they want their care. I promote their independence but advise them also."

People told us they were supported to express their views and make decisions about their care and support. The registered manager said that they spoke to people regularly to find out if the agency was meeting their needs and liaised with relatives and external professionals to discuss any changes in a person's needs.

During the initial assessment, people were asked what was important to them. People's religious and cultural needs were recorded. The registered manager told us that people were given a choice of the gender of the care workers who visited them. People we spoke with and care plans we viewed confirmed this. The registered manager added that they also paired people with care workers who spoke the same language so this facilitated conversation and promoted good communication. In addition, the care workers could use a translator app on their mobile phone so they could communicate better with people whose first language was not English. This meant that people could as far as possible be involved in conversations involving their care and support.

The provider kept a record of compliments received from people, relatives and stakeholders. These indicated an overall satisfaction with the service provided. Comments we saw included, "I'd just like to say a big thank you to you and all your team", "Your staff have been absolutely fantastic" and "I had to write to thank yourself and the carer who came to our house during that time for the quality of care that was given. I am certain they gave me great comfort by treating me so well and it made me feel better."

Daily care notes were recorded by staff every day. We viewed a range of these and saw that people were given choices and their wishes were respected when they received care and support. Care notes were written in a person-centred way, and included social interactions and the wellbeing of the person who used the service. One care worker told us, "I write my notes with loads of details so they know exactly what has been done and how the person is."

Good

Is the service responsive?

Our findings

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care and felt involved. People told us they received the care and support they wanted. The registered manager told us that review meetings were undertaken regularly and as and when there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. Records showed that the service worked closely with health and social care professionals when people's needs changed. The external professional we spoke with confirmed this.

Care plans were clear and up to date. They were developed from the initial assessment of people's needs and were regularly reviewed. They were detailed and included the person's background and personal history, their medical background and health conditions and anything specific to the person such as their religion, ethnicity and cultural needs. Care plans were written in a personalised way and included the person's preferences in every aspect of their care. For example, "I do not want to be left alone when I am out in the community, I would like the care worker to walk by my side, not behind me or in front of me."

We viewed the care plan for a person who required full assistance to mobilise. We saw that the care plan was comprehensive and included detailed instructions to care workers on how to meet the person's individual needs. For example, the use of moving and handling equipment such as a hoist and powered wheelchair. The care plan identified that the person needed repositioning regularly due to the risk of developing pressure sores. It also stated that should the person develop a skin problem or a urinary tract infection, they may need more frequent repositioning. This was to be observed and regularly reviewed.

The service was responsive to people's needs and we saw evidence that people had made improvements because of the support they were receiving. The registered manager and the care managers were both qualified physiotherapists. They were able to undertake moving and handling assessments and recommend the best equipment for people according to their individual needs. For example, a person using the service had an injury which limited their mobility. The registered manager was able to train care workers to understand the person's condition, and support them to do daily exercises to increase their strength and mobility. They also ensured the person had specific equipment to aid this. The registered manager told us that in a recent review, they identified that the person was now able to move their arm and leg although they previously had no movement in these areas.

Each care plan included, 'My daily schedule of care'. This detailed instructions for care workers to follow for each visit. For example, "I am able to do my own washing up. I do not need to be prompted with this task" and "Care worker to remind me not to open the door to any strangers as I will put myself in danger." People received a variety of support from the service. Those we asked thought that the care and support they received was focussed on their individual needs. We saw evidence of this in the records we looked at.

People were supported to go out if this was part of their care package. We saw that one person liked to go out for lunch and go around the shops once a week and this was respected.

Complaints were logged and there was a complaints procedure and policy in place. We viewed a range of complaints and saw these were taken seriously and addressed professionally. For example, when an alleged theft had been reported, we saw that a full investigation had taken place and appropriate action had been taken, including notifying the local authority's safeguarding team, and putting systems in place to minimise the risk of reoccurrence.

The provider told us they supported people at the end of their life. Where somebody needed care and support at this stage, they ensured that the regular care workers received training and support to undertake this. They also liaised with external professionals to ensure good communication and the best support for the person. The person's care and support needs were recorded in their care plan and regularly reviewed.

Good

Is the service well-led?

Our findings

At our last inspection of 27 and 28 July 2017, we found that the provider's audits had failed to identify the issues we found in relation to specific risk assessments and other areas that had been identified for improvements. At this inspection, we found that improvements had been made.

In February 2018, the local authority's quality assurance team conducted an inspection of the service. We viewed the report and saw that they were satisfied with the improvement the service had made after the previous inspection and did not have any concerns.

Senior staff conducted regular quality assurance monitoring visits to all people using the service. These checked if the person had a copy of their care plan, if they were happy with the care and support they received, such as the care worker's timekeeping, if they were treated with respect, and any concerns they may have. We saw that on the whole, people were happy with the service and the support they received from the care workers. Comments included, "Carers treat me with respect and dignity", "Mostly excellent", "Now I have most of my carers on a permanent basis, very good", "At the moment we are working very well and hope it continues."

The registered manager carried out monthly audits of the service. These included mental capacity assessments, care plans reviews, spot checks, any concerns, any new starters, training, care certificate and supervisions completed, complaints and compliments, and actions to be taken. Following their audit, a date for the next team meeting was decided where all findings were discussed with staff.

There were regular meetings carried out with care workers. We saw a range of the minutes and saw these were well attended and included discussions about communication, training, people, recording and reporting, spot checks outcomes and any incidents or accidents.

The provider undertook six monthly surveys of people who used the service. We viewed a range of these and saw that people were satisfied in all areas and rated the service either good or excellent. The results of the surveys were analysed and illustrated in a graph. The registered manager told us that if any concerns were identified, they would address these without delays However, nobody had reported a concern.

The provider promoted a positive and person-centred culture among the staff team. They were transparent and ensured good communication between themselves, the office workers and the care workers. They also liaised regularly with people and family members.

The registered manager and care manager were skilled and well trained and brought their experience and qualifications to the service to ensure a high standard of care. Staff felt supported by the management and told us they felt they were fair and valued them. Their comments included, "I can always phone them or text, they always respond", "They say thank you. They are the best employers I've had", "They always tell us if we do good work. Really nice company to work for", "It's quite nice, very friendly and secure. The staff are treated very well. Never any shouting or blaming. Generally, they try to solve your problems and learn from

errors", "I have the office number. I send a quick email and they respond. The manager always calls me up straight away" and "They're brilliant. They listen."

The managers attended provider forums organised by the local authority and kept themselves abreast of developments within the social care sector. Important information was cascaded among the staff team, and a range of issues were discussed. This helped ensure that the staff team were kept informed about matters relevant to their work and felt valued.