

GOTO Healthcare Limited

Office

Inspection report

Unit 4a
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Corby
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Tel: 07885672663

Date of inspection visit:
28 January 2020
29 January 2020
30 January 2020

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12 February 2020

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

GOTO Healthcare is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Corby and surrounding areas. At the time of the inspection visit there were five people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and nutrition. Where they do we also consider any wider social care provided.

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

People and their relatives told us they or their relative felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record, monitor and investigate any accidents/incidents which may occur, none had occurred in the last twelve months.

People were supported by a small group of staff who knew people well, which allowed relationships to develop. The person and supporting relatives gave positive feedback about the staff and management team.

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. Staff were trained to support people with their individual needs.

People knew about the complaints process and knew the process to follow if they had concerns.

People were treated with kindness, respect and staff involved them in decisions about their care.

The service was well-led. The provider had ensured that safe recruitment, governance and quality assurance procedures had been fully established. The provider continued to develop the agency and planned changes well in advance.

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

Rating at last inspection

This was the first rating inspection.

Why we inspected

This was the first planned inspection. 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 effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our effective findings below.

Good ●

Office

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 homes. 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

This inspection was announced, this was to ensure someone would be in the office to assist us with the inspection.

Inspection activity started on 28 January 2020 when we phoned people using the service, where they were unable to speak with us we spoke with people's relatives. We then visited the office location on 29 January 2020 where we spoke with the provider and looked through records. We made phone calls to staff on 30 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share with us information and this was included as part of the inspection. We looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We took all the information into account when we inspected the service and making the judgements in this report.

During the inspection

We spoke with one person and three relatives prior to visiting the agency offices. We reviewed the care records for two people using the service, and other records relating to the management oversight of the service, such as staff training and medication records, staff rotas, incident recording and complaints.

Following the inspection

We made phone calls to two staff employed by the service and continued to seek clarification from the provider to validate evidence we found on inspection. The information which the provider sent has been used in the report.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. That meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person and supporting relatives we spoke with told us they or their family member felt safe when staff visited them in their home. When we asked if people felt safe, one person said, "I have got to know them and built up a relationship." A relative said, "[Named] feels very safe, otherwise they would tell me, I am very happy with them too."
- The provider's safeguarding policy provided staff with guidance on what they should do if they felt the safety of people was at risk. This included the provider reporting any concerns to the local authority and the CQC when they had been notified of any allegations of abuse or neglect. To date there had not been any incidents that required reporting.
- Staff we spoke with were knowledgeable about the reporting process and felt confident that the provider would act on their concerns. This offered staff reassurance that their views were valued and respected.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed prior to any service commencing, was acted on and reviewed. Where risks were identified, detailed assessments were put in place, supported by a detailed care plan. This informed staff how to reduce the risk to people's safety.
- Environmental risk assessments had also been completed. These were to highlight potential risks around safety in people's homes.

Staffing and recruitment

- The provider followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs.
- Staff confirmed there were enough staff rostered to support people in a way they preferred. Some staff were specifically employed to assist and accompany people with their leisure time and support people with shopping, as well as providing personal care.

Using medicines safely

- Staff prompted and assisted people with their medicines safely. One relative said, "[Named] is fully supported, (with medicines) and staff watch and monitor them as they can drop them."
- Medicine administration records were not widely used, but other records were used by staff to record when people were prompted with their medicines, the dose and time the person was prompted. These records were reviewed monthly which enabled the management team to ensure staff completed these according to their training.

- Staff competency on medicines was assessed. This enabled the provider to address any concerns with staff performance before it started to impact people's safety.

Preventing and controlling infection

- The person and their supporting relatives told us staff brought and sometimes stored personal protective equipment (PPE) when providing personal care in people's homes.
- Staff had been trained to help reduce the risk of the spread of infections. Staff confirmed there was plenty of supplies of PPE to assist with this process.

Learning lessons when things go wrong

- Processes were in place that ensured any accidents or incidents were recorded, investigated and information fed back to staff.
- Learning from incidents was circulated to staff through group meetings or discussed with individual staff during personal meetings or supervisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. That 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 visited by the provider and their physical, mental health and social needs were assessed before they commenced receiving care. Assessments were reviewed to ensure they remained up to date and reflected people's choices.
- Assessments covered areas of people's individual care needs and the way they preferred the care to be delivered.
- People and their relatives told us staff arrived at or near the pre-arranged time and had commenced their call at the appointed time.

Staff support: induction, training, skills and experience

- Staff were supported to access and undertake training. Staff confirmed they had commenced with an induction and shadowing permanent staff before undertaking a variety of training courses.
- People and their relatives told us they felt staff were well trained. One person said, "They [staff] are good, there were some teething problems, but they're sorted out now." A relative said, "I actually questioned what training the staff have, and what is proposed in the future, they asked if there was any special training I thought they needed for [named]."
- Staff were subject to 'spot checks' by the management team, they were overseen on care calls for their timeliness and attention to detail. These were recorded and formed part of staff development.

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

- People were supported to have a diet that met their cultural preferences, and enough to eat and drink, and maintain a balanced diet.
- People's plans of care included information about their preferences regarding their likes and dislikes of food and drink.
- People and their relatives told us that staff provided drinks and food that met their individual preferences. One relative told us, "We have meals prepared in advance and staff heat them up and provide [named] with a hot and cold drink."

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

- People's care plans included information about other agencies and healthcare professionals who also provided a support service, for example the person's GP and district nurse.
- Care plan files contained information which staff were able to access in an emergency. This was updated to ensure the correct information was available for any anticipated emergency.

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

- People using the service were mostly supported by family members to access healthcare services. Staff were aware of the people's healthcare needs and supported families when required. One relative told us, "I am happy with their caring attitude and they even accompanied [named] on some appointments."
- Care plans included details on their healthcare and were in the process of being updated to include oral hygiene information.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and any made on their behalf, be made in their best interests.
- One person and their supporting relatives confirmed staff sought their consent before care was offered. There was a copy of a consent form in the office copy of the care plan. The provider stated that everyone that had capacity to consent to their care had a copy placed on their file.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The person and their supporting relatives told us staff cared for people well and supported and treated people with respect. A relative said, "They [staff] are patient with [named] as they can be irritable."
- The provider explained the recruitment process ensured they employed people with a caring attitude.

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

- People felt comfortable and at ease with care staff. One person spoke to us about how they had reformed a relationship with their visiting member of staff which enabled them to speak directly how they wanted their care delivered.
- Relatives explained how the care staff and had built a good relationship with the person being provided with care.
- People were encouraged to be involved in developing their care plan, where they were unable people's relatives were involved where appropriate. Care staff explained as they learned more about the people, care plans would continue to be updated.
- People were provided with information about advocacy services. This meant that people would have access to someone independent who could speak up on their behalf if they felt unable to or had no close relative to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and staff respected people's privacy and encouraged independence whenever possible. A relative said, "We are lucky they (staff) are really nice carers we have for [named]." A second relative said, "We are happy so is [named], the two regular staff were wonderful."
- People and relatives, we spoke with told us when staff provided personal care this was done in a way that protected their or their family member's dignity. One person said, "They always knock before coming into the house and stand outside the shower to make sure I am ok."
- Staff spoke confidently about how they ensured people's dignity. Staff spoke about placing towels over people, closing doors, blinds and curtains.
- People's independence was encouraged wherever possible. Care records contained guidance for staff on how to promote this and support people's individuality whenever possible.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- An assessment of people's needs was carried out before staff provided a service. A person centred and detailed care plan was put in place before staff visited to offer care.
- People and their supporting relatives told us staff had mostly visited at the pre-arranged time. People and their supporting relatives felt staff provided the care they expected. One person said, "Staff were late last week, though they called in advance which I really appreciate." We spoke with the provider about this who said this was not a common occurrence, and staff were normally on time, on this occasion it was a traffic issue.
- Care plans included detailed information about what people expected during the visit from staff and how they were to provide individualised support. Staff knew people's support needs and were able to explain how they provided this.
- People were aware which staff were to visit and confirmed visit times. Staff told us visits were well planned and allowed travel time between each appointment which ensured they were able to get to their visits on time.

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 demonstrated an in-depth knowledge of the types of documentation which could be provided to people who required communication in an alternative format. These included documents adapted in large print and special adjustments to assist a person with dyslexia.
- Staff were aware of people's current specific communication needs.

Improving care quality in response to complaints or concerns

- People and their supporting relatives said they had no concerns with the staff group and felt able to raise concerns with the provider or management team. People were confident their concerns would be taken seriously.
- People were provided with a copy of the complaints policy along with other documentation when they commenced with the service. The provider was in the process of updating and re-circulating these.
- The provider said they had not received any complaints to date. They said all complaints would be recorded and analysed and feedback provided in line with the company policy and procedure.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their supporting relatives spoke positively about staff and told us they felt supported by the staff and management team.
- All the comments were positive and suggested a well-run service. One relative said, "They (staff) do extras if they have time, they are really versatile." A second relative said, "They (staff) keep you informed info about any issues."
- Staff spoke positively and told us they felt supported by the provider and management team. One staff member told us, "It is a new agency, but it's well run." A second staff member said, "[Named] tries really hard, no one is ever left without care, and no one (staff) is rushed."

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 provider had recognised the levels of risk within the service and where action was required to improve areas.
- People and staff felt that the service was open and honest. The provider understood their responsibility to be open about any incidents with family members and regulators where appropriate.
- The provider understood the regulatory requirements such as notifying CQC of certain incidents.
- The provider was aware they had to display the rating from this inspection at the agency's office.

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

- The service was led by a well informed and pro-active provider who encouraged staff to familiarise themselves with the people using the service on a detailed level. They, along with the rest of management team, were committed to retaining a well-informed staff group in order to maintain a high-quality service for people.
- When we asked people and their supporting relatives if the service was well managed. One person said, "Yes, it's good, if I want anything I just call the company." A relative said, "They (management team) keep you informed; new carers are always introduced first, they are all friendly and have a chat."
- The provider saw that quality monitoring and auditing was central in ascertaining how the business had been performing and provided an insight for development in the future. The provider completed regular audits on a number of records used by staff and used the information to affect change and improvement. A new staff monitoring and information system was being explored. This would allow the management team

to be instantly aware of any delayed calls or staffing issues in 'real' time. This would provide the management team greater insight to further reduce risks to people and staff and ensure a high-quality service was promoted.

- The provider had arranged regular support visits from the management team to monitor staff performance and ensure staff adhered to the agencies training, policies and procedures and provided an equitable care. Staff had access to regular supervisions and staff meetings were planned regularly, minutes of meetings were not available at this inspection. We spoke to the provider who said they would ensure all staff meetings were minuted in the future and make these available for staff who were unable to attend.

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

- People had been provided with opportunities to share their views and feedback about the service through a questionnaire sent out in 2019. We asked people and their supporting relatives about the outcome, one person said, "I had a questionnaire a couple of weeks ago, no need for any improvements they are doing their best." A relative said, "I have filled in a questionnaire before, nothing added we are happy with what they do."

- Staff have regular meetings, personal supervision and management checks on their performance.

Continuous learning and improving care

- The provider undertook regular quality audits so had been able to determine where shortfalls or omissions had occurred. This provided the basis for planned improvements. There was evidence of spot checks on staff taking place to ensure staff provided a good service.

- The provider stated that information from the latest quality questionnaire would be used to promote and develop good care and make it a positive experience for all.

Working in partnership with others

- Staff worked in partnership with other social care and healthcare agencies to provide care and support for all.