Great Hospital

The Great Hospital Domiciliary Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: The Great Hospital Domiciliary Service is a historic charitable service. The service provides support with personal care solely to people living in a variety of housing on The Great Hospital site and as such is more comparable to a supported living scheme. At the time of our inspection the service was providing a service to 29 people living within its grounds.

People's experience of using this service:
People were positive about the service provided and felt privileged to be part of it. There was a strong community feel and ethos.
Risks to people were responded to and well managed.
Staffing levels and arrangements were such that the service could be flexible and responsive to people's individual needs.
People were supported to access and manage their health needs, this included in relation to their nutritional needs.
People were supported by long standing and consistent staff who knew them well. This helped ensure the service provided met people's individual needs and preferences.
Staff were kind, caring, and respectful. This included involving people in discussions about their care and seeking their consent.
The service had a strong commitment to ensuring people at the end of their lives were well supported.
The service had strong relationships within the local community and used these to tackle and address social isolation.
The service was well managed, staff knew what was expected of them and were happy working in the service.

Rating at last inspection: Good published 6 October 2016.

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

The Great Hospital Domiciliary Service

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One Inspector, one assistant inspector, and one expert by experience carried out this inspection. 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 homes. Not everyone using The Great Hospital Domiciliary Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The 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. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection: We gave the service 72 working hours' notice of the inspection site visit because we needed to arrange to speak to people using the service and ensure we could access the service's office. Inspection site visit activity started on 14 May and ended on 15 May. We visited the office location on 14 May 2019 to see the manager and office staff; and to review care records, policies and procedures.

What we did: We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We assessed the 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 used all this information to plan our inspection.

During the inspection we spoke with 10 people and four relatives to ask about their experience of the care provided. We spoke with five members of care staff. This included; three care assistants, one senior care assistant, one care coordinator, and the registered manager.

We reviewed a range of records. This included five people's care records, including their medicine records. We also looked at two staff files which included training and supervision records. We looked at records relating to compliment and complaints and records relating to the management of the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative told us, "Now [name] can't do so much for themselves I know that when the girls go in if anything is wrong I will be the first to know."
- Staff knew how to identify and report safeguarding concerns. Information on safeguarding and who to report concerns to was available for people using the service and staff.
- The registered manager had responded robustly to concerns and liaised with the appropriate authorities as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments and written guidance were not always detailed or consistent. For example, staff had identified one person was struggling to swallow. Whilst they had taken suitable actions to assess and respond to this risk there was no written risk assessment evaluating the risk and setting out how this risk could be mitigated.
- It was clear however that the service did identify, respond, and manage risks to people robustly in practice. For example, we saw staff identified people at high risk of skin breakdown and ensured preventative equipment and actions were in place.
- Staff we spoke with understood the individual risks to people and how to mitigate against these.
- There were effective measures in place, such as daily meetings with staff and the registered manager, which allowed staff to discuss changes in levels of risk and how this could be managed. One staff member told us, "I think we are really good at problem solving between us, we'll discuss it in handover and work between ourselves to get the problem resolved. This is the only place [they've worked] where the handover is really detailed, even if it happened a week ago you will know."
- There was a system in place to report and review any incidents or accidents that occurred in the service. The registered manager analysed these for any themes or trends. For example, we saw they had identified one person had fallen twice in one month and had assessed this to identify the cause.

Staffing and recruitment

- People told us there were enough staff in the service to meet their needs. One person said, "The girls are all really nice nothing is too much trouble. They do everything I want them to without rushing me. I think they have all the time in the world."
- The staff group was stable and consistent, with many staff having worked at the service for many years. One staff member told us, "It says a lot about a place if staff don't leave, staff only leave here when they retire."
- Staff were also positive about how staffing levels were managed in the service. One staff member told us, "Since I've been here there's not yet been a shift that hasn't been covered."

● The registered manager adjusted staffing levels according to the needs of people using the service. For example, if a person was suffering from an illness and required more support this would be met and staffing levels reviewed. One staff member told us, "[Registered manager] will ensure we have maximum numbers on shift."

Using medicines safely

● People told us they received their medicines when required. One person told us, "[Staff] come and they give them [medicines] which is really safer otherwise I do forget."

● People's medicines records had been completed accurately. Where people had complex conditions or medicines the service had carried out more detailed risk assessments on these which they reviewed regularly.

● The service stored some people's medicines for them, we saw these were stored securely and managed safely.

● Staff carried out checks of people's medicines to help them identify any errors or issues. We saw where errors had been identified action was taken to address this. This included asking staff to reflect and think about how the error might have been avoided.

Preventing and controlling infection

● People told us infection control procedures were followed and records showed staff had received training in infection control.

Good

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

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

- People and relatives were very happy with the support provided. A relative told us, "I think [my relative's] care is great it's a real weight off my mind knowing that they are having help to do the things they can't manage on their own anymore."
- People and relatives felt staff understood how to support their individual needs. One person said, "I have good days and bad days and the girls just know when I am not so good, and they help me with what I need help with."
- Staff undertook assessments of people's needs and choices. These assessments were undertaken with people, their relatives, and other relevant professionals.
- Staff had worked closely with other health care professionals to ensure the support they provided was in line with best practice. For example, the service had undertaken training and accreditation to ensure they provided end of life care in line with best practice guidance.
- Staff told us they worked well together which helped them to provide effective and timely care. One staff member said, "[Staff] help me a lot with what they know." A newer member of staff told us, "Sometimes staff will tell me tips as they know the residents well."

Staff support: induction, training, skills and experience

- Staff spoke positively of the training provided. One staff member said, "[Management] ask you if there is any more training you need in your one to ones, they are really good at providing training."
- Training was provided via face to face sessions. A staff member told us, "[Face to face training] is nice you have different idea and things."
- New staff received an induction. One staff member told us, "Here they showed me through everything, everything was done properly which was part of the reason I applied for a job here." Staff told us the registered manager checked that they were ready and able to work independently.
- Staff received regular supervisions which allowed reflective discussions. The registered manager also checked staff competency through formal observations and mini quizzes on different subjects.

Supporting people to eat and drink enough to maintain a balanced diet

- People could be supported with meals in their own accommodation or they could choose to be supported with their meals at one of two restaurants on site. We saw the chef had recently met with people receiving the service to discuss and review the meals on offer.
- People told us staff supported them well and ensured they had plenty to eat and drink. One person said, "I have a choice for my meals, we get a menu each week showing what will be available to eat every day and

then the day before we order it. On Monday there was nothing I liked so the chef made me some scampi and chips, nothing is a trouble."

● We observed the support staff offered to people during lunch time. We saw staff were attentive to people's needs and provided support as required. They were aware of people's personal preferences regarding their meals and ensured these were met.

● Where staff had concerns about people's nutritional intake, their intake was monitored.

Supporting people to live healthier lives, access healthcare services and support

● People and relatives told us staff supported them to access health care services and advocated for them when necessary. One person told us, "I have a lady who comes and does my feet she was sorted for me by the staff nothing is a trouble to anyone here."

●Records we looked at confirmed this and we saw staff liaised with a range of professionals such as occupational therapists, district nurses, social workers, and physiotherapist.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

● The service checked and recorded whether people could make decisions regarding their care needs. Most people using the service could do so.

● The registered manager had appropriately liaised with social care professionals where concerns about people's capacity had arisen.

● We saw records of people's consent for issues such as information sharing had been signed by people.

●We observed staff checking and seeking consent from people as they supported them with their day to day care.

● Staff had a good understanding of the MCA and how to ensure they adhered to it.

Good

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

Good: 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

- We received many positive comments about the service and staff. One person told us, "I'm thoroughly ruined [spoilt by staff]." A relative told us, "I can't speak too highly about the carers, they are all brilliant. No matter who comes each day they all care so much about both of us even though it's not me they help."
- Staff spoke about people in a kind and caring way. When staff were asked if there is anything they could change about the service, one said, "I would want our residents to stay as they are and not deteriorate." Another staff member said, "Make everybody well. I wouldn't change anything else."

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

- People were supported by a stable and consistent group of staff who knew them well. This meant staff were able to informally discuss and support them regarding their care. One staff member said, "Most of them they will tell you how they like it [their care]." Another staff member told us, "You know what they like and what they don't like, [for example] you know someone wouldn't eat that, you tell them what else is on the menu."
- People had regular monthly opportunities to discuss their care. People held their care records in their own homes, these showed people had been given their care plans to discuss and read.
- There were effective systems in place to allow people to express their views. For example, through a suggestions box in the office and regularly coffee mornings which the provider and registered manager attended.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and promoted their dignity. One person told us, "[Staff] are very respectful." They went on to say how staff respected their desire for independence, with staff saying, "Now call us if you want us." Another person said, "When I have my bath I am never left uncovered while I am being dried my carers always keep me covered with a towel."
- Staff told us they tried to support people to be as independent as possible. One staff member said, "We do try to promote independence, we do what they can't do."

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support provided to people was individual and met their specific needs and preferences. One person told us, "I get my [cup of] tea anytime between twenty past six and twenty to seven, and that is heaven it starts my day off."
- People were supported by staff that knew them well over a long period of time, this helped ensure the care provided met their individual needs and preferences. A staff member told us, "You do just get to know their little ways."
- The care provided to people was flexible and responsive to people's needs over the course of the day. One person told us, "The carers help me to wash or shower daily but it's not the same time every day. What usually happens is the carer knocks quietly on my door and comes in if I am not ready to get up she slips away, and I ring my buzzer and then she comes back when I am ready, where else would you be able to do that!"
- People's care plans contained basic information about people's individual preferences in some areas. There were completed personal life histories for people which detailed things like where people had lived, relationships that were important to them and their hobbies and interests.
- People's care plans were regularly reviewed and the opportunity to discuss these given to people. A relative told us, "I have been involved with planning [my relative's] care from the start. Every day their care plan is filled in and I always read it when I visit, it keeps me up to date with everything to do with their care."
- Staff told us, and records showed, that care plans were regularly updated when people's needs changed. One staff member said, "Everyone is good at documenting [changes]."
- Staff knew people's individual cultural and spiritual needs and supported people to ensure these were met. For example, in helping people attend church services for their denomination.
- The service addressed the risks of social isolation and supported people to participate in their interests by arranging social events and activities. Information about these were provided to people through a regular newsletter and activities time table. Staff supported people to attend activities if they needed help to do so.

Improving care quality in response to complaints or concerns

- None of the people and relatives we spoke with had felt the need to complain formally about the service. They all told us that they knew how to complain and would feel comfortable doing so.
- The service had not received any formal complaints since their last inspection. We saw several compliments regarding the care that had been provided.

End of life care and support

● The service had undertaken additional training and accreditation to provide end of life care and support.
● People's end of life care needs were carefully assessed and planned for. This included ensuring anticipatory medicines were in place for people and liaising with health care professionals on a regular basis to review people's end of life care needs.
● A relative told us, "This is all very new to me, but [registered manager] and her staff keep me right as to what we need to make my [relative's] last few weeks or months as happy as possible. If I need to get anything for them they tell me what I need and where to get it. We are trying to keep [name] here till the end and I am sure [registered manager] and her staff will do all they can for us to do this."
● The service had recently provided end of life support to one person using the service. Their relative told us, "[Name] died this week but their care was second to none. At the end the carers came in at specific times to make sure they were ok but every time one of them passed the door they checked [name] was ok and they also looked after me and my family."
● The service also recognised that people, and staff, lived and worked in a close-knit community. They had recognised that not everyone using the service would be able to attend external funerals. With the involvement of people's families, the service made sure people knew when someone had passed away and organised end of life remembrance teas for people and staff.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- All the people and relatives we spoke with were very happy with the quality of care provided. One person told us that the care was, "Second to none I feel privileged to have my girls [care staff]." Another person said, "I couldn't be happier, nothing is ever too much trouble for any of the carers."
- Staff were also positive about the quality of the service provided. One staff member said, "I do love working here, I can't imagine working anywhere else." Another staff member told us, "I love it here, it's a nice place, everyone's so caring, things get done."
- Quality monitoring systems were in place. These included regular quality assurance questionnaires to people using the service and regular reports to the board of trustees on the service's performance.
- Regular audits on medicines were carried out as well as regular checks on people's care and associated records. However, quality monitoring systems and records would benefit from further development. For example, there were no formal audits of people's care records and where issues had been identified, for example through medicine audits, the follow up actions were not always documented.
- Since our last inspection the service had reviewed people's care plans and made changes. We found these had improved but further work would make these person centred and fully document the risks and care needs of people using the service.
- It was clear throughout our inspection that although these areas needed further work there was little impact on the quality of care provided and the registered manager had a good understanding and oversight of the care provided.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

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

- A registered manager was in place. People and staff were positive about the registered manager. One person told us, "I am lucky my flat is near [registered manager's] office so I see her all the time, she always has time for me."
- People and relatives told us they felt the service was well run.
- There was a clear organisational structure, staff had clearly defined roles and responsibilities. When speaking with staff it was clear they understood these. A staff member told us, "I think everyone had been here so long they just know what's expected of them."

● Regulatory requirements were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

● Systems were in place to provide people, relatives, and staff opportunities to provide feedback on the service. This included through regular quality assurance questionnaires and regular 'coffee mornings' with the registered manager and chief executive.

● Staff felt happy and involved with the service. A staff member said, "I do love working here, I can't imagine working anywhere else."

● There was a strong community feel and ethos to the service. People told us it was a unique service and they felt privileged to be a part of it.

● The service had developed strong community networks for the benefit of people using it. For example, they had close links with a nearby school and students had visited the service to help support and address the risk of social isolation.

● The registered manager was aware of additional learning and development resources. They networked effectively to ensure the service was learning and improving the care. This included identifying additional training resources and attending external conferences.