Goshen Social Care 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?	Requires Improvement

Summary of findings

Overall summary

About the service
Goshen Social Care Ltd is a domiciliary care agency providing personal care to 10 people at the time of the inspection.

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
There were enough staff to meet people's needs, and people's relatives said they felt staff were safe and on time.

People received their medicines as prescribed from staff who had been trained and their competency assessed.

Staff received training and support to meet people's needs. Staff understood how to protect vulnerable adults.

People's relatives said staff were kind and caring, and people's personal privacy, dignity and independence were respected by staff.

Care plans contained good person centred detail and were reviewed regularly to ensure they continued to reflect people's needs.

There was a complaints policy and procedure in place, and relatives said they knew how to make a complaint.

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.

There were a number of quality assurance processes in place, however we found an example where audits were not always effective.

We have made a recommendation around quality assurance.

Staff and relatives said they would recommend the service, and that the registered manager was open and approachable.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 August 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that some improvements had been made and the provider was no longer in breach of regulations.

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? 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Goshen Social Care 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.

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

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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection
We spoke with three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers .

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with said they felt the service was safe. One relative said, "I've got no concerns whatsoever. [Name] is safe and well cared for."
- There were safeguarding policies and procedures in place, and staff received training on safeguarding vulnerable adults from abuse. There was a safeguarding investigations file and the registered manager worked with the safeguarding authority to keep people safe.
- Staff understood how to protect vulnerable adults from abuse. One staff member said, "It could be anything like a bruise, you would phone the registered manager if you found something like that and she will take it from there".

Assessing risk, safety monitoring and management

- People's risk assessments were personalised and contained clear guidance for staff on what people's health and safety risks were and how staff were to avoid them. These included bed rails risk assessments, hoist risk assessments and seizure risk assessments. Where someone was at risk of seizure there was clear guidance for staff linked to national guidance.
- Where people used specialised equipment to reduce risks, there was information on the equipment and who was responsible for equipment maintenance.

Staffing and recruitment

- Staff and relatives said they felt there were enough staff deployed to meet people's needs. One staff member said, "Yes, I feel there are enough staff". A relative we spoke with said, "Staff are generally on time. They would let me know if they were going to be late, but they are very good."
- Staff were recruited safely. This included an interview, professional references, identity verification and a disclosure and barring service (DBS) check. The DBS is a national agency which helps employers make safer recruitment choices.

Using medicines safely

- Relatives we spoke with said they were confident people received their medicines on time. One relative said, "[Name] gets their medicines four times a day. They give it to them at set times."
- Staff received training in administering medicines, and received an observed competency check from a qualified member of staff before administering medicines alone.
- Medicines records and care plans contained detailed information about what medicines people took, if they had any allergies and who their local GP and pharmacy were with contact information.
- Care plans contained personalised information on how people wanted to receive their medicines.

Preventing and controlling infection

● Staff received training in preventing and controlling infection. Staff were provided with essential personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

● There was a clear accident and incident policy with a process in place to investigate any accidents or incidents that occurred.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People were assessed before using the service. This included gathering information about people's health needs, personal routines and preferences, and key social and healthcare networks.
- If the person had been assessed by the local authority, this information was included in people's care plans and used to help write them.

Staff support: induction, training, skills and experience
- Staff received an induction and training package the provider considered to be mandatory, such as fire safety, basic life support, moving and handling and infection control.
- One relative we spoke with said, "I would say they have the training and skills, after a year of seeing them I would say yes they definitely are competent."
- Staff said they felt they had the right training in place. One member of staff said, "Training was good. I had everything I needed, it helped me a lot. I had an experienced member of staff showing me what to do." The registered manager monitored staff training levels using a training matrix.
- Staff received ongoing support through supervisions and appraisals, and there was a clear policy in place. One member of staff said, "Everything has been going great. I feel I get the right support. It feels like I've been working in care for a long time."

Supporting people to eat and drink enough to maintain a balanced diet
- People's food and drink preferences were recorded in people's care plans. Where necessary, people were weighed. Where there was a specific need, information from the local speech and language therapy team was included in people's care plans, and what people had eaten or drank was recorded.

Relatives we spoke with said they were happy people's food and drink preferences were met. One relative said, "Staff help [Name] with breakfast and dinner or tea depending on what time, and they always give them what they want to eat".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People's relatives said staff monitored people's health and wellbeing and kept them up to date with any changes to their health.
- Comments included, "They let me know if [Name] looks unwell, it's all in the notes, an example would be if [Name] had refused food or not been happy, let me know and write it in the notes. I can read the records and get a picture of what's going on", "Staff always let me know about [Name's] health, they are pretty good

like that."
● Care plans contained information from relevant health and social care providers and recommendations which were used to inform changes to care plans. For example, a person had variable doses of the same medicine, staff were instructed to follow guidance from district nurses involved in their care.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA
● Staff received training on the principles of the MCA. Where necessary, people's capacity had been assessed in line with the principles of the MCA, with best interests decisions made in order to keep people safe.
● Where a person could not make a decision themselves, the person's legal representative was included in decision making and in signing consent forms.

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 as good. At this inspection this key question has now 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; respecting equality and diversity

- All relatives we spoke with said staff were kind, caring and had built good relationships with those they cared for.
- Comments from relatives included, "I would be happy to recommend them. I think they do more than what they should do, they are just supposed to come in give medicines and light cleaning, they do a great job, clean floors and all sorts", "I am impressed with them, they are kind and caring", "Carers are polite, kind and respectful, very patient, they have built up that relationship", "[Name] can be quite grumpy but they are used to it, they say don't worry this is what we are trained to do. They are calm and gentle don't react they just take it with a pinch of salt."
- Care plans contained information about people's religious and cultural needs. If somebody identified as belonging to a religious group, this was followed up with a question about whether the person practiced their faith and how they wanted staff to support them.

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

- Care plans encouraged staff to include people and ask for consent when making decisions about people's care needs.
- Relatives we spoke with said people were supported to be involved in decision making around care. One Relative said, "They (staff) are always communicating with [Name] and having conversations, they are nice people. They always asking for consent, what he would like to eat and drink".

Respecting and promoting people's privacy, dignity and independence

- Care Plans contained prompts to ensure people's independence was maintained, for example in one care plan it read, "[Name] needs assistance dressing, but can do some things themselves like pulling up trousers, and putting on a t-shirt if prompted. Encourage [Name] to do things on their own, show patience and promote their independence".
- Relatives we spoke with said staff protected and promoted people's independence and dignity. One relative said, "They gently encourage [Name]. Things where he can have a choice they ask them what they want to eat and drink. They protect [Name's] privacy and dignity. They show respect."

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 as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained good, person centred detail about people, their needs and their daily routines. This included what kind of towel people preferred for which personal care task, their hobbies and interests, how they liked their hot drinks and how people wanted to be addressed.
- Care plans were regularly reviewed either annually or in response to a person's changing needs.
- The language of the care plans consistently prompted staff to always respect people's independence and choice, detailing what help people needed as well as what they could do for themselves.

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.

- Care plans contained information on people's communication preferences with guidance for staff on how to make sure people and staff were able to understand each other effectively.
- Information was available in alternative formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information about people's likes, interests and hobbies in order to provide talking points for staff to help build better relationships.
- Care plans also contained information about people that were important to them.

Improving care quality in response to complaints or concerns

- There was a clear complaints process and policy in place. Relatives we spoke with said that they had never been given cause to complain, but they knew how to make a complaint if required.
- There was a complaints file. We saw complaints had been handled in line with the provider's policy. Complaints were analysed for trends and themes.

End of life care and support

- There was an end of life policy in place with a delegation of responsibility and instructions for staff to ensure people were as comfortable as possible.
- There was no one receiving end of life care at the time of the inspection.

Requires Improvement

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

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

- Medicines administration record (MAR) audits had been brought in and we saw examples where mistakes had been identified and followed up with staff. However, when we reviewed people's MAR records we found two examples where staff had not signed to show their medicines had been administered. The registered manager provided an explanation for these missing signatures however they were not identified during the audit and there was no evidence of action taken to follow this up.

We recommend the provider review the effectiveness of their governance systems and processes.

- There had been other improvements made since the last inspection. A range of quality assurance processes had been implemented such as care plan, staff personnel file and time keeping audits, which looked at trends and themes to identify any improvements required.
- The manager completed six-monthly compliance reports for the provider, which provided them with an overview of the service's performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with felt they had the right support and that the management team were approachable. One member of staff said, "The registered manager is approachable, she is very friendly she is always there to speak to if you want to."
- Relatives we spoke with said they were confident in the leadership of the service. One relative said, "The registered manager is lovely, really nice person, last year she came to supervise staff just to see how they were doing because they were new."
- There were clear aims and values of the provider, and plans to further develop and specialise the service.

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

- Relatives said the registered manager often asked for feedback in order to improve the service and made sure people were satisfied with the service they received. One relative we spoke with said, "I've been asked to complete questionnaires, how happy I am with the service. Like any improvements they could make, or things I didn't like. They are always asking me for feedback."

● The registered manager worked with other health and social care providers as required, for example we saw evidence staff shared information with other care providers to ensure a person received holistic care. One relative we spoke with said, "Time to time we have social worker review meetings and the registered manager attends those, she is willing to come along."

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

● There was a duty of candour policy and procedure in place.