

The Hospital of God at Greatham

The Hospital of God Care Services

Inspection report

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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 ●

Summary of findings

Overall summary

We undertook an announced inspection of The Hospital of God Care Services (Community Pastimes – East Durham) on 24 and 28 June 2016. We gave the provider 48 hours' notice of our visit because we wanted to make sure the registered manager would be available to talk to us.

The Hospital of God Care Services is a domiciliary care agency, registered to provide personal care to support people to continue living in their own homes through pursuing hobbies, playing board games, carrying out arts and crafts, listening to music and preparing snacks. The service supports people to access activities in the community including going shopping, attending leisure facilities, the cinema, museums, tea dances, going out for lunch or to the seaside. The service also provides respite for carers and their families.

The Hospital of God Care Services was last inspected by CQC on 30 July 2014 and was meeting the regulations inspected. At the time of our inspection the service was providing support to 16 people.

People who used the service were complimentary about the standard of care and support provided by The Hospital of God Care Services. People told us, "I am really happy with the service" and "The staff are very helpful and supportive".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was also a community services manager and a senior support worker appointed by the registered provider to manage the day to day operation of the service.

The registered manager was accessible and approachable. Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. The registered manager undertook regular spot checks to review the quality of the service provided.

The registered provider had an effective system in place to identify, assess and manage risks to health, safety and welfare. People were kept safe and free from harm.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the people who used the service.

Staff were knowledgeable about their roles and responsibilities and training was up to date. Staff had the experience required to support people with their care and support needs.

Staff received supervision and appraisal which meant that staff were properly supported to provide care to people who used the service.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Care plans were written in a person centred way. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs and choices are taken into account. The care plans made good use of personal history and described individuals care, wellbeing and support needs. These were reviewed regularly or when people's needs changed.

Staff knew the people they were supporting and provided a personalised service. Staff supported people to help them maintain their independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The service had policies and procedures in place that provided staff with clear instructions.

Records were kept securely and could be located when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. □

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training, supervision and appraisal.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were asked for their consent before they received any care or support.

Is the service caring?

Good ●

The service was caring.

Staff were respectful of people's privacy and dignity.

People who used the service were involved in making decisions about their care and the support they received.

People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

Staff supported people to access the community and reduce the risk of them becoming socially isolated.

People who used the service felt the staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Records were kept securely and could be located when needed. Policies and procedures took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

The Hospital of God Care Services

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 28 June 2016 and was announced. We gave the provider two days' notice of our visit. We did this because we wanted to make sure the registered manager would be available to talk to us. The inspection was carried out by an adult social care inspector.

Before we visited the agency we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals.

We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with three people who used the service about the care and treatment they received from The Hospital of God Care Services and three relatives. We also spoke with the registered manager, registered provider, two community support workers and four social care professionals. We looked at the personal care or treatment records of three people who used the service and the personnel files for three members of staff. We also looked at records relating to the management of the service, such as audits, surveys and policies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us they felt safe and they were relaxed and comfortable with the staff that supported them. People who used the service told us, "Staff make me feel safe" and "I am safe and supported by the staff".

We saw a copy of the registered provider's safeguarding adult's policy dated May 2016, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Staff had received training in safeguarding vulnerable adults. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The service had a system in place to log and investigate safeguarding concerns. The registered manager understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. A social care professional told us, "People who use this care service are safe from abuse or harm". This meant that people were protected from the risk of abuse.

We looked at the registered provider's selection and recruitment policy dated March 2016 and the recruitment records for three members of staff. We saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We discussed staffing levels with the registered manager and looked at documentation. The registered manager told us that staffing levels were determined by the number of people who used the service and their needs and that they were currently in the process of recruiting another community support worker. Staffing levels could be adjusted according to the needs of the people who used the service and we saw that the number of staff could be increased if required. The people supported by the service, and the staff it employed, lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. There were sufficient numbers of staff available to keep people safe.

The registered manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed the community services manager or the senior support worker and cover was arranged so that people received the support they required. People told us that the staff arrived on time for appointments and stayed for the agreed length of time. A person told us, "They have never missed a call".

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of people. These assessments also formed part of the people's care plan and there was clear links between care plans and risk assessments. They both included clear instructions for staff to reduce the chance of harm occurring.

Staff told us they were aware of the importance of risk assessments and had input into the assessment process. This meant the service had arrangements in place to protect people from harm or unsafe care.

We checked the management of medicines and looked at the registered provider's management of medicines policy dated April 2016. Staff were trained in handling medicines and their competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

We looked at the registered provider's accident reporting policy and procedures dated January 2015, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information regularly in order to establish if there were any trends. Staff were aware of the reporting procedures for accidents or incidents.

The registered provider had a health and safety policy in place dated February 2015, which provided staff with an overview of the service's approach to health and safety and guidance to address health and safety related issues. Each person had a property safety check in place to provide guidance about their property and the procedures to follow in an emergency. These included details about access to the property, fire safety, moving and handling and control of substances that are hazardous to health (COSHH). People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. A person who used the service told us, "I have their contact details". This meant the service had arrangements in place to protect people from harm or unsafe care.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring and supporting them. A social care professional told us, "The service's staff are competent to provide the care and support required by the people who use the service".

We saw that all new members of staff received an induction to The Hospital of God Services, which included information about the registered provider, roles and responsibilities, shadowing other staff and policies and procedures. Staff were also provided with an Employee Handbook and a copy of a Code of Conduct for Employees.

The registered manager told us there was an on-going training programme in place to ensure all staff had the skills and knowledge to support people. We looked at the records for three members of staff and we saw that they all had received a thorough induction. The records contained certificates, which showed they had completed mandatory training in, for example, moving and handling, first aid awareness, fire safety, equality and diversity, safe handling of medicines, infection control, health and safety and food hygiene.

Staff had completed a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care and the Care Certificate. In addition staff had completed more specialised training to help them understand people's needs, for example, oral health, person-centred working, respect and dignity, nutritional health, risk assessment awareness, dementia care and recording skills. Staff files contained a record of when training was completed and when renewals were due.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff told us, "I see [Name] (senior support worker) on a regular basis and she's always on the other end of a phone" and "We have formal supervisions every three months". This meant that staff were supported to provide care to people who used the service.

The service had handover arrangements in place for staff to pass on information between shifts which included a white board and communication book to record daily household duties, social activities, visits and appointments. This meant staff were able to communicate effectively with each other to support the delivery of people's care.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager, who told us that if they had any concerns regarding a person's ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken. Staff had received training and had a good understanding of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and 'best interest decision making, when people were unable to make decisions for themselves. A social care professional told us, "The service's manager and staff understand their responsibilities under the Mental Capacity Act".

People who used the service were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. People were asked for their consent before they received any care or support. We saw care plans and contracts were signed by the people who used the service. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

We checked how the service met people's nutritional needs. Staff told us how they encouraged and supported people to eat a varied diet and drink adequate fluids. People's care records included nutrition care plans and risk assessments which identified dietary requirements. People required different levels of support. Some people received support from staff to help them plan their weekly menu. They were then supported by staff to shop for their food and help prepare or make their own meals and drinks. The registered manager told us how staff knew about the nutritional needs of the people they worked with and how any concerns or changes in a person's health or demeanour were reported back to senior staff or relatives to ensure preventive measures were taken to help their health and wellbeing.

We saw people who used the service were supported to access healthcare services and received ongoing healthcare support. Care records showed people had access to a range of health and social care professionals including occupational therapist, podiatrist, social worker, community psychiatric nurse and GP's. Social care professionals told us, "The service acts on any instructions and advice you give them" and "They keep me very well informed". The registered manager told us how the service planned to further develop links with local health professionals to ensure that the service was effective in terms of health monitoring and took a preventive approach in relation to unnecessary hospital admissions. This meant the service ensured people's wider healthcare needs were being met through partnership working.

Is the service caring?

Our findings

People who used the service were complimentary about the care and support provided by the staff. People told us, "I look forward to them [Staff] coming", "They [Staff] provide a first class service" and "I cannot recommend them [Staff] highly enough". Social care professionals told us the service made sure its staff knew about the needs and preferences of the people they worked with. They told us it is an "Absolutely fantastic service" and "The service is invaluable and we are lucky to have them".

People who used the service were supported by staff that were warm, kind, caring and respectful. They told us they were comfortable with the staff that supported them. People told us about their experiences and said they were happy with the care and support they received. Relatives told us, "They [Staff] do a marvellous job", "I can ring them anytime for a chat" and "They [Staff] take her out for a coffee. She looks forward to their visit and makes sure she is always ready". A social care professional told us, "Staff are friendly and approachable".

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A member of staff told us, "I ask the service user how they prefer to be supported and make sure it's written down in their care plan". People who used the service were involved in making decisions about their care. A person who used the service told us, "I read the care file and attend reviews every three months" and a relative told us, "We write in the daily notes and are involved in the care plan". A social care professional told us, "People who use this service are always treated with respect and dignity by its staff".

Staff knew about the needs, choices and preferences of the people they worked with. For example, staff told us, "I play cards and dominoes with [Name] and they enjoy attending the day centre twice a week", "[Name] likes a drive out for lunch or just a coffee. They love to people watch", "[Name] loves to have an ice cream in Seaham while their daughter goes shopping", "[Name] likes to go anywhere for a cake, a cup of tea and a chat" and "[Name] likes to listen to classical music and talk about the pit at Easington".

The registered manager told us how the service had supported people and their relatives to celebrate birthdays and anniversaries. They also told us how one person loved their dogs and how the service had supported them to visit the Crufts dog show in Birmingham. A social care professional told us, "The service has been paramount in maintaining the mental wellbeing of [Name]".

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks, for example taking medicines. Staff focussed on people's needs. Staff told us, "I love making a difference" and "I like to help people have the best quality of life". People who used the service told us, "They [Staff] help me with my correspondence and they take me out to buy my groceries" and "They [Staff] take me for a coffee and to the day centre". A social care professional told us, "The staff go above and beyond" and "I cannot recommend the service highly enough".

The service provided people with information on equality and diversity, principles of care, client's charter of rights, safeguarding and complaints in their service user guide. The registered manager also told us that the service held monthly memory lane cafes, monthly carer events and coffee mornings which gave people the opportunity to air their views and speak to staff. They also told us the registered provider had their own carer support services attached to day centres and dementia advisory services which provided support, advice and information to the people who used the service and their relatives.

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for three people who used the service. We saw people had their needs assessed and their care and support plans demonstrated a good understanding of their individual needs. There was evidence of regular review, updates and evaluation.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People who used the service were supported and involved in planning their care. We saw people had given their written consent to the care and support they received.

The service utilised a care and support planning framework which comprehensively assessed people's needs. People had care and support plans in place covering a wide breadth of areas including, for example, activities, skin integrity, personal hygiene, shopping and daily living skills. Care and support was planned and delivered in line with their individual care plan. Plans aimed to maximise independence in supporting people's dignity and self-respect.

Each care and support plan included a document called 'This Is Me' designed by the Alzheimer's Society and the Royal College of Nursing which is a tool that people with dementia can use to tell staff about their needs, preferences and interests. This provided insight into each person including their personal history, their likes and dislikes. For example, "[Name] likes looking after her dogs". This was a valuable resource in supporting an individualised approach.

The care and support plans demonstrated evidence of person centred planning. They were well developed, showing good understanding of each individual's needs and preferences. There was clear guidance in relation to interventions to staff in providing safe and appropriate care and support. A social care professional told us, "People who use the service tell me that the staff complete all of the care and support required by their care plan" and "The service is flexible and includes a range of person centred care and support often based on individual interests, past and present". This meant people were not placed at risk of receiving care which was inappropriate or unsafe.

Each care and support plan had a risk assessment in place. For example assessments were in place for nutrition and hydration, mobility, physical and mental health, communication, confusion and dementia and accessing the community. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

We looked at daily records, which showed staff had involved people who used the service in developing and reviewing care plans and assessments. Support plans recorded how people who used the service were involved in making decisions about their care.

Staff supported people to access the community and minimise the risk of them becoming socially isolated.

Staff told us, "I go for a walk along the sea front at Seaton Carew with [Name]. They like to visit the museum at Hartlepool and call in for a coffee at the Marina" and "[Name] likes to go for a coffee in Seaham".

We looked at the registered provider's complaints policy dated May 2016 and we saw that the service's complaints process was included in information given to people when they started receiving care. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact if the complainant was unhappy with the outcome. We saw the complaints file and saw that there was a system in place to record and investigate complaints and to inform the complainant of the outcome including the details of any action taken.

At the time of our inspection the service had not received any complaints. The people we spoke with were aware of the service's complaints procedure. People told us, "I am happy with the service. I have no complaints", "I cannot fault them [Staff]" and "Very happy, no complaints".

A social care professional told us "The service's manager and staff are accessible, approachable and deal effectively with any concerns I or others raise". The registered manager told us that the service welcomed complaints and looked upon them as an opportunity to learn, adapt, improve and provide a better service. They told us the service operated an open door policy for people who used the service, their relatives and staff to raise their concerns at any time. This meant that comments and complaints were listened to and would be acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months.

The registered manager told us how the registered provider proposed to review procedures and staff training in the next three months to keep up-to-date with possible changes in equality and human rights legislation. They also planned to improve their in-house health and safety capacity by training a key manager to NEBOSH (The National Examination Board in Occupational Safety and Health) level and further raise staff awareness in dementia. They proposed to improve staff's ability to communicate with people, particularly those who lacked verbal capacity by researching best and most effective practice in this area and further develop the end of life support provided to people and their relatives. The registered manager also told us how the service planned to review the individual client service contract and the use of language/terminology in care files with the input from staff.

Staff we spoke with were clear about their role and responsibility. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they supported. Staff told us, "I love everything about my job and I have a good relationship with the clients" and "It's a great place to work and I am proud of the service we provide".

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person centred, open, inclusive and empowering.

We looked at what the registered manager did to check the quality of the service. The registered manager told us how the service offered people a taster session free of charge to ensure they were satisfied with the service and how they listened to feedback following these sessions, to ensure the service met people's expectations.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received and reviewing feedback. They also undertook monthly spot checks to review the quality of the service provided and completed audits which included care files, health and safety, risk assessments and fire records. If any issues were found, they were actioned and followed up in the next audit.

We saw the results of a 'customer satisfaction survey' from 2016. 12 questionnaires were sent out and 10 returned. Questions asked included 'do you find the activities beneficial', 'are you happy with communication (verbal/written)', 'as a result of your involvement with the service has there been a positive change in you or your loved ones wellbeing' and 'are you satisfied with the overall provision of the service'. Responses were very positive, rating the service as 'good', 'very good' or 'excellent' and the staff as 'first class'. Comments included, 'Staff are superb and go the extra mile. Would be lost without them to help me

get out and about', 'I find activities provided are beneficial for [Name], she always enjoys the visits and even asks if the girls are coming' and '[Name] is always in a very cheery mood when she returns home'.

Staff meetings were held regularly. We saw a record of a 'team brief' dated 6 April 2016. Discussion items included policies and procedures, risk assessments, communication, health conditions, outstanding care and MCA/DoLS. We also saw the minutes of a staff meeting dated 18 May 2016. Discussion items included service developments, staff training, finance and policies and procedures. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The registered manager told us that the service proposed to develop the range of community activities available for people to access and further develop relationships with the local authority, clinical commissioning groups and other organisations such as arts and music groups in order to increase the effectiveness and responsiveness of the service.

We saw evidence to demonstrate how the service worked closely with the local community cohesion officer to promote people's wellbeing and a social care professional told us, "The care service co-operates with other services and shares relevant information when needed, for example when people's needs change". The registered manager told us how the service had also been invited to sit on various local groups and boards, for example the North East Dementia Alliance, Discharge Steering Group for North Tees, Durham Dementia Strategy Group and the North Tees Dementia Collaborative. This meant the service ensured people's personal safety and wellbeing needs were being met through partnership working.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition policy dated January 2016 referred to guidance from the National Institute for Health and Care Excellence (NICE). The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.

We noted that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.