Goodwill and Hope Ltd

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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
Good Will and Hope is a domiciliary care service which provides support to people living in their own homes. At the time of the inspection, there were 35 people receiving personal care from the service.

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
The provider had systems and processes in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection. The provider acted on or learnt from incidents, such as an incident highlighting a need for a person to have a regular change in staff following incidents when they build a relationship with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care workers had developed relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. There was a positive and open culture. The management team sought feedback from staff and people who use the service. Feedback was highly positive across all areas.

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 8 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Goodwill and Hope 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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, some of who may be living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 July 2019 and ended on 9 July 2019. We visited the office location on both dates.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the provider's website and other information we held about the service. We used all of this

information to plan our inspection.

During the inspection
We spoke with seven people who used the service and four family members by phone. We spoke with the registered manager, the care manager, the business manager and three staff members. We looked at the care records of four people. We looked at four staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection
We reviewed further documents to do with the running of the service to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively by the management team.
• People and relatives consistently told us they felt safe with regards to their care. One person told us, "I have no worries about my safety. I'm hoisted, they are capable and safe with that, I'm happy with what they do."

Assessing risk, safety monitoring and management
• People had comprehensive risk assessments in place to manage risks such as the risk of manual handling or skin break down. Risk assessments had detailed information for staff to follow to minimise risks.
• People's home environment's were considered and checked for possible risks to ensure people and staff were safe in the premises.
• Staff maintained body maps of people's pressure areas, bruises, redness or other wounds to their skin so that any changes or deterioration could be managed appropriately.
• The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick, to ensure people did not come to harm should a significant event affect the service.

Staffing and recruitment
• People and relatives fed back that there were enough staff to meet their needs and keep them safe.
• The provider's recruitment processes were robust.
• Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely
• Medicines were managed safely. People received their medicines from trained staff who had their competency to administer medicines checked.
• We reviewed policies and procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
• The provider had a system to audit medicines records and follow up any gaps or mistakes in records. There were no gaps in medicines administration records that we reviewed.

Preventing and controlling infection
• The provider had effective processes in place to reduce the risk of the spread of infection.
• Staff told us they had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and people and relatives told us these were used.
• Staff received training in infection control and food hygiene.

Learning lessons when things go wrong
• The registered manager reviewed all reported concerns or issues to identify lessons and improvements to people's care.
• Incidents were logged and included details of the type of incident, who was involved and any actions taken.
• Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.
• The care manager told us of some learning they had following an incident. The service was supporting a person who displayed behaviours that may challenge. By analysing trends in this type of incident, the care manager identified that there were fewer incidents when there was a regular change in staff, so ensured staff changed over regularly to best support the person. This improved the situation by there being less incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 care needs were assessed and care plans were created which were individual to the person.
• Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that they contained clear instructions of what the person's care needs were.
• People and their relatives told us they received effective care. One person told us, "I have care reviews every 6 months, I'm always involved." One relative told us, "I'm very involved in [Loved one's] care plan, they [the person doing the review] ask my opinion and listen to me. They chat to both [Loved one] and me about it."

Staff support: induction, training, skills and experience
• Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Staff told us they completed training relevant to their role, such as safeguarding people, as well as training specific to people's individual needs, such as end of life care and pressure care. All staff we spoke with told us the training the provider gave was comprehensive and covered all they needed to know.
• People we spoke with told us they felt the staff that supported them were well trained. One person told us, "I have complete faith in my carers and know I can trust them. They seem to know exactly what to do and when to do it. I feel as if they understand me."
• The management team had an effective system to monitor that mandatory staff training and spot checks of what were carried out and evidenced to ensure staff skills remained at a good standard.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink enough where this was needed. People's risks around food and drink were assessed, such as their risk of malnutrition or dehydration.
• Some people were supported to be fed through a percutaneous endoscopic gastronomy (PEG). PEG feeding is where a tube is surgically inserted in to a person's stomach as a way of eating and drinking when doing this orally is limited. Staff were trained appropriately and people had support plans which detailed how to support them safely.
• If staff were supporting people with eating, they gave them choices of what they would like.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked with other agencies to maximise the support people received.

• The registered manager told us they worked in partnership with district nurses, specialist palliative care nurses, pharmacies, GPs and social workers to meet people's needs, we saw evidence of this in people's care files.
• The provider worked alongside the 'fast track' programme. This is a programme designed to support people back home sooner from hospital. The provider worked in a timely manner to assess and start supporting people at short notice while ensuring the service could meet their needs.

Supporting people to live healthier lives, access healthcare services and support
• People were supported by staff who knew them and their healthcare needs well.
• People were supported to arrange healthcare appointments and to attend them where required.
• Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
• The registered manager sought and acted on guidance from other professionals, such as specialist nurses, and this was reflected in people's support plans., for example, clear guidelines for PEG feeding.

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 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.

• Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
• There was evidence the service undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them. Therefore the provider was working within the principles of the MCA.

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

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; equality and diversity
• People, relatives and staff we spoke with told us that the staff who cared for people were kind, friendly and caring, and that they felt 'well looked after'. One relative told us, "They are very efficient, they come in, sit and chat with my husband. Sometimes they find a TV programme he likes and discuss it, or watch TV together." One relative told us, "They're all always very helpful, I've got a good bunch of [staff], they chat and engage with me, which makes me feel respected. They are kind and considerate." One relative told us, "They look after him (husband) well, all very polite, very respectful towards both of us."
• People's individual needs, preferences and beliefs were respected by the service. Any specific requirements were catered for where possible. One person told us, "They treat me nicely, always ask how I am. They don't do anything I don't want them to. They always keep an eye on my skin and once got in touch with the community nurse when they thought it was bad."

Supporting people to express their views and be involved in making decisions about their care
• People were actively involved in their care and support decisions and their relatives where this was appropriate.
• The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face to face, on the phone or through feedback forms.

Respecting and promoting people's privacy, dignity and independence
• People, relatives and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible. One person told us, "Staff help me to get up, wash and dress. They always put on aprons and gloves and close the curtains and doors. I'm independent to a point, I wash my hair myself, have to lean over the sink."
• Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "I always ask any visitors or relatives to leave the room when I give personal care. I shut the curtains and close the doors."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences and give them choice and control
• Staff planned care and support in partnership with people.
• People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive care and support.
• People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services.

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.

• The provider had not needed to give people information in an alternative way. The management team confirmed they would adapt information if needed into a different sized font or in a different language to ensure it was in a format people could understand.

Improving care quality in response to complaints or concerns
• The provider had systems in place to log, respond to, follow up and resolve complaints. We noted that there had not been any complaints since our last inspection.
• People and relatives told us they were aware they could complain but had not needed to. One person told us, "They do what I want them to do. I get on well with them, I know them. If there is anything wrong, they would phone or go into the office and speak for me, but I've got no complaints."

End of life care and support
• Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist end of life care services to make sure people were kept comfortable, dignified and pain-free.
• The provider worked closely with families to support them also when their loved ones were approaching the end of their lives.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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
• The provider had improved their systems and processes to monitor effectively the quality and safety of the service.
• There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed. The provider had also introduced a new electronic system to monitor call times so they could monitor if there were any late care calls, this also would alert the provider should someone's call be missed.
• Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.
• There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed. The registered manager had an open-door policy so staff could seek support at any time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People, relatives and staff consistently told us the service was well-led. There was a warm and 'family' like culture within the service with a clear drive to provide high quality care. One staff member told us, "I'm really happy working here, I feel well supported and we work as a team. [Care manager] is really supportive and encouraged me to go for further qualifications, I'm booked to start it in September. It's a family business, smaller and so nice, I don't want to ever leave."
• One person's relative told us, "They are unbelievable, it's so lovely. The staff, the communication, from the office staff to the carers."

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 was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
• The registered manager told us that they only agreed to provide care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the level of support people required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• In addition to day-to-day contact with people who used the service, quality assurance surveys were given to people and their relatives to gain feedback to improve the service. Surveys showed that people were very happy with the service. All areas were rated 'strongly agree' or 'agree' relating to the quality of the service. No improvements had been suggested.

• Staff surveys had been given to staff and the feedback was positive. Comments included, "I feel I get all the support I need"; "I get support from all managers" and "I really love my job."

• Staff had the opportunity to share their opinions on the service in team meetings and with the managers 'open door' policy. We observed an open culture within the staff team and the management team

Continuous learning and improving care

• The management team met regularly to discuss improvements needed. These were logged and reviewed at each meeting to check actions had been completed.

• Actions required to improve the service came from audits, quality assurance processes and feedback. These included identified training needs and the new electronic system which meant the provider could monitor care calls and times.

Working in partnership with others

• The provider worked in partnership with the local authority and other agencies such as community nurses, specialist palliative nurses, GPs, pharmacies and specialist healthcare providers. Which meant people's needs were met in all areas of life.