

Mrs Julie Elizabeth Claassen

Goodwood Homecare

Inspection report

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Date of inspection visit:
14 January 2020
16 January 2020

Date of publication:
12 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Goodwood Homecare is a domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to older adults some of whom are living with dementia.

Not everyone using Goodwood Homecare received a regulated activity. CQC only inspects the service received by people provided with 'personal care': for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 27 people were receiving the regulated activity of personal care.

People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives and the provider did not always support them in the least restrictive way possible or in their best interests; the application of the policies and systems was inconsistent and did not always support good practice.

The provider had quality monitoring procedures in place. However, these did not identify appropriate assessments of capacity to make decisions were not completed when necessary.

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. People were supported to refer themselves to additional healthcare services when required.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'Good' overall with 'Requires Improvement' in the key question 'Well-Led,' (published 11 July 2017). At this inspection we found improvements were still needed in this key question.

Enforcement

We have identified one breach of regulations in relation to obtaining consent for care. Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good 

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 

Goodwood Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The provider was also the manager and was present during our visit. This means that they, as 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 48 hours' notice of the inspection visit because it is a domiciliary care provider and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 14 January 2020 and ended on 16 January 2020. We visited the office location on 16 January 2020 to see the provider and staff; and to review care records, policies and procedures.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. In total we spoke with seven staff members including the provider, senior carers, team leaders and care staff.

We reviewed a range of records. This included four people's care records and records of medicines administration. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks and we confirmed the safe recruitment of staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good.'

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and when receiving support from Goodwood Homecare.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. One person described the mobility equipment staff members supported them with. They said they felt safe and confident when staff members assisted them.
- We saw assessments of risks associated with people's care had been completed. These included risks to people's skin integrity, mobility and diet.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe.
- The physical environment where people lived was assessed by staff members to ensure it was safe for people to receive support. When improvements were needed staff members advised people on how to safely make changes.

Staffing and recruitment

- People were supported by staff who arrived when expected and stayed throughout the time agreed. One person told us the staff members were flexible in meeting their needs including changing when they arrived if needed. People were supported by regular staff members and knew who would be attending to support them.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Not everyone we spoke with received support with their medicines. However, those that did told us they were safely supported with their medicines by a trained and competent staff team. One person described how staff members prepared their medicines and supported them to take them. They said, "This works

really well for me."

- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the provider for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question had deteriorated to requires improvement.

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

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not always supported in accordance with the principles of the Mental Capacity Act 2005. For example, the provider told us they supported several people who did not have the mental capacity to make decisions regarding their care and support as they had a diagnosis of dementia. However, the provider could not evidence how they had arrived at this decision. They had not completed time or decision specific assessments of capacity in accordance with the MCA code of practice.
- We looked at documentation where people had given consent on behalf of others. However, the provider had not ensured the person making the decision had the legal authority to do so. For example, we saw one relative had given consent for their family members image to be used on the providers social media sites. They had not considered whether this person had the capacity to make the decision for themselves or whether this was in their best interests.
- The provider told us several people were supported by relatives who held a Power of Attorney. A Power of Attorney is a legal document where the person can appoint someone to help them make decisions. However, the provider failed to confirm whether people making decisions for relatives held the legal

authority to make such decisions.

- We shared our concerns with the provider who stated they didn't realise they were responsible for completing such assessments for people.

These issues were a breach of Regulation 11: Need for Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's physical and social needs had been holistically assessed in line with recognised best practice. People told us they had their needs and wants assessed prior to Goodwood Homecare supporting them.
- We saw a range of assessments used to identify people's needs and support outcomes. For example, tissue viability, oral health and mobility needs had been assessed and a support plan created where there was a need.
- People told us they were involved in decisions regarding their care and support.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team.
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, moving and handling, basic food hygiene, health and safety.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone required support with eating and drinking. When they did people told us they were supported to choose what they wanted to eat and, when able, they were involved in the preparation of their food. When it was needed the provider monitored people's food and drink intake and any weight gain or loss.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people.

Adapting service, design, decoration to meet people's needs

- People remained responsible for maintaining their own home environment. As part of the providers assessment process they made recommendations for adaptations which would assist people to remain in

their own home.

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

- People were supported to refer themselves to additional healthcare professionals including GP's, dentists and chiropodists when it was needed. One relative told us, "A staff member noticed something different with [relative's name] they passed this on to me so I was able to get the right medical help."
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good.'

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with care by a helpful, considerate and friendly staff team. People and relatives described staff members as, "Professional," and "Friendly." One person said, "They (staff) are all very good and one of them, in particular, will 'bend over backwards' to help me."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.

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

- People said they were supported to make decisions about their care and support.
- People told us they were involved in the development of their support plans which directed how staff supported them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. All those we spoke with told us staff members always respected their privacy when completing personal care with them including encouraging them to do it themselves.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. One person said, "It's as simple as this. I couldn't do without them and I wouldn't be able to remain in my home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good.'

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. One person said, "Everyone who comes here knows me and my personal preferences. This means a great deal to me." We saw care plans gave the staff information on how people wanted to be assisted.
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, one person preferred information read aloud to them rather than reading it themselves. The provider supported them in a way they preferred and found accessible.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Where Goodwood Homecare was responsible people told us they supported them to engage in activities within their local community. We saw one person was supported to remain in contact with their preferred faith group which they felt reassuring and supportive.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. People consistently told us they felt the management team was approachable and they felt confident if they ever needed to raise a complaint they were confident it would be addressed appropriately.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Goodwood Homecare supported people at the end of their lives. The care assessment and planning process identified what was important to people and how they wished to be supported when they moved towards this stage of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we identified improvements needed to be made in relation to inconsistent record keeping. At this inspection we saw improvements had been made. However, the provider did not complete effective checks to ensure appropriate assessments of capacity to make decisions were completed.
- The provider was aware of the legal responsibilities of their registration with the Care Quality Commission and had appropriately submitted notifications. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Goodwood Homecare and on their website.

Continuous learning and improving care

- The provider told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular interactions with health care professionals and attendance at a local provider representation group. However, the provider failed to keep themselves up to date with the mental capacity act or their responsibilities in adhering to the code of conduct.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us about the providers carer of the month scheme. They told us they found this valuing and motivational and although they didn't expect rewards it was nice to be appreciated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in decisions about their care and support and were asked for their opinion. People and relatives told us they were involved in regular spot checks with staff members. This was where a member of the management team worked alongside staff members to ensure they were working appropriately with people. As part of these checks people were asked for their opinions regarding the service they received. In addition, people and relatives were asked for their opinion as part of a regular questionnaire.
- People and relatives received regular newsletter from the provider which kept them informed about changes within the providers organisation and the results of the latest quality questionnaire.
- Staff members told us they found the management team supportive and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure appropriate mental capacity act assessments had been completed where relevant.