

Goodpeople Healthcare Ltd

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Inspection report

Suite 2 Highfield House
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20 June 2022

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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

About the service

Good People Healthcare LTD is a domiciliary care agency providing personal care to people living in their own homes. The service is registered to provide support to children and older and younger adults. At the time of our inspection the provider was supporting two people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives felt care was provided safely. Staff had a good understanding of how to keep people safe when accident and incidents occurred. The provider was not supporting people with the administration of medication at the time of inspection; however, robust plans were in place to train staff in this area. Risk assessments were in place and provided staff with clear guidance on how to manage risks associated with the provision of people's care.

Initial assessments had been completed by the provider in collaboration with people and their relatives. Training for staff was in place and staff had completed online training courses; however, further development of the providers training programme was needed so they could carry out more specialised training. We discussed this with the registered manager who evidenced staff had completed the 'Care Certificate' and advised of their plan to implement further training sourced through the local authority and other external training companies. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Relatives praised staff for the care provided to people and stated a caring culture was promoted by the registered manager who provided care themselves. The registered manager worked directly with other staff and monitored practice to ensure care was being provided to the required standard. Care plans were person centred and provided clear guidance to staff on how to support people while respecting their likes, dislikes and preferences.

People and relatives praised the provider and staff for their support in communicating with people and seeking consent to provide care. Nobody was receiving end of life care at the time of inspection; however, related information had been recorded.

The provider was not evidencing quality assurance checks they were carrying out. We were assured audits and checks were happening from feedback provided by people and relatives; however, these had not been recorded formally. When we discussed this with the registered manager, they shared templates they developed and provided assurance these would be implemented immediately. The registered manager

advised as the service grows, they intend to recruit care co-ordinators to maintain the level of active involvement in peoples care packages at management level. Staff felt supported by the registered manager.

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

Rating at last inspection and update

This service was registered with us on 30 April 2021 and this is the first inspection.

Why we inspected

This inspection was carried out to provide a rating to the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Goodpeople Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 May 2022 and ended on 20 June 2022. We visited the location's office on 19 May 2022.

What we did before the inspection

We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed information we held about the service in our systems. We used all this information to plan our inspection.

During the inspection

We spoke with people and relatives about their experience of the care provided. We spoke with four members of staff including the nominated individual, registered manager and staff who provided care as well as other tasks. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives felt safe when supported by staff. One person said, "I've had them for five or six months. They support me comfortably. I've had several care companies and these are the best I've come across."
- Safeguarding systems and policies in place were robust and staff had a good understanding of how to raise a safeguarding and who they could contact if they had any concerns.
- The registered manager demonstrated an understanding of safeguarding procedures, "If staff came across a safeguarding incident, I would expect they follow our policy and alert myself or their team leader. Then we'd investigate and look into the matter, we'd make sure the seriousness of the incident would be looked at and we would report it to the safeguarding team, the social services, the Police and CQC where appropriate."

Assessing risk, safety monitoring and management

- Risks associated with the provision of people care had been assessed. People had risk assessments which were person centred and provided staff with clear guidance on how to provide care while managing the associated risks.
- The registered manager provided care to people regularly at the time of inspection; subsequently monitoring potential risks regularly. We asked the registered manager how they would continue this oversight as the service grew. They had a clear plan, which included, delegating similar levels of oversight and assessment of risk to team leaders.
- Staff understood where to find information relating to the management of risk and the provider had robust review systems in place to ensure risks were identified and addressed.

Staffing and recruitment

- The providers recruitment processes were robust and appropriate checks were carried out to ensure the suitability of candidates.

Using medicines safely

- The provider was not supporting people with the administration of medication at the time of inspection. However, systems were in place to ensure staff were trained before any support would commence. Additionally, the registered manager advised they were going to identify staff to complete training regardless of whether people received this support so support could be offered in a timely manner should the need arise.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with their protected characteristics, such as age, disability and religion. People's support and health needs were assessed prior to the provider taking on packages of care.
- The provider carried out initial assessments in partnership with colleagues across health and social care. People and relatives were included in initial assessments of people's care package.

Staff support: induction, training, skills and experience

- At the time of inspection the provider had not recruited staff solely dedicated to providing care as they were only supporting a relatively small number of people. The registered manager and staff who carried out dual roles within the office provided care. All staff who had provided care were expected to complete mandatory courses alongside 'The Care Certificate' as part of a robust induction.
- Staff reported feeling confident to provide care after completing their induction process. One staff said, "I had training as part of my induction when I started working for them. I enjoyed it and I felt comfortable giving care after it."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in accordance with assessments and recommendations provided by other professionals such as occupational therapists, physiotherapists and GP's.
- Staff promoted people's independence and worked with relatives to offer choice and a balanced diet.

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

- People and relatives reported care was provided at times scheduled and for the duration of time people had allocated to their support.
- One person said, "They come almost to the minute. I know they're at a call before me and they never let it impact my care. They're remarkable."
- One relative said, "They always come at the time they say they're going to; it makes a big difference."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection the provider was not supporting anyone who had an impairment which impacted their decision making or capacity to understand information they were presented with.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff explained how they would adjust their approach to supporting someone dependant on their individual characteristics such as race, religion and disability.
- Staff knew people well and understood people's care. People told us staff were caring and respectful in their approach and met their needs in a way which respected their wishes. One person said, "They're a joy to have a round, it's hard to not see them as friends, they're lovely people. They wouldn't want me to say this though because they're so professional, but it feels like that because of how caring they are."
- A relative said, "These people coming and actually being nice people to speak with and proficient in what they're doing is really important. I think it has knocked on to the quality of life of the family as a whole."

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

- People were supported to have control of their care. People were asked for their consent when care tasks were carried out. Relatives also felt people were supported in a way which was inclusive and involved them in the care they received.
- One person said, "They always ask for consent yes, absolutely every time. They are very polite people."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and respect was protected.
- Staff had a good understanding of how to respect people's privacy and promote their dignity. One staff said, "Respecting people's wishes is important and let's say someone is getting dressed I make sure the door is closed. It's little things like that."
- One person said, "They're very respectful, they even close the doors and curtains when there's nobody else here."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and provided staff with guidance on how to provide support to people in line with their individual needs, wishes, likes and dislikes. Feedback from staff evidenced a person centred approach.
- Care records were person centred and evidenced staff recording how people had received their care along with choices they made and how these had been respected.
- One person said, "I have had care before and I was very worried about having care again, until I came across Good People."

Meeting people's communication needs

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

- People's communication needs were assessed as part of their initial assessment. At the time of inspection, the provider was not supporting people with any specific communication support needs.
- The provider said care plans and records could be provided to people in easy read formats if needed.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy and system in place. People and relatives had a good understanding of how and who to raise concerns with. However, the provider had not received any formal complaints.

End of life care and support

- At the time of inspection nobody was receiving end of life care.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing and oversight checks were being carried out by the registered manager. Relatives and staff reported checks were regularly carried out and the registered manager asked for paperwork to be sent though to them for review. However, these had not been formalised by recording the checks and findings into audit templates.
- We discussed this with the registered manager who offered assurances this would be carried out in a timely manner. They said, "This inspection has been really useful and I have noted that while we're doing checks and have good oversight we haven't recorded that, so we're developing audits now further."
- We reviewed some audit templates the provider sent following the inspection and were assured audits reflected feedback we had received from people, relatives and staff.

We recommend audits are formalised in all instances to reflect the practical quality assurance being carried out.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an inclusive person-centred culture in relation to the provision of care, care planning and working in partnership with people, relatives and relevant professionals.
- One staff member said, "[The registered manager] is very good, the patients say that the manager provides good care. They would be able to manage more clients they're skilled and knowledgeable."
- We asked the registered manager how they would maintain the person-centred culture as they grew as a provider. They said, "We're going to recruit team leaders and we'll never over allocate them to staff. That way we can maintain the levels of oversight we have now. Our values are really important and those are to treat everybody as individuals, respect differing views, learn from mistakes and value people's differences."

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

- The registered manager understood their responsibility to be open and transparent and inform people, relatives and relevant professionals and organisations when things went wrong.

Working in partnership with others

- The provider worked well in partnership with other professionals and relevant bodies. There was evidence throughout people's care records and support plans showing the provider was working as a part of a wider team to support people holistically.