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The Goddards Home From Home Care

Inspection report

The Goddards
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Goddards Home from Home Care is registered for the regulated activity of personal care. The service provides support to people in their own home or in a supported living environment.

The Home from Home service was set up to look after people who moved from their sister service (The Goddards) to independent living. We were informed by the registered provider that the service currently looked

after one person in independent living accommodation. The person received 16 hours care from the service and also had input from the 'Creative support team' who operated the supported living accommodation.

This inspection took place on 31 March 2015 and was announced. At this inspection we spoke with one person who used the service, one member of staff and the registered manager. A registered manager is a person

Summary of findings

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.

The last inspection took place on 28 January 2014. At that inspection we found the registered provider was meeting all the essential standards that we assessed.

The person using the service told us that they felt confident about their safety. We found that their support worker had a good knowledge of how to keep the individual safe from harm and the support worker had been employed following robust recruitment and selection processes.

The support worker received induction, training and supervision from the registered manager and we saw they had the necessary skills and knowledge to meet the person's needs.

We found that the person's accommodation was clean and tidy. The person told us they were able to join in communal meals with others in the supported living complex, but also liked to prepare their own meals in their flat. The person received help from their support worker with shopping and keeping their flat clean. This ensured the person retained their independence as much as possible whilst learning essential life skills such as budgeting, housekeeping and cooking.

Discussion with the person who used the service indicated that they recognised they needed support in some aspects of their care. We saw that there was a good working relationship between the person and their support worker based on mutual respect and trust.

The person's comments and complaints were responded to appropriately and there were systems in place to seek feedback from the person and their relatives about the service provided. We saw that the registered manager met with the person on a regular basis to discuss their care and any concerns they might have. This meant the person was consulted about their care and treatment and was able to make their own choices and decisions.

Records about the person who used the service enabled the support worker to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and confidential. There were clear processes in place for what should happen when the person moved to another service, such as a hospital, which ensured that the person's rights were protected and that their needs were met.

The person who used the service and the support worker told us that the service was well managed. The registered manager monitored the quality of the service, supported the member of staff and ensured that the person who used the service was able to make suggestions and raise concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

There were processes in place to help make sure the person who used the service was protected from the risk of abuse and the support worker demonstrated a good understanding of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to the person who used the service and the support worker. Written plans were in place to manage these risks.

There was sufficient staff on duty to meet the person's needs and the support worker was recruited using robust policies and procedures.

Good



Is the service effective?

The service is effective.

The support worker received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for the person who used the service. They were aware of the requirements of the Mental Capacity Act 2005.

We saw the person who used the service was provided with appropriate assistance and support and their support worker understood the person's nutritional needs.

The person who used the service reported that care was effective and they received appropriate healthcare support.

Good



Is the service caring?

The service is caring.

The person who used the service had a good relationship with their support worker who showed patience and gave encouragement when supporting the person who used the service.

We saw that the person's privacy and dignity was respected by their support worker and this was confirmed by the person who we spoke with.

The person who used the service was included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Good



Is the service responsive?

The service is responsive.

Care plans were in place outlining the person's care and support needs. Their support worker was knowledgeable about the person's support needs, their interests and preferences in order to provide a personalised service.

The person who used the service was able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

Good



Summary of findings

The person who used the service was able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

The service is well led.

The registered manager made themselves available to the person who used the service and the support worker. The person who used the service said they could chat to the registered manager and the support worker said they were approachable.

The support worker received input and direction from the registered manager. There was frequent communication opportunities and the support worker felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure the person who used the service was happy with the service they received.

Good



The Goddards Home From Home Care

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.

The inspection took place on 31 March and was announced. We gave the registered provider 48 hours notice because the location provides care to one person within a supported living environment. This person is often out during the day and we needed to be sure that someone would be in.

We did not ask for the registered provider to complete a provider information return (PIR) for this inspection as the

inspection was planned at short notice. 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.

The inspection team consisted of an adult social care inspector.

Prior to the inspection we looked at the notifications we had received from the provider. These gave us information about how well the provider managed incidents that affected the welfare of the person who used the service.

During our inspection we spoke to the registered manager and we interviewed one support worker. We spoke with the person who used the service and we visited them in their own home.

We also spent time looking at records, which included the care records for the person who used the service, the support worker recruitment, induction, supervision and training records and records relating to the management of the home.

Is the service safe?

Our findings

The person who used the service said they felt safe within their flat and that they could discuss any worries or concerns they may have with the registered manager or their support worker. This person told us, "I keep myself safe when I am out or with others. I know what is right and wrong and I can talk to [support worker] if I have any questions."

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager had completed the local council's safeguarding training including the use of their risk assessment tool, and the support worker was booked to attend refresher training. The registered manager described the local authority safeguarding procedures. They said this consisted of a risk analysis tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. However, no alerts had been made in the last 12 months as no allegations of abuse had been raised.

The registered manager and the support worker were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse.

We saw that because the service currently supported only one person then the staff group working in this service was very small. The person who used the service had one main support worker who spent 16 hours a week with them. Discussion with the support worker and the person who used the service indicated that the time spent together was flexible, but mainly took place Monday to Thursday and usually in a morning. Records of the time spent with the individual were kept in their care file and we saw those completed for March 2015. These showed the support worker worked evenings when needed to take the person using the service to activities such as 'Splashers' – a swimming club.

Cover for annual leave or sickness was provided by the registered manager and there was one other care worker at the sister home who also knew the person well and who was available to cover shifts when necessary. This was confirmed to us by the support worker and the person who used the service.

The service had a recruitment policy and procedure that the registered manager understood and used when taking on new members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults.

Information documented in the staff files and talking with the person who used the service indicated they had taken part in the staff recruitment process for their support worker. During the interview the person who used the service was introduced to the interviewee and got to spend some time with them. The person's views and opinions of the prospective staff member was valued and used as part of the selection process.

Discussion with the person who used the service indicated that they had been fully consulted about their care and treatment and they were able to talk to us about the measures they took to keep themselves safe and well.

Through discussion and looking at records we found that the person who used the service had not had any accidents or incidents in the last 12 months. Accident forms were available in the person's flat for use as needed.

Risk assessments in the care file and reports from health care professionals, including a psychologist, identified any behaviour patterns or activities that could potentially put the person who used the service at risk of harm. These were addressed through behaviour management plans and agreed with the person who used the service. The person who used the service confirmed that they had been involved in these discussions.

Risk assessments also included regular monitoring of need such as mental health, finances, self-medication and weight. It could be seen that the outcomes of assessments informed the care plans for the person and any changes were documented and followed up by the manager and staff.

The person who used the service was registered with a local GP practice and they told us they were able to access medical advice or intervention with input from their support worker. We were informed that the person was able to self-administer their medicines as needed. However, their support worker gave them assistance to order and pick up their prescriptions. We saw that the

Is the service safe?

person's care plan detailed what medicine they were prescribed and included a risk assessment for self-administration. This information was reviewed by the service on a regular basis.

Discussion with the person who used the service indicated that they kept their medicines in a safe and secure place. Information in their care plan recorded that the person only took 'as and when required' (PRN) medication. Checks of the staff training plan showed that the support worker had completed medication training in the past and attended refresher training as needed.

The person who used the service showed us around their accommodation. We saw that all areas were clean, tidy and well maintained. The person said, "My support worker helps me keep my home clean and I have to make sure the shower room and kitchen are clean each time I use them."

The person who used the service showed us the communal laundry area which was equipped with a washing machine and tumble-drier. They told us, "I do my laundry and ironing every week." The facility was fitted with washable flooring and walls to make it easy to keep clean.

We saw that the person who used the service understood the need to keep their accommodation clean and hygienic and with support from their care worker they achieved good standards of cleanliness.

The person's care plan indicated that they were given clear information to help them budget their finances. There was a support plan in place, which was written using symbols and pictures. We looked at the records kept for April 2015. The person who used the service told us, "I have a budget plan in place and this includes things such as basic groceries and treats. I find it difficult sometimes to stay within my budget, but I do my best. I have my own bank account and bank card." We saw that the budget plan was broken down into separate expenses that helped the person understand where their money was going and what they could afford to spend.

We found that the registered provider, although not responsible for the premises in which care and support was carried out, had undertaken appropriate risk assessments with regard to the safety and suitability of the premises. We saw in this person's care file that risk assessments for their environment and daily activities of living such as personal care, social activities and domestic tasks were in place and up to date. We also saw in the care file the emergency contact numbers for the utility companies in case problems with the electricity, gas or water supplies occurred. Our observation of the premises and grounds showed that these were secure.

Is the service effective?

Our findings

We looked at induction and training records for the support worker to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for the person who used the service. We also spoke with the support worker about their training and supervision sessions.

We found that the registered provider used the Skills for Care Common Induction Standards package and that the support worker had been in post for seven years. Information about their induction was kept in their staff file which was made available to us. The registered provider was aware of the new 'Care Certificate' induction that was to be introduced by Skills for Care in April 2015 and they said they would be looking to replace their induction process with the updated one.

We saw that the support worker had access to a range of training both essential and service specific. The support worker told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. The staff training plan also showed that they had completed an autism awareness course and training on the Mental Capacity Act 2005.

Checks of the support worker's staff file showed that they received regular supervision from the registered manager. Records seen indicated that meetings were held every two months and we found that the supervision sessions were written in detail and included action plans. An appraisal for the support worker was last carried out in September 2014 by the registered manager.

The Mental Capacity Act 2005 (MCA) legislation is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. Information about MCA was made available to the person who used the service; we saw this information within their care file.

Discussion with the registered manager indicated they understood the principles of capacity and deprivation of liberty safeguards and if required would organise a best interest meeting. Best interest meetings take place when informed choice cannot be made by the individual, and includes the views of all those involved in the individual's care.

The registered manager told us that they and the support worker spent time with the person who used the service, explaining the risks, benefits and alternative options with regard to independent living and the person's choices and decisions about how they lived their life. We saw that a record of these discussions was kept in their care file.

The person who used the service confirmed to us that they were able to discuss their support at any time. The individual told us, "I get to see [the registered manager] quite often or I can just ring them up and ask them to talk with me about things. Otherwise [my support worker] will listen to what I have to say and we can discuss how I can do different activities or access certain places."

Information in the care file indicated the person who used the service received input from health care professionals such as their GP, psychologist, dentist, optician and chiropodist. Any appointments were noted in the person's care file and their support worker made sure the person remembered to attend at the right time. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately.

The person who used the service told us how they could access outside professional help if they needed this. They said, "I have regular appointments to have my ears syringed and I also go to see my psychologist. My support worker takes me to all my appointments including the dentist when I have problems with my teeth or the optician when I have my sight tested. The support worker told us, "If I had any concerns about the health and wellbeing of [person who used the service] I would ring the registered manager."

Discussion with the registered manager and the person who used the service indicated that, to date, the person had not been admitted to hospital and was able to independently discuss their care needs with healthcare professionals during their outpatient appointments. The individual always had support from their care worker at appointments and so far had not needed any additional information. However, we were informed that should the need arise the registered manager would send a copy of the medication records and care file with the individual.

Discussion with the person who used the service indicated that they enjoyed meals together with other tenants in the supported living complex, and we were shown the

Is the service effective?

communal kitchen and dining room on the ground floor. The person who used the service also had a kitchen and dining area in their own flat. We were told that they liked to prepare meals for themselves and we saw a weekly menu plan in their care file. The support worker checked the equipment used in the kitchen each time they visited to ensure it was safe.

We were informed that the person was trying to eat a healthy diet and planning their meals with support from their care worker helped them with this goal. The person told us, “I have three meals a week with the others in the supported living service and at other times I make a meal for myself in my flat. I like going to the local pub on a Sunday – the food is good there.”

The support worker told us that with the consent of the person who used the service, they would check the kitchen cupboards and fridge in the flat regularly to ensure that food was within its 'best before' date and / or fit for

consumption. The support worker told us, “I have completed my food hygiene training” and this was confirmed by the training plan and certificates in their staff file.

We met with the person who used the service and they showed us around their flat and the supported living service communal rooms. We saw that this individual had furnished their flat with personal items which reflected their personality and interests. The person who used the service was protected from unsafe or unsuitable equipment because registered provider had completed risk assessments for their environment, including furnishings and fittings. We saw that the person who used the service had comfortable and appropriate furniture in their lounge and bedroom area.

Discussion with the person who used the service indicated that they did not require any specialist equipment or medical devices to enable them to be independent.

Is the service caring?

Our findings

The person who used the service said they were very happy with the care and support they received from their support worker. They told us, "I have no worries about my privacy or dignity. [Support worker] always respects my personal space and my home." We saw that there was a good rapport between the support worker and the person who used the service. The support worker was someone the person said they, "Trusted and had confidence in" and we noted that the support worker acted in a friendly but professional manner at all times.

Discussion with the person who used the service, the registered manager and the support worker indicated that the care being provided was person centred and focused on providing the person with practical support and motivational prompts to help them maintain their independence. We were told by all parties that regular discussions about the person's care were held with the individual and the most recent sessions had included the topics of sexuality, morals, right and wrong behaviours and the person's ideas and ambitions for their future. Records of these discussions were held in the person's file.

The registered manager and support worker told us that the person who used the service understood pictorial information more than the written word. We saw that the majority of information in the person's flat and in their care file was provided in a picture format. The person also used their laptop to gather any information they needed as this often was available in the format they preferred. Discussion

with the person indicated that they had a keen interest in the local community and they told us about different projects taking place, which demonstrated they were able to pursue interests and hobbies as they wished.

The person who used the service did not use an advocate as they were quite capable of speaking up for themselves on day to day issues. From our observations and the records we looked at we saw that the person had a good relationship with their support worker and the registered manager and were able to discuss any concerns or worries they might have on a regular basis. The person who used the service told us, "I can ring [the registered manager] at any reasonable time. They will always arrange to come and visit me if I need them."

Records in the person's care file showed that they were also able to talk to their psychologist who gave them advice and guidance on a number of subjects personal to them. The person who used the service spoke with us about what they had learnt from this and how they used this in their daily life.

The person who used the service told us they were confident that their records and information about them was kept confidential and safe. They told us that they attended health care appointments with their support worker, but said, "They do not come in with me and any conversations I have are kept private." The registered manager told us that reports from the health care professionals were sent to the service's head office and held in the main file for the person who used the service. The records we saw in the head office were kept locked in a filing cabinet with access only available to the registered manager, registered provider and the person who used the service.

Is the service responsive?

Our findings

The support worker was knowledgeable about the person who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to the individual.

A needs assessment had been carried out to identify the person's support needs, and care plans had been developed outlining how these needs were to be met. The person who used the service told us there were no restrictions on their daily life although risk assessments had been completed and behaviour management plans were in place to make sure they stayed safe and well.

The care plans we looked at were written in a person centred way. We saw that the support worker reviewed the care plans with the person who used the service and their input and views were at the centre of any decision making. This was confirmed when we spoke with the person who used the service. They told us about their daily routine and what they liked to do each day and the places they liked to visit. For example they enjoyed attending a chess club, going swimming, attending a social group in Scunthorpe and having Sunday lunch at a local pub. The person told us, "I like walking to the local shops and the library" and we spent time talking about the local council and the person's viewpoint on local politics.

We looked at the person's care file and saw that the care plans were written in clear print and an easy read format to assist the person who used the service to understand it. In the care plan there was a detailed pen picture (life history) about the person's life, highlighting their likes and dislikes, behaviours, and daily routines.

Discussion with the person who used the service indicated that their support worker assisted them with budgeting and managing their personal finances when they were out. This included food and personal shopping and social activities. We were informed by the person who used the service that they carried out a number of domestic tasks around their flat, helping to keep it clean and tidy.

The person who used the service was involved in their own care reviews with input from their support worker, the registered manager, their family and the funding authority (where applicable). The person told us how happy they were and said, "I am well looked after and [support worker and registered manager] listen to me when I want to talk about my care." The person who used the service held their own records and a copy was kept in the registered manager's office at the sister service (The Goddards). Discussion with the person indicated they were aware of the contents of their care file and we saw that they had signed the paperwork to say they agreed with the care plans.

Discussion with the person who used the service indicated that they had a copy of the complaints policy and procedure and we were told, "I talk with [the registered manager] or [my support worker] if I have any problems. I can ring them up if I need to talk with them straight away."

We were also informed that the person who used the service was confident about contacting other providers of services if they were not happy about something. For example the person told us, "I have written to the local council about some of their policies and projects in the community. I do not agree with what they are doing."

Discussion with the registered manager and checks of the information we held about the service indicated that there had been no complaints made in the last 12 months.

We looked at the quality assurance satisfaction questionnaires completed in February 2015 by two members of staff, the person who used the service and their family. Everyone had rated the care and support as excellent, they said they were aware of the complaints system and were confident of using it if needed and wrote that they felt the registered provider delivered a very personalised service. People also commented that, "The registered manager is easy to contact and talk with."

Is the service well-led?

Our findings

It was recognised that quality monitoring and quality assurance systems would not be complex or extensive. We saw that the support worker and registered manager carried out regular checks of care records, reviews of the documentation were held monthly and care plans were updated when the person's needs changed.

Our observation of the service was that it was well run and that the person who used the service was treated with respect and in a professional manner. We asked the support worker what their view was on the culture of the service. They told us, "It is about enabling [person who used the service] to develop their independence and skills. It is my role to see that they achieve their goals and ambitions by offering them the right support and care." We saw evidence of the person's goals displayed in the living room of their flat. The person had pinned them up on their notice board. We noted they wanted to be independent, lead a healthy lifestyle and eat healthily.

Risk assessments were in place for the person's care and treatment and decisions were made in consultation with them. The support worker told us that any changes to the person's care were documented in their care file and audited by the manager. We discussed with the registered manager that their checks of the daily notes, care plans and staff training needs were not formally recorded. We were told that they would ensure these checks were recorded over the next six months.

Discussion with the registered manager, support worker and the person who used the service indicated that the registered manager was always contactable and came out to visit the person every two months to review their care and progress. Records of these visits and minutes of what was discussed were kept in a file in the registered manager's office and were made available to us for inspection.

Feedback from the person who used the service and staff was obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. We were able to look at a selection of documents that confirmed this took place; meetings were held with the person who used the service in January, February and March 2015.

We saw copies of the staff supervision sessions; these were held after the registered manager had completed the review meeting with the person who used the service. The information indicated that this gave the support worker an opportunity to discuss their work, any concerns they might have and was also a time for them to be updated with any changes needed. The registered manager felt that staff meetings were not needed as one to one sessions with the support worker took place. The support worker told us they felt well supported by the registered manager.

We found that staff records were kept within a locked cabinet in the registered manager's office. Information within them was up to date and monitored by the administrator and registered manager. We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the registered manager. Policies and procedures for practices such as medicine management, safeguarding of vulnerable adults, recruitment of staff and infection prevention and control were all up to date and reflected current legislation and guidance.

All care files and associated care records were stored securely by the person in their own home and at the organisation's office. These documents were accessible to the staff and easily located when we asked to see them.