

Mrs Julie Elizabeth Claassen

Goodwood Homecare

Inspection report

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Tel: 01746763406

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 1 June 2017 and was announced.

Goodwood Homecare is registered to provide personal care to people living in their own homes. On the day of our inspection 27 people were using the service.

The provider of Goodwood Homecare is registered as an individual and therefore there is no requirement for a registered manager to be in post. The provider is the owner of the service and is responsible for day to day management. The provider is the registered person and has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although a system was in place to assess the quality of the service provided this had not been effective in addressing the poor record keeping we found. The manager had a business development plan in place where they had already identified that their quality systems needed improvement.

People received care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks.

Staff were available to respond to and meet people's needs safely. Checks were completed on potential new staff to make sure they were suitable to support people in their own homes. People received the support they needed to help make sure they received their medicines when they needed them.

Staff had received training to give them the skills and knowledge they needed to meet people's needs. These skills were kept up to date through regular training and staff were supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had good relationships with them. People felt involved in their own care and that staff listened to what they wanted. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

People received care that was individual to them. Staff recognised when people's needs changed and arrangements were put into place for care needs to be reviewed and reassessed as appropriate.

People and their relatives were encouraged to give feedback about the quality of care they received. They were happy that their opinions were listened to and improvements made to their care as a result.

People were happy and positive about the service they received. Staff were motivated to provide the best care they could and they understood the needs of the people they supported. Staff were happy in their work and were clear about their roles and responsibilities; they felt supported by management and involved in the development of the service.

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.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and asked their permission prior to supporting them. Where required, people were supported to eat and drink enough and access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Good ●

The service was responsive.

People received the care they wanted and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Requires Improvement ●

The service was mostly well led.

Systems that were in place to monitor the quality of the service were not always effective in addressing issues. People gave positive comments about the care and support they received from all staff at the service. Staff understood what was expected of them and were supported in their roles.

Goodwood Homecare

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 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.

This inspection took place on 1 June 2017 and was announced

The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The provider of this service is registered as an individual; therefore there is no requirement to have a registered manager in post. This is because the provider is responsible for the day to day management of the service. Throughout this report we refer to the provider as "the manager".

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with five people and nine relatives. We had also received feedback from people, relatives and community professionals from questionnaires we had sent to them. We spoke with six staff which included care staff, compliance and training manager and the manager. We viewed care records

for two people, two medicine records, four staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

People told us they felt safe with the care staff that came to their house and in the way they were supported. One person said, "Yes, I do feel safe, definitely." Another person said, "Nothing ever goes missing - I trust them (staff) 100%." Relatives felt their family members were safe because they had confidence the staff ensured their property was secure when they left.

Staff we spoke with told us how they kept people safe and protected them from avoidable harm and abuse. They were aware how people could be abused or discriminated against and were clear on the action they needed to take if they suspected this. One staff member said, "Staff could abuse people by not giving the right food, not following their care plan, not giving them the care they need or not giving them their medicine. If I thought someone was being abused I would report it straight away to [manager's name]." The manager understood their responsibilities in protecting people from and reporting abuse. They told us they spoke with the local authority if they had concerns about people's safety and although they had not needed to make a safeguarding referral they had the information available to enable them to do so.

People were protected by staff from the risks associated with their care and their environment. People told us that they did not feel restricted by the way staff cared for them. One person said, "I do what I want and they (staff) do what I need them to. I don't feel restricted." Risks to people's safety had been considered and assessed. We saw that where risk was identified, there were plans in place which detailed how staff were to help reduce those risks. One staff member told us they would always speak with people about any risks around their home. They said, "I explain to the person what the hazard is and that they could trip over it." They gave an example of a person who had trailing cables across a doorway. They said, "They (the person) agreed they could trip over the cable. It's their choice. If they had said no I would have to respect their choice, but I would report it to the manager."

People told us they were supported by sufficient staff members in order to meet their individual needs. They confirmed that the care staff turned up when expected. If they were late it was usually due to traffic and never for longer than a few minutes. One person said, "It is unusual if they're late, but they can be held up by road works or finishing another job. They're maybe three or four minutes late, but it's never half an hour late." People were generally supported by the same staff and felt this helped to make them feel safe. Most people and relatives we spoke with told us they had a 'core' team of staff that they saw regularly. One relative said, "There are lots of different staff, sometimes the same staff two or three days running, but we know them all. [Person's name] is very happy with them and so am I." Other people and relatives told us they would get a telephone call if their care staff were going to be significantly late.

The manager told us the administrative staff were also trained to deliver care and therefore were able to cover care calls at short notice, if required. They also had a small team of care staff who worked as and when required to cover staff absence. This helped to ensure that people saw and got to know staff that were familiar to them. The manager told us this helped people to feel safe and confident with all staff that supported them.

People were supported by staff who had received appropriate checks prior to starting work with them. We saw new staff had not been allowed to start work until criminal checks on their background had been completed. This was to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks. The provider also checked staff's employment history, obtained references from previous employers and checked their identity.

Some people who used the service required assistance with their medicines, while others told us they looked after their own. One relative said, "They give the medication and they're on time and correctly given. I see [person's name] every day, so I know." The amount of support people needed was discussed and agreed with them. This support could vary from a reminder to take their medicine to staff administering all their medicines. People received their medicines on time and told us staff signed in their care plans to say they had been given them. Staff received training and had competency checks completed to ensure they were able to support people safely with their medicines.

Is the service effective?

Our findings

People and relatives we spoke with said staff knew how to meet their needs. One person said, "Oh yes, definitely, they all know what they're doing." One relative said about their family member, "I think they do feel well matched with the staff. [Manager's name] has gone out of their way to make sure staff are well matched." They considered staff to be trained well and knowledgeable about the care and support they needed.

Staff received training and support to give them the skills they needed to care for people. Staff told us they felt they had the skills and knowledge to support people's individual needs and understood how their training benefitted the people they supported. One staff member said, "Training makes sure we're up to date and using safe practices. It gives them [people] peace of mind, because they know that we know what we're doing. It safeguards them and means they are at as little risk as possible, it makes sure they get the best possible care." Staff received regular one to one time with their line manager where they discussed their training needs and any issues or concerns they had. All staff completed an initial period of training and worked alongside other staff when they first started working for the service. One staff member told us that working alongside more experienced staff gave them confidence in their role. They said, "I felt supported all the way through my induction. The managers and other staff were there to answer my questions and they showed me what to do. It was very much my decision to say I felt confident enough to work by myself." Staff told us that they were shown how to use the moving and handling equipment safely in people's homes and were introduced to each person. One staff member said, "I've never been sent to a client unless I've been there and met them first."

New staff were supported to complete their care certificate. The care certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

People were asked for their permission before anything staff needed to do. One relative said, "I know [person's name] says they do ask. Some days [person's name] does not feel like having some aspects of their care, so staff respect that, they don't push and make it an issue." Staff told us they always spoke with people before helping them to make sure they were in agreement with what was happening. One staff member said, "I always talk to them (people) and say what I'm about to do. I don't do anything without their permission."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager told us that currently everyone who received personal care was able to consent to the care and support that was provided. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. However, we found staff did not fully understand the MCA and how this could affect their practice if people

they supported did not have capacity to make their own decisions. We spoke with the manager about this and they provided assurance that they would increase training in this area for staff.

Where people needed help with meal preparation staff followed the person's choice and offered encouragement for people to do as much as they were able. One relative told us staff prompted their family member to ensure they received enough to eat. Another relative told us staff made sure their family member had sufficient to eat and drink and made sure a drink and snacks were available when they left. We saw direction was given to staff on how to support people to ensure their dietary needs were met, which included making sure food was prepared which was easy to chew and swallow.

People and relatives told us they made their own health appointments but staff would support them with this if they asked. One person told us that staff always accompanied them to their hospital appointments. The manager told us that when needed they would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

People spoke positively about the care and support they received and were complimentary about the staff that cared for them. People and relatives described staff as caring, kind and having positive attitudes. They felt they had the opportunity to develop positive relationships with the staff that supported them because they always saw the same staff. Some people spoke about staff going the extra mile for them, which they appreciated. One person said, "I had flu and one carer asked how I was. They knew I couldn't get out shopping and one got the milk for me in their own travelling time. They came back and checked on me in the afternoon, in their own time."

All staff we spoke with told us they supported the same people. They understood the importance of this in making sure people had a continuity of care. One staff member said, "I see the same people. It's continuity; they get to trust you and trust that we know what we're doing so this makes them feel comfortable with us." The manager said, "We look for staff who are caring and committed. Recruitment of the right staff has been a challenge but we now have a stable staff team who are caring and committed."

People felt involved in their own care and felt that staff listened to their views on how they wanted their care delivered. One person said, "They listen and respect what I tell them. If they weren't respectful I would soon tell you, because you don't pay people for what they don't do." One relative told us staff communicated with their family member in a way they could understand. They went on to say, "[Person's name] has dementia but they talk to them as an equal. They are so kind."

People told us they were supported to make their own decisions and were given choices about their own care and support. Relatives also confirmed that they regularly saw staff involving their family member in decision making and expressing their views. People were visited by one of the managers prior to their care commencing to discuss their needs. They were then able to identify what support people wanted and needed, their abilities and any risks associated with their care. One staff member said, "I must always ask and involve them. I must never presume I know what they want." Another staff member said, "I give them (people) choices so they are in control, not me."

People were supported to remain as independent as they could be. Staff understood this was important to people in ensuring they could stay in their own homes. One staff member said, "You get to know the service user, so you get to know their abilities, what they can and can't physically do. So, I would never do anything that I knew they were capable of doing. The support we give keeps them in their own homes."

People were supported by staff who respected their privacy and dignity. One staff member said, "A lot of the people we support live with their spouses. We make sure doors are shut when we support them even though they know the other person in the house. We still give them privacy and dignity. We call them by their chosen name and always greet them."

Is the service responsive?

Our findings

People told us they received their care the way they wanted it and that it met their needs and preferences. They felt staff knew their wishes and their preferred way of having things done. One relative told us that staff respected their family member's wishes. They said, "[Person's name] likes staff in the kitchen, next to the shower as they don't like them in the shower room. They're very obliging and lovely and I couldn't find fault with them." People and relatives confirmed that their preference for having a male or female staff member was asked for and respected. One person said, "They asked about male or female carers. I stated at the very beginning what I wanted, and I haven't had any male staff."

Staff understood the importance of respecting people's preferences. They told us they would initially learn this information from people's care plans. As they got to know people they would become familiar with people's preferences. One staff member said, "It's about talking with them and finding out what they want. I also have to have respect for their religion, beliefs or customs and the way they want things done."

People confirmed they had a plan of care at their own home and that this was discussed with them to establish their needs and preferences. They also told us their care plans were kept up to date by staff. One person said, "The (care) plan alters a bit. If there are any little things that need changing, they do that. The plan is in a folder." We saw people's needs were reviewed regularly and care records updated as required. Healthcare and community professionals were contacted where necessary to review people's care needs. We saw that one person's social worker had been contacted following deterioration in one person's health. Following a care review, extra funding had been put into place to increase care calls for this person.

People's cultural and emotional needs were discussed with them along with relationships that were important to them. The compliance and training manager said, "It's important to know people's preferences. We encourage staff to think about their own values, culture and beliefs through the training we do. That way they can better understand how important it is to respect other people's values when they support them. Older people still have sexual relationships just like them so they need to respect this."

People and their relatives were encouraged to give feedback about the quality of the care they received. The manager told us that when people first started using the service they were told to contact them if they had any issues or concerns they wanted to discuss. Questionnaires had been sent to people and relatives in January this year to ask for their feedback on the service. The results from these questionnaires had been positive. The manager told me they planned to send these out every three months in the future.

People and relatives told us that the managers often contacted them to discuss their care. This gave them the opportunity to raise any concerns or complaints if they needed to. People told us that when they had previously had concerns these had been addressed straight away by the manager. People told us they could telephone the manager and office staff at any time and that they were easy to contact. One relative said, "I ring if I have a concern and [manager's name] is proactive and does something about it." People had been given information on how to raise a complaint when they first started using the service. Although no complaints had been received by the manager, a system was in place to deal with these should there be a

need.

Is the service well-led?

Our findings

Although systems were in place to monitor the quality of the service provided, we found these were not always effective in identifying issues with record keeping. Audits were completed on people's care records and the manager was kept updated on the outcomes from these audits by the staff who completed them. However, we found these systems had not been effective in identifying and addressing a continuous incidence of poor record keeping. We saw one person's medicine record where the frequency and dosage of their medicine was not recorded. Staff were also using an incorrect code to record they had administered the medicine. When we looked back over previous audits we found this had been identified in February 2017. Although the actions to be taken had been identified, these had not been followed up and the error continued to occur. Subsequent audits, completed by a different staff member, had not identified this error or that it was a continuous issue. We also saw gaps in the administration records of another person with no explanation as to why this person had not received their medicine on these dates. Although we were able to confirm there was an explanation for these omissions, this process took time. These records had previously been audited and were signed off as complete with no issues. We also found, and the manager confirmed, that up to date guidance was not followed in relation to best practice specifically for medicines management in community settings. The manager told us they were disappointed we had found these errors because they were currently working to make improvements within this area.

Staff told us they received "spot checks", where a senior member of staff would complete observations on their practice. Staff we spoke with were not clear on the expectation for how often they should have these spot checks, this included the staff who completed the spot checks. The manager told us this was currently based on the need of the staff member, but that this needed to be standardised.

The manager told us they had a clear vision of what needed to be achieved within the service. We saw a plan of action they had developed which related to the Health and Social Care Act Regulations. One area that had already been identified was to "increase their level of quality monitoring and reporting". The manager said, "We want to do the best we can and get it right for service users and staff." The manager confirmed that no accidents, incidents, safeguardings or complaints had occurred since their registration with us. Systems were in place to deal with and monitor these if and when they occurred.

People gave positive comments about the service they received. They spoke highly of both management and care staff and were very happy with what was done for them, by each staff member. They told us when they needed to contact office staff and management they found them easy to get hold of. One person said, "I cannot speak too highly about the service provided by Goodwood. They frequently contact us to make sure that our care is good. Their staff are smart, well-trained and well mannered."

Staff understood the values of the service and what was expected of them within their own roles. One staff member said, "I feel very privileged that I can go into people's homes and help them to stay in their own homes." Staff told us managers discussed the values expected at their interviews and throughout their induction. They told us there was an expectation that they did their job to the best of their ability. Staff felt supported within their roles and found managers approachable and fair. One staff member said, "You can

always go to [manager's name], they're always there for you." They told us they were kept up to date with any changes that occurred either to people's care needs or within the service.

One community professional told us that they believed the service was still developing but it was person centred and worked to offer a consistency of care to people. They went on to tell us they thought the manager had been receptive to feedback they had given them.