

GoodLuck Care Limited

Goodluck Care Limited - Hounslow

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Goodluck Care Limited – Hounslow is a domiciliary care service providing personal care for people. The service provides support to older people, and support with personal care for people living in a supported living setting. At the time of our inspection there were 28 people using the service and 4 people in a supported living setting.

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

Right Support:

People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. The service's infection prevention and control policy was up to date. The service supported visits for people living in the home in line with current guidance.

Right Care:

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.

Right Culture:

The numbers and skills of staff matched the needs of people using the service. Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and managers investigated incidents and shared lessons learned. Staff felt respected, supported and valued by senior staff which promoted a positive and improvement-driven culture. Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager had the skills, knowledge and experience to perform their role with a clear understanding of people's needs and oversight of the services they managed.

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

Rating at last inspection

The last rating for this service was good (published 24 October 2018).

Why we inspected

We inspected due to the length of time since the last inspection.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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

The inspection team consisted of 1 inspector and an Expert by Experience who carried out telephone interviews with people receiving care and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was announced. We gave the service 5 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their last inspection. 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care and 6 family members. We received feedback from 21 staff members via email. We spoke with the registered manager who was also a director of the company. We looked at records which included the care records for 4 people, 2 care workers' files and a range of other records including medicines records and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and as prescribed. The medicines administration records (MARs) included information on the prescribed medicine, the dosage, frequency of administration, any allergies and the details of the GP and pharmacy.
- Where a person was refusing to take their prescribed medicines, we found that staff were not always recording the reason why the medicines were not administered. We discussed this with the registered manager who confirmed they would speak with the staff and ensure they understood the importance of recording this information.
- Where there was an issue with a person taking a medicine, the provider demonstrated they had communicated with the person's GP to resolve the issue.
- We saw that staff had completed training for the administration of medicines and their competency and knowledge had been assessed.
- Where a person had been prescribed a medicine administered through a skin patch, the MAR included guidance for staff on how it should be administered and a body map to indicate where the patch was located.

Systems and processes to safeguard people from the risk of abuse

- The provider had a process for the reporting and investigation of any concerns which were raised about the care being provided. When a concern was identified the provider ensured the local authority safeguarding team was informed.
- The records of safeguarding concerns included information on the initial concern, investigation reports, correspondence with the local authority, statements from staff and meeting minutes. The outcomes of any safeguarding concerns and any actions were recorded.

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans had been developed. A range of risk assessments and risk management plans were completed for each person. These included mobility assessments, moving and handling, choking, nutrition and falls. The risk management plans provided staff with guidance on how they could provide care whilst reducing possible risks.
- People told us they felt safe when they received support. A person told us, "I am most definitely safe and very pleased with the care I receive. I have nothing but praise for them all." Relatives also confirmed they felt their family members were safe when they received care. A relative said, "[My family member] is safe and no harm will come to them by their carers not knowing what to do. I am sure they know what they are doing."
- Staff demonstrated an understanding of what they needed to do in case of an emergency occurring during a care visit. A staff member told us, "I will call 999 for an ambulance while the other staff is attending to the

client, report to management and then do documentation."

Staffing and recruitment

- The provider had a robust recruitment process which enabled them to ensure new staff members had the required skills for their role.
- We reviewed the recruitment records of 2 new staff members which included checks on the applicants right to work in the United Kingdom, two references and a Disclosure and Barring Service check for any criminal convictions or information of concern. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A person receiving support confirmed the staff members arrived as planned and said, "[Staff member] is conscientious and arrives on time." Relatives told us that the staff members were sometimes late, which was usually caused by traffic delays, but they were contacted to let them know there would be a delay.
- Staff confirmed that they had enough travel time between care visits, and they felt they had adequate time during each visit to provide the care and support the person required as identified in their care plan.

Preventing and controlling infection

- The provider had an infection control policy and procedure in place. Staff confirmed they had completed infection prevention and control training, and this was supported by the training records.
- People told us that staff wore personal protective equipment (PPE), such as gloves, aprons and masks, in line with current guidance.
- Staff confirmed they had access to enough PPE and the registered manager told us the care coordinators visited people's homes to ensure there was enough PPE. Staff could also request additional PPE from the office if required.

Learning lessons when things go wrong

- The provider had developed a process to investigate and review incidents and accidents.
- We reviewed 6 incident and accident records which had occurred in the last year. We saw that when an incident and accident had occurred the information was recorded with details of the occurrence and the actions which were taken immediately.
- The incident and accident forms were also reviewed to indicate if there were any further actions which could be implemented to reduce the risk of reoccurrence. Any actions that were identified were included in the person's care plan and risk assessments to provide staff with guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated a clear understanding of the term duty of candour and how this impacts the way care is provided. The registered manager said, "Being open, seeking advice when something happens and if needed putting up your hands and reporting things when something does not go right even if it is good or bad."
- The provider had a clear management structure with defined roles and responsibilities for senior members of staff. In addition to the registered manager there was a care manager, a deputy care manager and a service manager. Senior staff were responsible for specific geographic areas where care was being provided so they had good local knowledge. There was also a staff member identified as a medicines champion who helped to ensure staff were aware of current best practice.
- The registered manager showed a good understanding of the responsibilities and legal requirements of their role in relation to the provision of care.
- The provider had a range of procedures and policies which were regularly reviewed to reflect any changes in legislation or good practice.

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

- People received care which was person centred, and met their support needs and how they wished their care to be provided. Care plans included detailed information for staff on how they should support the person to meet their needs. Positive behaviour support plans and guidance on improving the person's quality of life were developed when required.
- People's care plans also provided information on the person's life experiences, their background and who is important to them so staff could understand the person's interests.
- The provider ensured information and documents were provided in the most suitable format to meet the person's needs, such as large print or translated into the person's preferred language.
- During the initial assessment of a person's care needs their religion, cultural background and preferred language were identified. The assessment also indicated the gender of staff member the person wished to provide their care.
- The registered manager explained that they try to have staff members who speak the languages spoken by the people who they provide care for to make communication easier.

- One person we spoke with confirmed they were happy with the service and said, "It's pretty well managed I would say. I am not online so they always post me my invoice and communicate clearly about those. I have nothing but praise for [staff member name], they are always so cheerful and helpful to me". The majority of relatives we spoke with were happy with the care and felt the service was well run. One relative said, "They are pretty on the ball. I have not had a complaint and I do have a number for the office if I needed them."
- There was regular communication with staff including monthly online meetings and a WhatsApp group to share information. Staff members told us they felt supported by senior staff and they had regular supervision meetings to discuss any issues.
- Staff also told us they felt the service was well run, with comments including, "They have provided us with all the important training and requirements that we need and are also keeping us updated" and "Management gives a listening ear to the staff. Management seeks and acts on feedback from staff and our clients."
- The registered manager explained monthly reviews were carried out with people to ensure their care was meeting their needs.
- There were annual surveys to get feedback from people receiving support, their relatives and staff about the care provided by the service. The registered manager told us they were planning to move the survey to an online system to improve response levels.

Continuous learning and improving care

- The provider had a range of quality assurance processes in place to monitor the care being provided.
- There were regular care plan audits to review the contents of people's care plans to ensure they reflected people's care needs which covered risk assessments, nutrition, mental capacity assessments and continence.
- The records of the care provided by staff were also reviewed regularly to ensure the support provided reflected the care plan, visits were carried out at the agreed time, if there were any missed visits and if the staff who were on the roster were the ones who carried out the visit.
- Spot checks of the care provided were carried out to monitor if the staff member arrived on time, if they used PPE correctly, if the person's care needs were met and they also obtained feedback from people on the care they received. These spot checks were reviewed to identify any trends or issues where action was required.
- Telephone monitoring calls were also completed to get feedback from people and their relatives about the care being provided. These were carried out monthly and the feedback from these calls was reviewed and any actions were identified.
- The provider had a live electronic monitoring system for care visits which meant visits could be checked as they happened to ensure they started on time and the staff member stayed for the agreed time.

Working in partnership with others

- The provider worked in partnership with a range of organisations. These included GPs, district nurses, pharmacies, social workers and mental health teams. They also worked closely with day centres, colleges and a group which provide support with activities to help ensure people's support needs were met.