GoodLuck Care Limited

Goodluck Care Limited - Hounslow

Inspection report

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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

We undertook an announced inspection of Goodluck Care Limited – Hounslow on 27 and 28 July 2017. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people and we wanted to be sure someone would be available to assist with the inspection.

Goodluck Care Limited – Hounslow is a domiciliary care agency that provides personal care for 13 mainly older people in their own homes. At the time of the inspection people's care was funded by two local authorities.
This was the first inspection of the service since it registered with the Care Quality Commission in June 2016.

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

Risk assessments were not in place to ensure specific issues related to each person were identified and guidance provided as to how to reduce any possible associated risks.

The provider had processes in place to monitor the quality of the care provided but the audits in relation to care plans and risk assessments did not provide appropriate information to identify issues.

The provider had a policy in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act.

The provider had systems in place to protect people using the service. All care workers had completed safeguarding adults training.

The provider had a process in place for the administration of medicines. People received their prescribed medicines in a safe manner.

Care workers had received the necessary training and supervision they required to deliver care safely and to an appropriate standard.

Relatives of people using the service we spoke with felt the care workers were caring and treated their family member with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of need were carried out which were used to develop the person's care plan. The care plans identified how people wished their care to be provided.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Relatives of people using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to the safe care and treatment of people using the service (Regulation 12) and good governance (Regulation 17). You can see what action we told the provider to take at the back of the full version of this 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

Some aspects of the service were not safe.

Risk assessments were not in place to ensure specific issues related to each person were identified and guidance provided as to how to reduce any possible associated risks.

There was a clear recruitment process in place. The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had a process in place for the administration and recording of medicines.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider had a policy in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act.

Care workers had received the necessary training and supervision they required to deliver care safely and to an appropriate standard.

The provider had a good relation with a range of healthcare professionals to ensure appropriate care was provided.

Is the service caring?

Good

The service was caring.

Relatives of people using the service we spoke with felt the care workers were caring and treated their family member with dignity and respect while providing care.

Care plans identified the person's cultural and religious needs.

Is the service responsive?

Good

The service was responsive.

An initial assessment was carried out before support began to ensure the service could provide appropriate care.

Care plans were developed from the assessments and were up to date. The care plans identified each person's wishes as to how they wanted their care provided.

There was a complaints process in place and people were aware of how to make a complaint if required.

Systems were in place for people using the service to provide feedback on the quality of the care provided.

Is the service well-led?

Requires Improvement

Some aspects of the service were well-led.

The provider had systems in place to monitor the quality of the care provided but those audits in relation to care plans and risk assessments did not provide appropriate information to identify issues.

The service had a manager who was registered with the Care Quality commission (CQC).

Relatives of people using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

Goodluck Care Limited - Hounslow

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 the 27 and 28 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and in preparation for the inspection we reviewed the notifications we had received from the service and any other records related to the service.

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

During the inspection we spoke with the registered manager, care manager and a director of the company. We reviewed the care records for five people using the service, the employment folders for four care workers, the training records for all the care workers and records relating to the management of the service. We also undertook phone calls with four relatives of people who used the service. We were unable to speak with people using the service. We sent emails for feedback to 24 care workers and received responses from five care workers.

Requires Improvement

Is the service safe?

Our findings

The provider had general risk assessments in place in relation to the person receiving care and the care workers visiting them but they did not have risk assessments for specific risks which were identified during the each person's assessment. These risks included developing pressure ulcers, diabetes and managing incontinence.

As risk assessments had not been completed in relation to the specific risks identified for each person, guidance had not been provided for care workers as to how to reduce any possible associated risks when providing care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager told us care workers completed Medicine Administration Record (MAR) charts for medicines that were not provided in a blister pack. They explained they were following the medicines procedure identified by the local authority which required care workers to record the administration of blister pack medicines in the records of care completed following each visit. They confirmed that as the number of people having medicines administered as part of their visit was increasing MAR charts were now being completed for all medicines administered by the care workers. We looked at the MAR charts for two people using the service and saw these were completed clearly with the medicine name, dosage and how often it should be administered.

Records indicated care workers had completed training in the administration and recording of medicines and this was support by the feedback received from the care workers who contacted us.

We asked relatives if they felt their family member was safe when they received care at home. We received a range of comments including "It depends on the care worker, some I can leave my family member with but some I can't", "Definitely, I feel they are safe" and "Yes because I am with my family member and we are now familiar with the care workers who visit." We saw the provider had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. The registered manager confirmed they followed the safeguarding process for each of the local authorities which commissioned them to provide care.

The provider had a business contingency in place to ensure that, in case of an emergency, the service would continue.

The provider had a process in relation to recording and investigating incidents and accidents. During the inspection we looked at three reports and we saw they included detailed information regarding what had happened, any investigation, action taken and any outcomes.

The number of care workers required to attend each visit was identified from the local authority referral and

discussions with the person using the service and relatives during the initial assessment. The number of care workers required was also assessed when the care plan was reviewed in case of any changes in the person's support needs.

The service had suitable recruitment processes in place. The registered manager told us if they were contacted by an applicant they would check who referred them and ask them to complete an application form and health declaration form. As part of the interview process they asked for five years employment history, the contact details of two previous employers to provide references and proof of identify and right to work. The person would then complete their induction while waiting for their Disclosure and Barring Service (DBS) criminal record check to be received. The provider had a process in place to risk assess the suitability of any application from people with a criminal record. During the inspection we looked at the recruitment records for four care workers. We saw each person had two references from previous employers and any gaps in their employment history had been discussed at interview. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

We asked relatives of people using the service if care workers usually arrived at the agreed time for their visit and contacted them if they were going to be late. They commented "Yes, they let us know if they are going to be late. It has only happened once", "Sometimes they are late if stuck in traffic as they have to travel a long distance to get to us. If they don't turn up I call and they send someone else" and "Yes, they ring if they are going to be late."

We also asked the relatives if the care worker stayed for the agreed length of time for the visit. Their comments included "Sometimes yes, sometimes they stay for a bit longer if they need to", "They stay for the full time and sometimes they stay over as my family member can be slow when they get care" and "Yes they stay for the full time as agreed."

The registered manager explained an electronic monitoring system (EMS) had recently been introduced which required care workers to log in by telephone when they arrived at the visit and left. Care workers also completed a time sheet where appropriate. The registered manager told us the care workers were new to the EMS process and it had been introduced at this stage so they became more familiar with it as the number of people using the service increased.

Care workers were provided with a range of with appropriate equipment including aprons and gloves to use when providing support. The registered manager told us the equipment was restocked during each spot check visit to the person's home.

Requires Improvement

Is the service effective?

Our findings

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

The registered manager explained they did not carry out any mental capacity assessments as they use the information included by the local authority in the care package referral. During any assessment of needs they would speak with the person using the service and not their family whenever possible. The registered manager confirmed they asked the person using the service for their consent for care to be provided.

During the inspection we saw the care plan for one person stated they had issues with their memory and decision making which had been identified in the initial local authority referral. The care plan did not indicate how care workers should support the person to make decisions. This meant people's rights in line with the principles of the MCA were not always protected.

We discussed the process of assessing a person's capacity to make decisions and ensuring decisions were made in the person's best interest when required with the registered manager during the inspection. They told us they would review their processes in relation to the assessment of a person's capacity within the principles of the MCA.

The relatives of people using the service were asked if they felt the care workers had received appropriate training and support to provide care for their family members. They commented "Yes but one care worker who visited had to ask how to do things. Other care workers know what they are doing", "They know how to provide care for my family member" and "Some care workers know what to do but if they don't they ask."

The registered manager told us all new care workers completed the training the provider had identified as mandatory. In addition if the new care worker did not have any previous experience in providing care they would complete the Care Certificate as part of their induction. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. The three day induction training programme included moving and handling, fire safety, first aid, safeguarding adults and dementia awareness. The registered manger also explained that the induction training programme was also used as the mandatory training that care workers would complete as refresher courses annually. Care workers confirmed they had completed the induction and mandatory training and they found it useful. The records supported this and indicated all the care workers had completed their induction and mandatory training.

New care workers completed three to four days shadowing an experienced care worker and then had their competency with care tasks assessed through observation. The registered manager told us they would receive feedback on their competency from the experienced care worker and this would be discussed with the new care worker to identify if any further training was required. We looked at the records for four care workers and saw the shadowing records indicated how many hours were completed but some of them did not identify how much time was spent observing or being assessed. In addition the tasks completed by the new care worker were not recorded to indicate what competency assessments had been completed. This was discussed with the registered manager and they agreed to review this and ensure the information was included.

New care workers completed a three month probation period and had supervision meetings with their manager every three months with an annual appraisal. We saw records of supervision meetings had been completed but care workers had not been in their role long enough for the annual appraisal to be completed.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans identified the contact details of the person's GP and any other healthcare professional involved in their support. The registered manager told us they identified during assessment a person was not registered with the GP so they supported the person with process. They also arranged for prescribed medicines to be provided in a blister pack and appropriate equipment to support the person to move was in place.

We saw care plans indicated if the person required support from care workers to prepare and/or eat their food. Where relevant the care plans indicated the person's food and drink preferences.

Good

Is the service caring?

Our findings

Relatives of people using the service were asked if they were happy with the care provided. They told us "So far very happy and my family member is happy with them as well", "My family member is not always happy. There have been some very good care workers and some that are indifferent but now mainly good ones" and "Very much, my family is very happy with the care."

We also asked relatives if they felt the care workers treated their family member with dignity and respect when they provided support. Their comments included "Yes the care worker does. They are really genuine and good with my family member. They speak the same language which really helps" and "Yes they speak the same language and have the same values as they share the same background. They are very nice."

We asked care workers how they ensured a person's privacy and dignity was maintained when they provided support. They told us "I make sure that I make them feel comfortable and reassure them", "I always ask for their consent before I do anything. Then if I am helping them wash, dress or applying anything topically I make sure we are behind closed doors usually bathroom or bed room. Also I ask if the way I am providing the care is to their liking and I adapt it accordingly. Also I do not share any aspect of their care with others", "I ensure people's privacy and dignity are always maintained by effective communication with them. I always obtain consent before I do any personal care for them. I always take my service user to a private area when providing care especially washing, dressing, creaming etc., I value their beliefs and I ensure to follow our training and do my job efficiently without interfering in their personal matters", "Making sure to keep toilet door closed, asking them if you can come in, making sure they have a towel when they come out. Asking them what clothes they want to wear. Helping to wash and dress. Emptying commode. Closing curtains. Following any diet needs and asking what they want to eat" and "For example respecting their personal space as well as being understanding in terms of religion and culture and beliefs or gender. But also the key is to make them feel comfortable never embarrassed or worthless but it terms of dignity which means respecting them as an individual and respecting their privacy."

We saw the care plans identified the person's cultural and religious needs as well as their preferred language and the name they wanted care workers to call them by. Care workers were provided with information about the personal history for some of the people they were supporting where the information was available.
The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support.

Good

Is the service responsive?

Our findings

Relatives of people using the service were asked if they were involved in the development and review of their family member's care plan. They told us "They came out to see my family member the same day they came out of hospital and we discussed everything", "Yes they spoke to both of us about the care plan" and "One of the managers did sit down with us to explain about the care and left a copy of the care plan."

The registered manager explained before a person started to receive care in their own home a detailed assessment of the person's care and support needs was completed. When the provider received the referral from the local authority the person or their relatives would be contacted to arrange a visit to discuss their support needs.

The person would be visited to discuss how they wanted their care to be provided and a full assessment of their support needs was completed including their medical history and health needs. The risk assessments would be completed before the start of the care package to ensure any equipment required to support the person to move was in place.

During the inspection we looked at the care plans related to five people using the service and we saw four of the care plans were detailed and clearly identified how the person wished their care to be provided. We looked at the care plan for one person with complex support needs and we saw it included detailed information in relation to some specific aspects of the person's care but did not provide information about other aspects of the care required. At the time of the inspection the person was receiving respite care and reassessment of their support needs. The registered manager confirmed the care plan and other information provided for care workers would be reviewed to include any updated information following the person's discharge. The care plans we looked at in the office did not indicate if the person using the service had been involved in the development and had agreed the plan. This was discussed with the registered manager who confirmed this information would now be recorded on the copies of the care plan kept in the office.

Care workers completed a record for each visit to the person they provided care for. The notes we looked at during the inspection were detailed and provided information on the care provided during the visit.

We asked relatives of people using the service if they knew how to make a complaint and if they had ever made a complaint. They commented "Yes, the care was changed when I raised a concern", "I know how to make a complaint but I have not needed to", "The telephone numbers and information is in the service user guide if I need it" and "Yes I know how to, I can call at any time I have a problem." The booklet given to people when they started receiving care at home included information on the complaints process.

We asked the relatives of people using the service if the care workers completed all the care tasks required when they visited. They told us "They do, are quite good. The regular care worker knows exactly what to do", "Yes and they sometimes do extra things", "Some of the care workers go the extra mile with what they do for my family member" and "They do whatever my family member requests."

People using the service and their relatives could provide feedback on the quality of the care they received. The registered manager explained a survey was sent to everyone using the service every three months and in addition a shorter questionnaire was sent to up to three people using the service each month. We saw the feedback and comments relating to the service were positive. The responses and comments from the various questionnaires were analysed with the comments reviewed and any actions identified and completed.

Requires Improvement

Is the service well-led?

Our findings

The audits in place to review care plans did not identify the issues noted during the inspection in relation to risk assessments for specific risks. This also meant the risks related to a person's care had not been fully identified and a plan put in place to reduce them.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had a range of other audits in place which included an audit in relation to care worker employment and training records to ensure all the information had been obtained and it was up to date.

We asked relatives of people using the service if they felt the service was well-led. They told us "We have no complaints and no worries with the care we receive from this service. Everything runs smoothly and we are quite happy with everything", "Yes I think so from what I have seen of the service so far", "They are always polite and have helped out with my family member" and "So far very good, we had a problem with some equipment and one of the managers came out and fixed it."

We also asked care workers if they felt the service was well-led. They told us "Yes. They ensure that there is an open communication between workers and management. They emphasise the importance of the role as we are dealing with vulnerable elderly people, The rota is well organised and everyone knows what they are doing", "Our manager always makes sure we have all the equipment we need to do our job safely", "Yes, definitely. We have regular briefing and trainings conducted to impart more knowledge", "Yes, it has flexible timings, good contact with managers making it easier to ask questions, has online care plan app with navigation for each service user's house and shows what tasks need to be done" and "The service is well led because everything is very professional but also you build a family bond with your managers and service users and I have built great relations with the people I work with and the training has helped me a lot and expanded my knowledge in using it in an everyday scenario such as working at the service users house so it has taught me a lot but also helped me understand my job better."

We asked care workers if they felt the culture of the organisation was fair and open. Their comments included "Yes very much and I'm happy to be a part of it" and "Definitely because this company allows you to expand on your knowledge and experience to create a higher level of caring therefore it is fair and helps me expand on my future ideas such as personal development plan."

When a person started to receive care in their home they would be contacted after one week to make sure the care being provided met their needs and if they had any questions or concerns. They would then be contacted regularly by telephone to monitor the care provided. The registered manager confirmed they carried out at least two spot checks at the person's home each month to check the quality of the care provided. During the spot checks other paperwork would be reviewed such as the MAR charts and the records of care provided at each visit completed by the care workers. If any issues were identified with the completion of the MAR charts they would speak with the care worker.

The registered manager told us whenever they spoke with the person using the service they would check if they were happy with the service.

The registered manager told us they had started to review the EMS records in relation to the time the care worker arrived and left a person's home and they were developing a formal monitoring system.

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

The provider had a range of policies and procedures in place and the registered manager confirmed they were being reviewed during August 2017. The registered manager told us they kept up to date with good practice through membership of professional bodies and attending any courses provided by the local authorities.

When a person started to use the service they were given an information booklet which included the statement of purpose for the service and the standards of care the person could expect from care workers. New care workers were also given a booklet which included the values and standards of behaviour expected from care workers.

Care workers told us they felt supported by their manager and the registered manager confirmed team meetings had been scheduled for each month. These meeting had just been planned as the service had only started to provide care packages from June 2017.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users. Regulation 12 (1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those service) Regulation 17 (2) (a) The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (2) (b)