

Mr T A & Mrs J Womersley

The Goddards

Inspection report

The Goddards Goole Road
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Tel: 01405860247

Date of inspection visit:
12 June 2018
13 June 2018

Date of publication:
24 July 2018

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

The inspection took place on 12 and 13 June 2018 and was unannounced.

We previously inspected this service in March 2016 when the service was rated as good. The rating for the service from this inspection is requires improvement overall. This is the first time the service has been rated requires improvement.

The Goddards is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 14 people in one adapted building. At the time of this inspection the service supported 12 people with learning disabilities or an autistic spectrum disorder.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff did not always follow the provider's medicine policy and procedure. This meant people were at risk from not having their medicines managed safely and administered as prescribed.

The provider failed to maintain records of checks completed on equipment that people used to assist them with their mobility and to keep them safe.

Systems and processes in place failed to ensure staff received training or refresher training to ensure their skills and knowledge remained up to date to carry out their role and meet people's individual needs.

The provider told us on their PIR in February 2018 that they would implement spot checks, to check and record if staff were competent in their role or the activity of care they provided. However, we found this had not been put in place.

The provider completed a range of checks and audits to maintain and improve the service. However, the systems and processes were not robust and failed to highlight and action the concerns we found during this inspection. There was a lack of oversight to evaluate for example, any accidents and incidents that had

occurred and to share outcomes with staff to improve experiences for people.

We observed there were enough staff on duty to meet people's needs. People confirmed they received care and support from regular care workers who they knew.

People told us they felt safe living at the home and staff understood how to recognise and report any signs of abuse.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and were able to discuss the importance of supporting people with their independence.

People received information in a format they could understand. Where people had communication difficulties, staff understood their needs and recognised their body language and expression. This ensured their ability to communicate was enhanced.

The provider included people or their representatives in annual discussions regarding their health and wellbeing. Any positive behaviour support plans were evaluated and included input by appropriate health professionals for effectiveness.

The provider had systems and process in place to ensure care workers were appropriately recruited into the service and had the necessary skills and personality to support individuals with their everyday needs and preferences.

Care plans included information to ensure staff were informed and respectful of people's cultural and spiritual needs.

People were supported to maintain a healthy and balanced diet. Care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic, had any allergies or religious needs.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

There was information available on how to express concerns and complaints. People were encouraged and supported to raise their concerns and processes were in place to ensure these were responded to.

People were supported to live fulfilled meaningful lives. The provider supported people to obtain skills to take up opportunities of work and attend college.

People discussed the activities and interests they could follow. People who chose to remain at the home participated in daily events. The provider supported people to maintain meaningful relationships and they were protected from social isolation.

We found the provider was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Systems and processes failed to ensure staff always followed the provider's guidance to ensure people's medicines were managed safely and administered as prescribed.

The provider failed to maintain information to record checks had been completed on equipment used to assist people with their mobility and to keep them safe.

Systems and processes helped to safeguard people from avoidable abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems and processes failed to ensure staff training was managed and to ensure staff had the appropriate skills and knowledge to carry out their role and meet people's individual needs.

The provider followed legislation under the Mental Capacity Act 2005 and staff understood the importance of promoting people's independence.

People received information in a way they could understand and were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring

People's individual care and support needs were understood by staff and care plans included information to ensure care workers were informed and respectful of people's cultural and spiritual needs.

People's privacy and dignity was respected by staff who understood when to maintain confidentiality and when to share any concerns.

People told us they were treated with compassion, dignity and respect and they were involved in any decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive

People and their relatives were encouraged to be involved in planning their care and support.

Care plans recorded information about people's individual care needs and preferences.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Audits and checks to maintain and improve the service failed to identify most of the concerns we raised. Where concerns had been identified actions had not been implemented in a timely manner.

The provider did not have effective systems and processes in place to continually evaluate and seek to improve their governance and auditing practice.

The provider completed consultations and used feedback to help shape the service.

The Goddards

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 12 and 13 June 2018 and was unannounced.

On the first day of the inspection the inspection team consisted of two adult social care inspectors 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. Their area of expertise was learning disability. The second day of inspection was completed by one adult social care inspector.

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.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning and safeguarding teams, and Healthwatch. Healthwatch is the consumer champion for health and social care.

During the inspection, we spoke with the registered manager, the trainee manager, four staff and a health worker.

We spoke with four people in receipt of a service and three relatives by telephone to seek their views. We had a look around the home and looked in people's rooms with their permission. We completed an observation of the lunchtime medication round and observations of staff interactions with people during meal times and throughout the day.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records containing care planning documentation and daily records. We also viewed the records for three staff relating to their recruitment, supervision and appraisal. We reviewed the process used to manage staff training. We viewed records relating to the management of the service, including audit checks, surveys and quality assurance and the provider's policies and procedures.

Is the service safe?

Our findings

People were at risk from not having their medicines managed safely, and administered as prescribed. Staff did not always follow the provider's policy and procedure that followed national guidance from NICE. Under the Health and Social Care Act 2012, NICE was given responsibility for developing guidance and quality standards for social care.

People were at risk from not receiving 'when required' (PRN) medication for pain relief as intended and when they required it. The provider had a policy in place which recorded, 'All medication given on a PRN basis (when required) will be supported by a PRN protocol'. However, the provider did not follow their guidance. The provider did not have a clear protocol (instructions) about managing, administering and recording PRN medicines for pain relief. PRN medicine is managed differently to normal monthly cycle medicine, which is only offered during the normal medicine rounds. It is to be administered when the person requires it, so it should be offered and available outside of these times. The provider told us they would review this practice to ensure appropriate protocols were implemented for all PRN medicines.

The provider was unable to evidence a copy of the staff specimen signature list they used to verify the signatures on the Medication Administration Records (MAR) were completed by those staff who were responsible for administering people's medicines. This meant people may receive medicines from staff not authorised to do so and that any errors or omissions may not be attributed to an individual for follow up, should any concerns require further investigation. The provider implemented a new form to record staff signatures during our inspection.

We found staff had not always received up to date training to safely administer and manage people's medicines. The provider told us on the PIR (submitted to the CQC in February 2018), 'I plan to develop a staff competency observation to record the safe administration of medication.' However, this had not been implemented at the time of our inspection. The registered manager told us they were reviewing this process to ensure checks on staff were completed following national guidance.

During this inspection we checked the provider was following their policy and procedure for the management and administration of people's medicines. We observed one staff member completing a MAR prior to observing the person had taken their medicines. If the person had refused their medicines the record would have been incorrect.

The provider did not have body maps in place to ensure staff understood where to apply prescribed creams. Staff told us they would look for areas of redness and apply creams accordingly. We discussed this with the registered manager who implemented the body maps to ensure creams were applied to those areas it was prescribed for.

Storage of people's medicines was in a locked cabinet. However, surplus stock and returns were stored along with cleaning materials and other items in a small under stairs cupboard which did not follow the provider's best practice or policy. An unsecured plastic box was used to store returns that included

Buccolam (midazolam). This medicine does not require special treatment as a controlled drug (CD). However, the provider stored this medicine in the CD cupboard which reflected good practice. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs that require special management. The providers medicine policy required updating to ensure this good practice was adhered to by staff, and included details of where this medicine should be stored whilst awaiting return.

There was a procedure for a safe handover for the medicines key between staff but the keys included one used to access another non-medicine cabinet. Staff assured us this was not shared with anybody who did not require access. The registered manager told us they would implement the required changes to ensure all medicines were stored following best national guidance; in line with their policy and procedure.

Systems and processes had not been implemented to ensure records were maintained to demonstrate equipment in use by people was always safe. For example, where people had bed rails attached to keep them safe from falling, checks had not been completed to ensure they remained safe for everybody to use. The provide was unable to evidence additional records to demonstrate checks had been completed on wheelchairs and moving and handling equipment including hoists. One hoist had an external contract in place for equipment to be checked but this had expired. The registered manager told us they would research national guidance to ensure all checks on equipment were robustly recorded and they contacted the external company to carry out their expired checks.

The provider was responsive to all the concerns we raised and implemented some remedial actions during the inspection. However, the above concerns meant the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 12: Safe care and treatment.

Staff had received some training in recognising signs of abuse and understood how to escalate any concerns for further investigation. The provider had a safeguarding policy and procedure in place that was available for staff to follow to ensure they followed the correct process should a concern require escalation. Systems and processes were maintained that meant any concerns were recorded, included a chronology of events and had clear outcomes. Actions were implemented where changes were required to keep people safe from avoidable harm and abuse.

People told us they felt safe living at the home. One person said, "Yes, very safe; we have lovely people and lovely staff." There was clear guidance in place to ensure people were supported to access the community; to keep them safe from harm and abuse or discrimination and to ensure they were treated equally. One staff member said, "If I had any concerns I would go to the manager or I would go to safeguarding or CQC."

People received assessments to ensure staff had up to date information to support them safely without unnecessary restrictive practices. People confirmed their freedom was respected. Assessments identified types of, and severity of risks. Examples included hazards within the home, areas of risks from abuse, fire, personal care, medication, seizures, choking, mobility and accessing the community. Information was evaluated for effectiveness and updated as people's needs or circumstances changed or as a minimum every year.

We observed there were enough staff available to meet people's needs. People and their relatives spoke positively about the staff who worked at the home. One person said, "There's always someone about when we need them, even at night." Where people had less mobility, or were assessed as being at risk, they had access to a call monitoring system to contact staff for assistance from their rooms. One person told us, "You do have to be patient sometimes because staff see to others too; but I never have to wait too long." The

registered manager completed rotas four weeks in advance and told us they never used any agency staff. This meant people received continuity of care and support from regular people who they knew and who understood their needs.

The provider ensured staff were selected and recruited safely. People were involved in the process to ensure compatibility. Checks were completed before staff began work. This included obtaining a minimum of two references, and the completion of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People had personal emergency evacuation plans in place so staff were aware of the level of support people required should they need to be evacuated in an emergency. The provider had a defibrillator for individuals to use in case of a cardiac arrest. The provider showed us a health and safety folder; checks had been completed for the fire alarm, smoke alarm, water temperatures, first aid kit, and gas safety certificates. We saw these files were audited on a regular basis to ensure information was up to date and the home remained safe.

Staff had access to relevant information to support people safely. Where necessary care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Accidents and incidents had been recorded and investigated in line with the provider's policy and procedures. There were comments about any action which had been taken to manage the risk of the situation re-occurring.

The home was observed to be clean and free from any unpleasant odours. The registered provider maintained good infection control practices. Checks had been completed to reduce the risks from infections. This included monthly shower head disinfecting and water temperature checks to reduce the associated risks from legionella's disease; a water borne virus. People were encouraged to keep their rooms clean and tidy. One person said, "Staff support me to keep my room clean. They support me how to clean my bedroom and change bedding too."

Is the service effective?

Our findings

Staff and others, provided us with mixed feedback regarding the training provided to employees to carry out their roles. One staff member said, "I haven't completed any training in equality and diversity and I would really like to do a 'proper' moving and handling course." A health professional told us, "There are a few people living here who's mobility has reduced. I am not certain staff have received appropriate training; I am often asked for advice and direction in moving and handling people. I am happy to assist but I feel the staff would benefit from some dedicated training; both practical and theoretical in this area."

Staff had not received up to date training to ensure they had the appropriate skills and knowledge to carry out their role or that they followed best practice. The provider managed staff training using an electronic tracking sheet. This detailed the dates training had been completed and showed staff had completed training in moving and handling in 2018. However, further checks evidenced the training was associated with maintaining a safe work place and was not specific to moving and handling of individual's using slings and hoists around the home. Dates on the tracker confirmed some staff training had not been completed or updated in other areas which included, safeguarding, medication, equality and diversity, person-centred care, food hygiene, diabetes, learning disability and dementia, autism and oral care. The provider told us all staff had completed fire training but this information was not fully up to date on the tracker.'

The registered manager told us they were trying to set up training for staff. They told us, "Staff are supported with a training and development plan and are supported to complete both the care certificate and to complete NVQ's." The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

The provider told us on their PIR in February 2018 that they would implement spot checks, to check and record if staff were competent in their role or the activity of care they provided. However, we found this had not been put in place. We observed staff did not always follow best practice or demonstrate competencies in their role. We observed staff hesitating when moving one person and were stopped by a senior. The senior member of staff told us this was because the person could mobilise on their own on a good day, and it was important this was encouraged to maintain their abilities. Other observations evidenced medicines were not always administered following best practice.

The above concerns were a breach Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 18: Staffing.

Staff were supported in their role by the registered manager who completed supervisions at least every six weeks and an annual appraisal. On staff member told us, "Yes, we have regular supervisions with recorded feedback. We revisit any actions at the next supervision to discuss progress."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the provider was working within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. Staff had received appropriate training and were observed to support people to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service support this practice

We saw evidence the provider was implementing best practice that was reflective of the NICE quality standards which set out the priority areas for quality improvement in health and social care. People received support and assessment to maintain their health and wellbeing from a variety of health professionals according to their individual needs. Information in care plans recorded input from health and social care professionals including, opticians, occupational therapists, and community health teams. A staff member said, "We have a good working relationship with health providers, including GP's. We would not hesitate to contact a GP should a person require an appointment."

People had been supported to access annual health assessments with their GP, and any follow up required. 'Positive Behaviour Support' plans were in place and provided staff with information to safely work with people, in particular people with a learning disability. Where people showed signs of behaviour that challenged, this was recorded detailing the trigger, actions implemented to reduce the behaviour and outcomes. These records formed part of regular reviews that helped to evaluate the service provided for its effectiveness and involved the person, their relative, key staff and other health professionals. This helped people to achieve effective outcomes and promoted their abilities. A staff member said, "Each person is an individual; we focus on their unique lifestyles and encourage inclusion and achieving recorded goals."

Care plans included information to help staff provide people with healthy eating options. Where assessments identified concerns regarding people's weight; monitoring tools were used and referrals made to dieticians. Where a person had difficulty swallowing, we saw a referral had been made to a speech and language therapist and associated guidance implemented to ensure the person's food was pureed to aid swallowing. Where people had any food preferences because they were a diabetic or due to their religion this information was recorded and staff confirmed their awareness. For example, one person followed a Mormon faith and had their preferences recorded. Staff knew not to provide them with drinks of tea or coffee. Hot and cold drinks were available for people throughout the day and were also frequently offered and prepared by one person who confidently enjoyed this role and supporting fellow house members and guests.

The provider discussed 'Registering the Right Support' (RRS). RRS sets out CQC's policy on registration and variations to registration for providers supporting people with a learning disability and/or autism. The purpose of RRS is to promote modern, inclusive, empowering care and support in services that include accommodation for people.

The home had an accessible entrance and a layout that had considered people's mobility needs. Adaptions were in place to minimise the risk of slips, trips and falls. People could independently access areas of the home and enjoyed the outdoor area which included of large secure garden with seating and patio tables.

Is the service caring?

Our findings

People told us they received a service from caring staff. Observations during our inspection confirmed staff treated people with kindness and were respectful of their wishes and preferences. One person said, "Staff are kind and caring because they are so helpful and sort my problems out. They always listen to me. When I don't understand something, I give it to [the manager] who explains it to me. Staff always have time to care for me."

Care plans recorded information to ensure people were supported equally but accordingly with any diverse needs. Where people had religious preferences, discussions with people had been held and their associated preferences followed. The provider had a minibus that was used to transport people on days out and into the community. However, the bus did not support people with any physical disabilities or provide access for wheel chairs. The registered manager told us they were looking to replace the bus to ensure equal access and that they provided taxi's and used private cars to transport people with disabilities. This meant people were supported to access the community, attend social events and live normal fulfilled lives.

Staff received training in, and understood the importance of maintaining people's dignity and privacy as part of completing the care certificate. Observations confirmed they ensured that where ever possible they promoted people's independence. One staff member told us, "The whole purpose is to make people happy and content." Another staff member said, "We know people very well, we discuss their preferences and choices with them and support them accordingly. I am always respectful of people's privacy and dignity." We observed staff prompting one person to apply prescribed creams. They made the person aware to privately apply the cream in their rooms or a private space in the home away from other people. The staff member said, "Sometimes people are forgetful of where they are; they just need a few prompts now and again."

People's records were stored securely and access was limited to staff who required the information to carry out their roles. Staff understood the need to maintain people's confidentiality and told us they would only share information discussed if the person was at risk of harm, abuse or required medical attention. One staff member said, "I would only share information if it was agreed with the person or if they required support with their health."

It was clear from care records and from talking to people that they could express their views and be actively involved in making decisions. A relative said, "My son is always involved in meetings and decisions about all aspects of their care and support and in decisions about their home." One person said, "I eat outside if it is a nice day or I can sit in the dining area. It's up to me." Another person told us, "No restrictions; I can please myself all the time."

Staff described how they understood some people may need constant reassurance and told us how they responded appropriately. A member of staff said, "One person's needs have changed. They need more help with eating and drinking; we just have to be a bit more patient and provide them with reassurance and encouragement."

We observed staff were effective in communicating with people who had some difficulties with their speech. Staff could tell us how the use of facial expressions and body language, was each person's way of communicating. Staff understood when people required assistance and how to support them. Care plans were in place and were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. This approach meant staff provided responsive care to people who had communication difficulties and recognised they could still be engaged in interaction and making decisions. Where people required further independent guidance and support to make informed decisions the provider engaged the use of advocates and their input and advice to enable people to make choices regarding any decisions was recorded. One person said, "I have lots of choices if I want change to my care; [managers name] is my advocate. I get on well with all the staff."

The Accessible Information Standard is a framework put in place by the National Health Service (NHS) from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where people required this support care records included examples of pictorial communication methods to ensure people could understand, contribute and agree to their care and support. Information was recorded and included pictorial and emoticons'. Staff told us they used this information to help people contribute to any review of their care and support. The provider told us they engaged the use of specialist speech and language teams, who provided further assessments with people and provided associated advice and guidance to the provider.

Is the service responsive?

Our findings

The provider completed an assessment with people of their needs prior to joining the service. This was to ensure the provider could meet and respond to people's individual needs. The initial assessment formed the basis of a support plan. The support plan provided detailed information about the person, their needs and preferences, what they could do on their own and what areas they required support with. Staff told us, "Most of the staff have been here a long time; we know people's needs. Care plans are useful to refer to if we need any guidance and we review the information in them with people to make sure it's all okay and everybody is happy."

The provider ensured information recorded was in an accessible format. The registered manager told us they supported people to use assistive technology. One person had an electronic tablet which they used to communicate with relatives. Staff told us how technology assisted people to live life the way they choose and to encourage their potential and independence.

People understood and had contributed to their care plans. Comments from people included, "Yes, I do have a care plan and staff ask me about it. I am happy with my care." Where people were unable to discuss their backgrounds or with their agreement discussions had been held with close relatives or with friends who knew the person, their background and history. A relative told us, "We are always invited along to reviews and the manager is good at keeping us up to date with any changes or anything we need to know about." Another relative said, "Communication is really good."

Some staff had received training in equality and diversity and how to support people with diverse needs. The provider told us they were reviewing further training and this would ensure staff fully understood the nine characteristics protected under the Equality Act 2010. These are: Age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

Care plans recorded information for staff to follow to ensure people with protected characteristics were supported. People were supported in following their choices be they religious, cultural or lifestyle. Examples included how staff respected people's own rooms and religious and cultural preferences. One person said, "Staff encourage me to keep my room clean; I take out my laundry, I am pretty busy." A member of staff told us, "It doesn't matter what people's beliefs are; we would research and ensure they were supported with any religion. One person was a Catholic and we arranged for the priest to visit so the person could receive mass. Another person is a Mormon. We have guidance in their care plan regarding their religion and any special requirements; such as what they can drink, and we support this."

Support was given to people with disabilities to ensure they participated in a lifestyle that was meaningful and enjoyable to them. One staff said, "One or two people have needs that are changing and they need more support. We ensure we adjust our support to each person, to ensure everybody has the best quality of life." Care plans included intervention and assistance from occupational health professionals to ensure equipment was provided that was appropriate to enable people to mobilise and access the community without unnecessary restrictions.

People were supported to maintain relationships and encouraged and supported to access communal groups, go on trips and holidays. One person left the home each day and had taken up voluntary work at a local charity shop. Other people were supported to acquire life skills to help them secure work and participate in everyday life. The provider had a brewery on site. People from the home were actively involved with the business. This included, the brewing, promoting and delivering of bottled beers. The provider told us, "The initiative provides a supportive and tailored working environment for people with Intellectual Disabilities and at the same time raises awareness and educates the public about the challenges people face." Labels on bottles provided further information to the public about people living with Down's Syndrome, Autism, and Fragile X, and provided links to web sites with further information.

The provider supported people with their abilities and to be involved as much or as little in activities as they choose to. People spoke to us passionately about ventures they had set up. One person spoke about their nail salon business. They showed us positive feedback they had received about the service they provided at an activities centre they attended. The person said, "I can do silk wrap, acrylic and fibre glass nails. Hand and foot massage too. They [staff] have helped and encouraged me." Another showed us a selection of cards for occasions they had made which were available to purchase. Another person had a garden patch where they grew plants, and vegetables. They told us, "I like making things; I make wheelbarrows with Dad and sell them at a garden centre. I have my own gardening space."

People were supported to enjoy activities of their choosing. Around seven people were supported by two staff members to go swimming. A member of staff said, "There are two to three good swimmers. They take part in the swimming gala. The leisure centre keeps a record of progress and achievement badges are awarded." Other activities included regular social activities at an activity centre, bingo, raffles, social interaction horse-riding and Hearts, arts and craft group. One person said, "Friday is no activities day and we go to the pub and have a walk in the evening." Where people were less mobile and choose to remain on the premises, they were supported and participated in activities within the home; this included watching DVD's, reading, arts and crafts and jigsaws.

People were encouraged to use the home as their home. They were involved in meal preparation, setting tables, laundry, cleaning and other daily activities. Everybody told us they were happy living at the home and nobody told us they had any unnecessary restrictions in place.

At the time of the inspection the provider told us there had been no complaints about the service. The provider had a complaints policy and procedure and guidance was available to help people raise their concerns. One person said, "I have only had one complaint in 22 years and it was dealt with; it was only minor. If I needed to complain I would speak with the manager. I have known them a long time and can genuinely approach them with anything and I know they will sort it out."

The provider discussed the sensitive issue concerning end of life care with people. They told us and our checks confirmed, where people had agreed their wishes were recorded in their care plans. The registered manager told us on the PIR, 'We will be hosting a session for anybody living at the Goddards who is interested in making decisions for their end of life care by using pictorial aids and offering support in creating their own ReSPECT document if they would like it.' ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

Is the service well-led?

Our findings

The provider completed checks and audits to maintain and improve the standards at the home. These checks included a monthly audit to ensure people's medicines were managed in line with best practice and administered as prescribed. However, the audits we looked at had failed to identify or rectify the concerns we found during this inspection. The medicine audits completed from January to June 2018, highlighted that external and internal medicines were not stored separately but remedial actions had not been implemented to correct this. A lack of oversight meant the provider was unable to ensure checks were robust and fit for their purpose to drive improvement in the quality and safety of the services provided, or to ensure corrective changes were implemented without undue delay.

The provider completed internal checks and recorded training completed by staff. However, the records were not up to date and did not include planned or refresher training where this was required. The checks did not include records to validate staff were competent in their roles. The registered manager told us they completed visual observations of staff carrying out their roles but there was no system or process to record the checks or to ensure actions were completed where staff were deemed not competent. This meant the quality assurance checks were not robust and failed to ensure training was always up to date and appropriate to meet people's needs. We were unable to verify staff had the appropriate skills and knowledge to carry out their roles following best practice.

The registered manager told us they completed visual checks around the home that included checks on equipment used to assist people with their mobility and safety. However, these checks were not recorded which meant any areas of concern may not be apparent or actioned where outcomes had been of concern. This meant checks were not effective and equipment used may not always be safe for everybody.

The provider did not have effective systems and processes in place to continually evaluate and seek to improve governance and auditing practice. The registered manager told us all concerns were dealt with at management level and outcomes were not always shared. We looked at a range of quality monitoring logs which were completed by management. However, there was no oversight by management to evaluate this information.

The provider was responsive to our concerns and implemented some remedial actions that included a system to document previously observed checks on equipment used during our inspection. However, further actions were required and the above concerns were a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 17. Good governance.

The service was led by a registered manager who was supported by a trainee manager. Staff told us they were happy working for the provider and enjoyed their role supporting people. However, we received some mixed feedback regarding training and progression opportunities within the organisation. One staff said, "I would like the opportunity to progress and take on more responsibility, I have discussed this." Another staff said, "The manager is very knowledgeable and is always available for advice or discussion. They are busy though and it might be of benefit if staff had more responsibility." The registered manager discussed plans

to introduce areas where staff could be champions. They told us this could include moving and handling champions who could share their knowledge in this area and train other staff.

The provider had a communication book where they recorded information concerning changes to working practices, people and staff. Staff were required to read this information and had signed to say they understood the changes. Other consultations were completed to receive feedback from staff, people, relatives and health care professionals about the service provided. Feedback was analysed. We observed the provider had completed a feedback session where they had discussed the outcomes and implemented some changes as a result. This included the re-instatement of key workers for people as a key contact for relatives and a proposed implementation of a digital newsletter to share information and celebrate positive outcomes for people.

The provider actively encouraged and supported people to help shape the visions and values of the service. Monthly house meetings were held. Minutes of recent meetings recorded positive outcomes for one person, menu planning, discussions regarding the employment of a new chef the importance of people wearing sun screen. Discussions had been held regarding the popularity of the front seat of the bus by people. This had resulted in a rota being implemented to everybody's satisfaction.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. Prior to the inspection we checked our records and we found the provider had submitted the required notifications.

The provider confirmed they attended provider forums and received updates from various health services and regulators that included the CQC. They worked with the local authority quality teams and environmental health teams who had completed an environmental audit of the kitchen and catering facilities. They told us this helped them to remain up to date on any changes in regulation, legislation and best practice.

The provider worked closely with the various local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and community mental health teams. This meant people were supported with continuity of care should they need to transfer between services. For example, in and out of hospital. Other links included working with charity organisations who provided people with the opportunity for inclusive working and access to the wider community.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12(2)(g) The provider failed to ensure staff followed relevant guidance to ensure proper and safe management of medicines.</p> <p>12(2)(e) Recorded checks were not completed to ensure that the equipment used by the service provider for providing care to a person was safe for such use and used in a safe way</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(2)(a) The provider failed to ensure systems and processes were continually reviewed to make sure they could identify where quality and/or safety were being compromised and to respond appropriately and without delay.</p> <p>17(2)(b) The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>17(2)(f) The provider failed to evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e) to ensure that their audit and governance systems remained effective.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

18(2)(a) The provider failed to ensure staff received such appropriate support and training, as is necessary to enable them to carry out the duties they are employed to perform.

18(2)(b) The provider failed to ensure staff were enabled where appropriate to obtain further qualifications appropriate to the work they perform, and to support staff to obtain appropriate further qualifications that would enable them to continue to perform their role.