Goodness & Mercy Healthcare Limited

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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
Goodness & Mercy Healthcare Limited is a domiciliary care agency providing personal care to people who live in their own home. At the time of inspection, they were providing care to five people, which included older people and people with medical conditions affecting their mobility.

People's experience of using this service and what we found
The provider had a safeguarding policy in place, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing. People told us they felt safe with the care provided. There were enough staff in place to safely deliver care to people. The registered manager would cover calls as a backup or to support new staff.

Staff received training and support in their role including shadowing the registered manager or experienced staff. Staff new to care did not receive training in line with The Care Certificate, we advised the registered manager of this and they put it in place during the inspection. People and relatives were positive about staff. People's needs were assessed prior to care commencing. Staff we spoke to had a good understanding of the Mental Capacity Act 2005.

People told us that staff were kind, caring and friendly. We found that staff knew people well and respected their preferences. People told us that staff have time to listen to them and answer their questions. People told us that staff promoted their dignity whilst helping with their personal care.

The registered manager had ensured that care plans were reviewed regularly and involved people and their relatives. This included details around people's medical needs, preferences and risks. The reviewed care plans were reflective of people's needs. People and their relatives told us they felt they could make a complaint or raise issues if they had to. The service was providing good end of life care and involved people in the planning and choice of how this was delivered by staff.

The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people. Staff were clear about their roles, the risks people had and how to report issues. Staff felt engaged and involved. The registered manager regularly reviewed the quality of care with people and their relatives.

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

Rating at last inspection
This service was registered with us on 1 April 2020 and this was the first inspection.

Why we inspected
This was a planned inspection as the service had not previously been inspected.

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.

Goodness & Mercy Healthcare Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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.

The service had a manager registered with the Care Quality Commission (CQC). A registered manager 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.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service.

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. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke on the telephone with two people who used the service and two relatives about their experience of the care provided. We also received written feedback from three relatives of people who used the service. We spoke with five members of staff, including the registered manager and care workers.

We reviewed a range of records. This included five people's care records and some medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, staffing rotas, policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The manager updated us on how they would make the changes identified from our inspection.

Good

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us, "Oh yes, I feel very safe with them [staff]", and a relative told us, "Can't fault them."
- The provider had a safeguarding policy in place, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- The registered manager understood their responsibilities in reporting safeguarding concerns to relevant local safeguarding teams. This helped to ensure any concerns were immediately addressed.

Assessing risk, safety monitoring and management

- There were systems to reduce risks around missed or late calls. There was an electronic call monitoring system in place, which required staff to log in and out of care calls. This helped office staff ensure people were receiving their care at the planned time.
- There were contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- Risks related to the delivery of care were identified in people's care plans. This included when people required care calls at specific times, when they had specific medical conditions, risk of sores or issues related to delivering care in people's home environment. This helped to reduce any risks identified to people and staff. One relative told us, "Carers picked up on something else available to roll [person] to prevent sores"

Staffing and recruitment

- People told us there were enough staff in place and they received their care at consistent times. Comments included, "They come on time or as close as possible" and "I have never had any missed visits."
- There were enough staff in place to safely deliver care to people. The registered manager would cover calls as a backup or to support new staff.
- There was an 'out of hours' phone line in place, where people, relatives or staff could call if they needed to speak with the registered manager or other senior staff. This helped to ensure the provider had systems in place to respond to incidents or emergencies.
- Staff had a good induction including shadowing other more experienced staff or the registered manager. This included competency checks by the registered manager on all staff.
- There were safe recruitment processes in place. Although checks were carried out to help determine candidates' character, experience and conduct in previous employment, they did not always show the complete work history. One staff file checked did not have checks for a previous care position, but the registered manager made efforts during the inspection to correct this.

Using medicines safely

● People received their medicines safely and in line with their prescription. Staff who administered medicines had appropriate training and their competency was checked by the registered manager.

● On one occasion where medication hadn't been signed for, it was reported quickly to the registered manager. The registered manager followed this up to ensure that person had taken their medication.

● The provider had a medicines policy in place. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.

Preventing and controlling infection

● The provider managed the control and prevention of infection in line with government guidance including regular audits. One person's relative told us, "First thing they do is their hands and new PPE (personal protective equipment) on, dispose when they go in outside bins."

● The provider kept stocks of PPE at each person's home reducing the risk of PPE becoming contaminated elsewhere.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● There had only been one incident since the provider's registration. The registered manager investigated the incident, taking appropriate action to keep people safe. The registered manager also followed up with staff to help promote practice to reduce re-occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed prior to care commencing. These assessments included reviewing assessments from health and social care professionals to help ensure all commissioned care tasks were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received training and support in their role including shadowing the registered manager or experienced staff. One staff told us, "Yes, I felt more confident when shadowing." This meant they were able to meet the needs of the people they supported.
- People and relatives were positive about staff. Relatives told us, "They [staff] are competent and friendly, and act in a professional way all the time", and "Care provided by very knowledgeable, professional and friendly staff."
- Training was online due to the pandemic and covered all the areas expected to enable staff to safely support the needs of people. However, the provider used certified training completed in other services for some staff which meant they did not have as much control over what training was given. During the inspection the registered manager ensured that all staff were completing the online induction training to improve this. The registered manager planned to do face to face training soon.
- Training for staff on specific equipment used by people was done in people's own homes by the registered manager or occupational therapists. This enabled staff to be trained on the actual equipment used to support people.
- Staff new to care did not receive training in line with The Care Certificate. The Care Certificate comprises 15 minimum standards related to staff's knowledge, skills and behaviour. It is viewed as best practice for staff new to care to complete. We advised the registered manager of this and they put this in place during the inspection.

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

- People's nutritional needs and preferences were identified in their care plans. Risk assessments associated with eating and drinking, such as food allergies or swallowing, were very good. For example, one care plan included how meals were prepared and choice was given.
- People were mostly supported by relatives in this area but where support was needed from staff it was clear what was required. One staff said, "One [person] we need to promote encouraging to eat and describe (the food) to them."

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

● The provider made timely referrals to health and social care professionals to ensure people had the appropriate support. This included when people's needs changed meaning they required increases or decreases in their care. A relative told us, "District nurses phone every other weekend and have examined [person], and [person's] skin is in A1 condition."

Supporting people to live healthier lives, access healthcare services and support
● Details around people's specific health needs and conditions were documented in their care plans. This included any care tasks staff needed to complete to promote people's good health.
● People had independent arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions.

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 we spoke to had a good understanding of the MCA. One staff said, "Assume they can do things, help them as much as you can (to understand), and give choice. Allow their own decisions."

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.

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

- People told us that staff were kind, caring and friendly. Comments included, "They are very nice. Yes, I'm happy with them and what they do for me" and "[Staff are] friendly and accommodating."
- We found that staff knew people well and respected their preferences. Staff said, "Try to make sure I obey their wish. Important we don't put our opinions."

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

- People told us that staff have time to listen to them and answer their questions. One relative said, "Wouldn't have it any other way, good supportive and answer questions. Ask how I am as well. Not rushed." Another said, "I could always ask for advice if I need to."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted their dignity whilst helping with their personal care. A relative told us, "My husband is always treated with kindness and dignity."

Good

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

- The registered manager had ensured that care plans were reviewed regularly and involved people and their relatives. This included details around people's medical needs, preferences and risks. The reviewed care plans were reflective of people's needs.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. 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.

- People's communication needs were assessed prior to care starting and documented in their care plans. This included their preferred method of communication when planning or reviewing their care.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt they could make a complaint or raise issues if they had to. When asked if they were comfortable to make a complaint, a relative said, "Make a complaint, absolutely".
- The registered manager contacted people frequently to see if they had any concerns and had built up a good relationship with people and relatives. One relative told us, "I've got his phone number if I need him. I can chat with him, he's really nice."
- The provider had a complaints policy in place which was sent to people who used the service. The policy outlined how people could make a complaint and how their concerns would be addressed. The registered manager had gone out to visit people to hear their concerns and oversaw appropriate actions to resolve them.

End of life care and support

- The service was providing good end of life care and involved people in the planning and choice of how this was delivered by staff. One person had a plan to move to a hospice when they had deteriorated as well as having a do not attempt cardiopulmonary resuscitation (DNACPR) in place. There was clear evidence of this person's wishes being considered by the provider.
- Staff had training in end of life care which meant they were better able to support people needing this. One relative said, "(they found) Goodness & Mercy Healthcare with such caring, regular and extremely competent staff to care for my husband during his last week with us. I cannot thank and praise them highly

enough."

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.

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

● The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people.

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 the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives.

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

● Staff were clear about their roles, the risks people had and how to report issues.

● There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. This included monthly quality audits to check the service and that people's care continued to meet their needs.

● The manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic.

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

● The provider involved people who used the service and their families where they could. This included daily calls, as well as regular visits to people by the registered manager.

● Staff felt engaged and involved. The registered manager held weekly staff meetings by video call where staff were able to raise issues concerning themselves and the people they supported. Staff said about the meetings, "Yes we can raise issues and I'm happy to do that."

● Although staff felt well supported with the registered manager having regular conversations with them, these were not documented. We advised the registered manager to document these. This would help ensure that support and resources are available to enable the staff team to develop and be heard.

Continuous learning and improving care

● The registered manager had implemented the use of an electronic care planning system. This involved

staff accessing the system via their mobile phones to record details of their care visits. This included personal care, nutrition and incidents. Office staff monitored the system and were able to pick up alerts that planned tasks were not completed. This would help promote a pro-active approach to monitoring care where issues could be picked up and responded to in 'real time'. The provider planned to include medication administration using this system soon.

● The registered manager regularly reviewed the quality of care with people and their relatives. These were documented on the electronic care planning system. A relative said, "[The RM] got me to fill in the survey on the handheld."

● The manager kept up to date with current guidance and standards through local professional forums, online resources and their continuing professional development.

Working in partnership with others

● The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with social workers and other professionals to monitor how effective care was. This helped them to plan increases and decreases in care when appropriate.