

Goodhands Commcare 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Goodhands Commcare Ltd is a domiciliary care agency that was providing personal care to five people at the time of the inspection.

People's experience of using this service:

People told us they were happy with the care provided by Goodhands Commcare Ltd. One person told us "I'm very satisfied with everything" while a relative told us, "I've had worse. They are excellent – they do know what they are doing." However, we had numerous concerns about how the service was managed, in particular we found evidence that indicated the service was not well-led.

No staff had completed any infection control training though staff we spoke to did have an understanding of infection control. We discovered one person whose health needs would require staff to have good knowledge of infection control and we asked that care to this person cease until staff had been trained. Lessons were not always learned when things went wrong as we found incidents were not recorded properly. Risks to people were not always recorded or identified. Recruitment practices were poor. Medicines were not always recorded and managed properly. There were safeguarding processes in place and staff appeared to have an understanding of what to do if they suspected abuse, but no staff had received any training on safeguarding.

There was no recognised mandatory training within the service and the attendance of training courses was poor. Staff had not received any supervision that had been documented. They were no inductions recorded in staff files. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), legislation that protects people with mental capacity and memory issues, and found them to be non-compliant as staff did not understand the principles and no staff had received training on the MCA.

There were sufficient staff working at the service. People's needs were assessed before they received a service. People were supported to eat and drink. Staff communicated effectively with each other about people's needs. People were supported to lead healthier lives.

People told us that staff were caring. People were supported to express their views and were involved in decision making about their care, however we have made a recommendation about care planning. People's privacy was respected and their independence promoted.

People's needs were recorded in care plans and they received care from staff who knew them. However, we have made a recommendation about capturing people's preferences. People knew how to make complaints but told us they had no need to.

The registered manager was unaware of the needs of the service. Staff were aware of their roles. Quality assurance measures at the service were poor as they did not complete a broad range of audits and checks

on safety and quality. There were no meetings held but the service told us they would hold staff meetings. The service had yet to form partnerships with others.

Rating at last inspection: This is the services first inspection.

Why we inspected: This was a planned inspection based on our scheduling of regulated services.

Follow up: We identified breaches of two regulations relating to safe care and treatment and staffing. You can see what action we told the provider to take at the back of the full version of the report. We have also made two recommendations in this report that will be followed up at our next inspection. We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Goodhands Commcare Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: There was one inspector.

Service and service type: Goodhands Commcare Ltd is a domiciliary care agency that provides personal care to people in their own homes. CQC only regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 that they would be in.

What we did:

Before the inspection we reviewed:

- The information we already held about this service, including details of its registration
- Any notifications of significant incidents the provider had sent us
- We used information the provider sent us in the Provider Information Return. 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

On the day of inspection:

- We spoke with three of the management team who run the service.
- We reviewed the care records relating to all people who used the service at the time of inspection

- We reviewed the recruitment and training records of all staff
- We checked policies and procedures
- We examined the quality assurance and monitoring systems in place

After the inspection:

- We spoke with two people using the service
- We spoke with two relatives of people who used the service
- We spoke with three staff members, two who have caring responsibilities and the registered manager.
- We reviewed information sent to us by the service following on from our inspection feedback

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff told us they understood infection control. One staff member said, "By doing the proper training that is required – wearing gloves and aprons and masks if we need to." Another staff member said, "Proper disposal of things and using gloves and aprons etc." However, no staff had completed any infection control training at the time of our inspection. Staff were providing care to someone who due to their health needs, infection control knowledge was of paramount importance. We were so concerned we asked them to cease providing care until they had been properly trained. We also asked them to raise a safeguarding alert due to this incident, which they duly did. This meant that staff were putting people's lives at risk as they were not aware of the implications of infection to people's health.
- The provider did not ensure there were infection prevention and control measures in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Learning lessons when things go wrong, Assessing risk, safety monitoring and management

- The service did not record incidents and accidents appropriately. We saw evidence of when something went wrong in a person's daily notes. Staff told us there had not been any incidents. When we discussed the incident with them they became aware that they should have recorded it in their incident and accident log, which they then did. We also noted that there were no staff team meetings, only irregular management meetings, so it was unclear whether any lessons were learned when things went wrong. We spoke with the registered manager about recording and monitoring incidents and accidents following our inspection, they said, "I think that's one thing we need to work on." This meant that people were not always kept safe as the service did not learn from incidents and accidents.
- Risks to people were not always recorded correctly. We looked at five people's care plans and saw that whilst each person had a risks assessment, these were not completed properly. In one instance we found that whilst there was risk assessment in the persons file it had not been completed. In the other four care plans we found risk assessments where there were no risk management plans to mitigate risks to people. For example, we found a care plan where a person had a deteriorating bone condition and a pain condition, neither of which were mentioned in their risk assessments. This meant that people were not always kept safe as staff would not know what to do if situations of risk occurred and how best to work to ensure risky situations did not occur.
- The provider hadn't taken steps to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Using medicines safely

- People and relatives told us the service administered medicines well but we found that medicines were not always managed appropriately. One relative told us, "When the meds run out they give me a week's notice and I can ask the doctor or pharmacy." Another relative said, "They do [support person with medicines]... they regulate it as [person] wasn't managing it that well." We found unexplained gaps in the recording of people's medicines on their Medicines Administration Record (MAR) sheets. There was nothing in the person's notes to indicate whether they had taken medicines or not and neither could staff tell us. No medicines audits had been completed which may have given the provider the opportunity to recognise this omission and or others. We also found evidence in one person's daily notes stating that prescribed cream had been applied, but this was not on the person's MAR sheet. This meant that people were not kept safe when being administered medicines.
- The provider hadn't taken steps to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment

Staffing levels

- The provider did not have good recruitment practices. The service had employed staff whose employment history had not been fully recorded and some of their references were not suitable for employment in a care service. For example, we saw a reference from a shopkeeper as the employee used their shop. However, the provider had completed identification checks and Disclosure Barring Service (DBS) checks on all staff. DBS checks verify suitability for working with vulnerable people by looking at their criminal history and whether they've been added to any lists that indicate they are unsuitable for care work. We asked the management team about the poor recruitment practices and they explained that they were unaware they could seek references from employers in different countries and that their employees were often known to them from within their own ethnic community. They told us in future they would be more rigorous with their recruitment practices. This meant that people were not always kept safe as the service did not always assure themselves about employee's pasts.
- People told us there were enough staff and that they were always on time, this is an indication of sufficient amount of staff. One person told us, "They're always on time." A relative told us, "[Person] is double handed (requiring two staff) and they are always there." We saw the digital system that was used to record and monitor people's care hours and we saw the staff rota. The staff managing the office told us that there was always sufficient cover as the office staff, some of whom had previous experience of providing care professionally, were able to cover when needed. This meant that people could expect to receive their care on time from enough staff to do the tasks required.

Systems and processes

- People and their relatives told us they felt safe when being supported by staff. One person we spoke with said, "Yes [I feel safe]." One relative told us "Yes – because they have been proactive highlighting issues."
- The service had systems and process in place intended to safeguard people from harm and abuse. one staff member told us, "Safeguarding is if we see something wrong we report it and take action immediately." Another staff member said, "Safeguarding is the safety of the client and if someone abuses them you need to protect them for anything – I would make a report straight away to the safeguarding people and notify the CQC." The service had a safeguarding policy and procedure that staff told us they would follow. However, no staff had completed safeguarding training. The management team told us this training was in process and that all staff would complete the training the week following the inspection. We were later informed staff had completed this training. This meant that people were cared for by staff who understood abuse and knew what to do if they suspected it.
- The service had not completed any safeguarding alerts when we began our inspection but they had a folder where they would record incidents relating to safeguarding.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

- People thought staff knew how to do their jobs. One person told us, "Yes they are [skilled and experienced]." However, we saw staff training records and noted that the service did not have a mandatory list of training, did not keep training records of staff in a single place for easy reference and not all staff had received training on fundamental training topics in social care. No staff had received safeguarding, mental capacity or infection control training. Not all staff had received training on confidentiality. One staff member, a recent starter, had only received medication awareness training and moving and handling training. One staff member was in the process of completing the Care Certificate. The Care Certificate is a nationally recognised foundation programme for people beginning work in health and social care. These inconsistencies in staff training meant people were not always receiving care from staff trained to provide it.
- We spoke with the management team at Goodhands Commcare Ltd and they told us that they would draw up a mandatory list of training and ensure staff complete the training on the list. They would also create a matrix so that they could best track the training of their staff.
- No staff had received formal supervision. Staff told us they had not received any supervision. The management team in the office told us that it was a small service and staff could speak to each other freely about issues and concerns. We saw the provider had a policy which stated supervision time frames should be defined locally, but that they should occur and be recorded. This meant people did not always receive care from staff who were supported in their roles. We would recommend the provider follow best practice around the supervision of staff.
- Staff did not receive documented inductions, though they did sign a sheet to state they had shadowed experienced staff caring for people. There was nothing to record that staff received training or were required to read any policies or procedures before working with the people they cared for. The management team told us they would begin to record inductions following our inspection. This meant that people did not receive care from staff who were aware of their responsibilities in their roles.
- The provider hadn't taken steps to ensure their staff had the knowledge and skills they needed to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and

found them to be non-compliant.

- Staff at the service had not received any training on the MCA and consent. However; staff did demonstrate an understanding of the importance of gaining consent. One staff member we spoke with about consent told us, "If there is a delicate matter we get consent – for everything." They also said this about capacity, "It's their capacity to decide – if they can decide themselves they do so for themselves – we can't do it for them." The management team told us that staff would complete the training following our inspection. The provider sought people's and relatives consent through signed documentation which we saw in people's care plans. The provider was not completing any MCA assessments. This meant that people with capacity issues were not always supported to lead as normal lives as possible.

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

- People's needs were assessed before they started receiving care. Assessments were comprehensive and contained information about people's needs and were used by staff to find out whether the service could meet those needs. This meant that people were cared for by staff who knew what their needs were and how to provide care in a way that ensured those needs were met.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were supported to eat and drink. One person told us, "They help me with everything and always ask if there's anything else." One relative told us, "I do the shopping and some cooking and they heat it up – they advise me things, sometimes they'll cook food." Peoples care plans recorded what foods people liked and or whether they had special dietary requirements. At the time of our inspection no one had any special requirements. This meant that where necessary people received support with their diet and eating and drinking.

Staff providing consistent, effective, timely care within and across organisations

- Staff communicated effectively with each other. People's daily notes were completed by staff on each visit as well as notes made in communication books that were kept in people's homes. Notes highlighted what the staff member providing care had done, any issues noted and any information they needed to pass on. One example we read stated, '[person] was fine. They were upright in bed when we came... Assisted them changing their pad. Made them comfortable in bed.' this meant that people's needs were met as staff shared relevant information with each other.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when necessary. A relative told us, "Two separate occasions [person] forgot to take their meds and the second time he took a double dose. Goodhands Commcare called 111 and waited with him." People's care plans contained information about their health care needs and we saw examples in people's daily notes where staff supported them by engaging with healthcare professionals and or attending hospital with them. This meant that people were supported by staff with their healthcare care needs.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff were caring. One person said, "Yes, [staff are] very caring." Another person said, "Yes – the ones I've had are caring and pleasant." People and their relative's views were reflected in quality review forms kept in people's care plans. One comment we saw stated, 'I receive very good care and if I ask for something they do their best to provide it.' Another stated, 'My carers always polite and cheerful.' People's daily notes recorded people in compassionate terms and when we spoke to staff, they spoke of people in an empathetic manner. This meant that people at the service were well treated by staff.

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

- People were involved in the planning of their care and treatment. One person told us, "I was involved in planning my care with my daughter." Another person said, "My daughter did it all for me." One relative told us, "Yes I initiated it and I have been involved with every stage." However, we noted that assessments and care plan reviews were not always signed by people or their relatives. This meant that it was not explicit that people had consented to decisions about their treatment. We recommend the provider follow best practice guidance around care planning.
- People were able to use quality reviews and spot checks to state their views and make changes to their treatment should they wish to, and even though these were unsigned, they demonstrated peoples wishes. This meant that people were able to express their views and decide how their treatment should be provided.

Respecting and promoting people's privacy, dignity and independence

- People's and their relatives told us their dignity and privacy was respected. One person said, "Yes they do [respect my privacy and dignity]." One relative told us, "When we started the care it was only domestic help but it progressed to personal care and they highlighted to me [person] would prefer it to be done by female. They sorted that out." A Staff member told us that treating people with dignity was, "Caring for them – you need to think about the abilities they have and talk to them appropriately. You tell them, inform them first." The services policies and procedures also sought to ensure that people's dignity was respected. For example, the safeguarding policy stated, 'That [people] they are listened to and treated with respect and that they are treated with compassion and dignity.' This meant that people's privacy and dignity were respected by staff.
- Importance was placed on promoting people's independence. One staff member told us, "Assess them first and let them they do what they're capable of." Another staff member staff said, "We encourage to do whatever they can." People's care plans recorded information about people's independence, what they were capable of and how they wanted to be supported. This meant that peoples were supported to remain independent as possible.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People told us they were happy with the care they received. One person said, "I'm very satisfied with the care and treatment I've received." This attitude was reflected in quality review forms and shared by the relatives we spoke to. Staff told us they provided personalised care by knowing the people they worked with. One staff member said, "By communicating properly – every day I am talking with them to care for them as how they want to be cared." Another staff member said, "We listen to what they want." Whilst people we spoke with were happy with the care they received, and staff demonstrated knowledge of the people they worked with, we noted that care plans could be improved with regards to people's preferences. There was no reference to what the people liked or disliked, and there was no personal history for staff to understand what lives people had lived. This meant that people would not always receive care from staff who knew them. We would recommend that the provider follow best practice guidance and further personalise their documentation.
- Whilst people's preferences may not always have been recorded, their needs were. Care plans were sufficiently detailed for staff to know how to work with them. The support planning section of people's care plans contained people's assessments and their risk assessments, the information associated with people's needs. These covered areas such as medicines, falls, equipment people needed to support them, professional healthcare as well as other topics aimed at ensuring the service knew people's needs. This meant that people received care and treatment that met their needs.

Improving care quality in response to complaints or concerns

- People told us they would complain if they had concerns. One person told us, "Well I would tell them [If I had concerns]." Another person told us, "if I wasn't satisfied I'd complain." The provider had a policy on complaints and raising concerns. However, we were informed they had received no complaints and therefore had not started a complaints log. The office management team then created a log so that should they receive complaints they would be recorded, as directed by their own policy. The team stated were they to receive any complaints these would be discussed as a management team immediately upon receipt of complaint. This meant that people were able to make complaints and when doing so their complaints would be recorded and acted upon.

End of life care and support

- At the time of our inspection the service was not working with any people who were at the end of their life. There were policies and procedures in place if such need should arise and the registered manager told us that staff would be trained to do work with people who were at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Leadership and management

Continuous learning and improving care

- The office management team told us their only quality assurance measures were spot checks and quality reviews. Whilst these measures garnered necessary feedback for continuous learning and improving care, there was a lack of oversight of other areas that would ensure quality and keep people safe. For example, there were no medicines audits. We asked the registered manager about their quality assurance measures for medicine and they told us, "Every now and again I visit with other carers and do my own monitoring - speak to the person ask feedback from the person and relatives and know what medication they are on." However, the office management team were unable to provide us with any recorded medicines audits and told us they were not done. Similarly, care plan audits and staff file audits would have discovered some of the discrepancies we found on inspection. This lack of quality assurance was not in line with the service's quality assurance policies, which for example stated, 'Goodhands Commcare will ensure there is effective governance, including assurance and auditing systems and processes.' This meant the provider was not assuring the quality of the service being provided.
- The provider did not ensure there were sufficient quality assurance measures to assess, monitor and improve the quality of care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service had a registered manager. Whilst we were on inspection the registered manager was on planned leave. When we spoke with them over the phone following the inspection, they demonstrated they were unaware of service needs and what was happening at the service. For example, the registered manager told us that the arrangements in place to manage risk were, "Assuring that staff are trained and know how to deal with risk." As noted elsewhere in this report it was evident there was little oversight or assurance of the staff training needs and the assessment of people's risks were poor. Similarly, when we asked the registered manager about how they ensured staff are aware of safeguarding and whistleblowing procedures they stated, "We make it part of orientation", at which point we highlighted to them that there was no orientation or induction documented for staff. This demonstrated a lack of awareness, that coupled with the lack of oversight through audit and supervision, point to the service not being well-led. We will ask the provider to complete an action plan on how to make improvements in areas we have noted.
- Staff we spoke to knew their roles and responsibilities and were driven by a desire to provide high-quality care. At inspection we met with an office management team, who on occasion provided care to people

using the service. These office managers were thought highly of by the people and relatives we spoke with. They were also responsive to feedback at inspection and showed motivation to improving their service. This meant that while aspects of service management and oversight required improvement, people could expect care from staff who had an adequate understanding of their roles.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- We asked the registered manager about their key achievements and their key challenges at the service. They told us that, "Slowly adding more clients and more carers coming to work with us" was a key achievement whilst, "Staffing as well - we need more staff to cater for people in the community" was their key challenge. The management team at the service were receptive to being inspected by the Care Quality Commission as they felt that we might be able to highlight areas of improvement, which we have done in this report and at our inspection feedback. They told us that they would act upon what we had fed back and sent us updates to demonstrate their willingness to improve. This meant that whilst they had difficulty doing so, the provider had a desire to promote person-centred high-quality care.

Engaging and involving people using the service, the public and staff

- At the time of our inspection the service held no joint meetings for either people or relatives. This was not unusual for a small service of this type. It was evident that people's views were sought and captured through quality reviews. This, coupled with people's understanding of the complaints policy and process, meant that people could engage and be involved with the service.
- There were management meetings held, for which we saw minutes. There were no general staff meetings but office managers showed us they shared information with the staff team via email and through other forms of contact. We raised concern that this, alongside the lack of supervisions occurring, would mean that staff were limited in forums where they could raise concern and seek guidance. We were informed that staff meetings would occur.
- the provider had not asked anyone to complete any surveys but told us they would do so.

Working in partnership with others

- The service was still in its first year of business and as such was yet to build the relationships in the community we would hope to see with a service of this kind. We informed the office management team during our feedback that people using the service could benefit from the building of community links with local health professionals and other social care organisations. Similarly, networking through provider forums and conferences would also enhance service provision. They told us they would attempt to forge these relationships, join networks and attend conferences. This lack of partnership working meant that people at the service were not benefiting from innovation and improvement brought about through good community links and networking.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: There were no staff with infection control training and staff were caring for a person for whom infection control was of paramount importance. Risks to people were not properly assessed and actions to mitigate against risk were not recorded. Medicines were not being managed appropriately.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: There were no medicines audits, no care plan or staff file audits.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that</p> |

persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: There was no stated mandatory training for staff and staff had not received adequate training to fulfil their roles.